

# OCTOPUS - ovarian cancer trials of weekly paclitaxel

<b>Submission date</b> 20/10/2015	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 21/10/2015	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 20/03/2023	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-of-azd2014-and-paclitaxel-for-women-with-ovarian-cancer-that-has-come-back-octopus>

## Study website

<http://www.crukctuglasgow.org/eng.php?pid=octopus>

## Contact information

### Type(s)

Public

### Contact name

Ms Liz-Anne Lewsley

### Contact details

Cancer Research UK Clinical Trials Unit  
The Beatson West of Scotland Cancer Centre  
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United Kingdom  
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## Additional identifiers

### EudraCT/CTIS number

2014-005221-12

### IRAS number

ClinicalTrials.gov number

## Secondary identifying numbers

OCTOPUS-2014

# Study information

## Scientific Title

A randomised phase II umbrella trial of weekly paclitaxel +/- novel agents in platinum-resistant ovarian cancer

## Acronym

OCTOPUS

## Study objectives

Addition of novel agents to weekly paclitaxel will improve clinical efficacy compared to paclitaxel alone in patients with platinum-resistant/refractory, high grade serous ovarian (fallopian tube, primary peritoneal) carcinoma.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Brighton and Sussex NRES Committee, 09/10/2015, ref:15/LO/1302

## Study design

Randomised, placebo-controlled, double blind multi centre trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

## Health condition(s) or problem(s) studied

Ovarian cancer

## Interventions

1. Control arm: Paclitaxel 80mg/m<sup>2</sup> IV D1, 8, 15 of a 28 day cycle (3 weeks on, 1 week off) + placebo
2. Experimental arm: Paclitaxel 80mg/m<sup>2</sup> IV D1, 8, 15 of a 28 day cycle (3 weeks on, 1 week off) + AZD2014

Patients who need to stop weekly paclitaxel prior to completing four cycles will require to come off study drug, but continue to be followed up as per protocol (i.e. cannot continue on continuous novel study drug/placebo). Patients going beyond 6 cycles can continue with weekly paclitaxel at the discretion of the Investigator however confirmation is required by the chief investigator.

## **Intervention Type**

Drug

## **Phase**

Phase II

## **Drug/device/biological/vaccine name(s)**

Paclitaxel, vistusertib (AZD2014)

## **Primary outcome measure**

Progression-free survival (PFS) based on combined RECIST v1.1/GCIG CA125 criteria is measured using Radiological/CA125 Disease Assessment every 8 weeks for the 1st year and then every 12 weeks therefore (or until evidence of progression).

## **Secondary outcome measures**

1. Response (based on RECIST 1.1 and GCIG CA125 criteria) is measured using Radiological /CA125 Disease Assessment every 8 weeks for the 1st year and then every 12 weeks therefore (or until evidence of progression)
2. Overall survival is measured documenting patient status every 8 weeks for the first year and every 12 weeks thereafter
3. Safety and tolerability are measured using Blood parameters, toxicity assessment every 4 weeks during treatment
4. Quality of life (QoL) is measured using EQ-5D assessment every 4 weeks while on treatment then every 8 weeks in the 1st year following completion of treatment and then every 12 weeks (or until evidence of progression)
5. Resource use for health economic assessment is measured using EQ-5D assessment every 4 weeks while on treatment then every 8 weeks in the 1st year following completion of treatment and then every 12 weeks (or until evidence of progression)

## **Overall study start date**

30/10/2015

## **Completion date**

08/12/2019

# **Eligibility**

## **Key inclusion criteria**

1. Age  $\geq$  18 years
2. Histologically confirmed high grade serous ovarian, fallopian tube or primary peritoneal cancer (please note that patients who have an original diagnosis based on cytology only will not be eligible for entry into the study unless a biopsy confirming high grade serous histology is performed). Please note that Grade 3 serous on pathology reports are accepted as high grade serous. Any patient originally diagnosed with a 'grade 2 serous' pathology must undergo

pathology review to confirm high grade pathology

3. Platinum-resistant disease defined as progression within 6 months of completing prior platinum therapy. This includes platinum-refractory disease. Progression is defined by RECIST criteria v1.1 (radiologically with measurable disease), but patients with CA125 progression (GCIG CA125 Criteria (see Appendix 3 for full definition)) plus symptoms indicative of progression will also be allowed to enter.

4. Measurable or evaluable disease (if not measurable by RECIST criteria v1.1, must be evaluable by GCIG CA125 criteria – see Appendix 3 for full definition). Patients with CA125 progression in the absence of symptoms will NOT be eligible

5. Histological tissue specimen available (tissue block or 8-10 unstained slides) must be available (specimen can be the sample at diagnosis or taken at relapse). Otherwise, a biopsy must be carried out to obtain sufficient tissue for histological assessment

6. Willingness to undergo mandatory biopsy pre cycle 1 day 1. Target lesions (RECIST criteria v1.1) should be avoided if possible

7. Prior taxane use: Patients whom have received prior 3 weekly paclitaxel (or other 3 weekly taxane) are permitted. Patients whom received weekly paclitaxel as part of first line treatment in combination with platinum are eligible if the interval since the last dose of weekly paclitaxel is > 6 months at the time of randomisation. Patients whom received prior weekly paclitaxel (alone or in combination) for platinum-resistant disease are excluded. If patients have received prior taxane, the interval since the last taxane treatment must be known. The treatment immediately prior to study entry need not be platinum-based. Entry into the trial is not limited to first line treatment for platinum-resistant ovarian cancer i.e. patients can have prior lines of therapy for platinum-resistant disease.

8. Ability to provide written informed consent prior to participating in the trial and any trial related procedures being performed

9. Adequate haematological and biochemical function as indicated below. These measurements must be performed within 7 days prior to randomisation:

9.1. Absolute neutrophil count  $>1.5 \times 10^9/L$

9.2. Platelet count  $>100 \times 10^9/L$

9.3. Haemoglobin  $>90 \text{ g/L}$

9.4. Serum creatinine  $<1.5$  times ULN or creatinine clearance  $\geq 50 \text{ mL/min}$  (measured or calculated by Cockcroft and Gault equation/Wright formula – see Appendix 4); confirmation of creatinine clearance is only required when serum creatinine is  $>1.5$  times the ULN

9.5. Total bilirubin  $<1.5$  times ULN. In cases of Gilbert's syndrome, bilirubin  $< 2 \times \text{ULN}$  is allowed

9.6. Alanine aminotransferase (ALT) or aspartate aminotransferase (AST)  $<2.5$  times the upper limit of normal (ULN) if no demonstrable liver metastases or  $<5$  times ULN in the presence of liver metastases

9.7. Alkaline phosphatase  $<5 \times \text{ULN}$

10. Willingness to comply with scheduled visits, treatment plans and laboratory tests and other study procedures

11. Evidence of non-childbearing status for women of childbearing potential: negative urine or serum pregnancy test within 7 days of trial treatment

11.1. Post-menopausal defined as aged more than 50 years and amenorrhoeic for at least 12 months following cessation of all exogenous hormonal treatments, or, women under 50 years old who have been amenorrhoeic for at least 12 months following cessation of all exogenous hormonal treatments, and have serum follicle-stimulating hormone (FSH) and luteinizing hormone (LH) levels in the post-menopausal range for the institution

OR

11.2. Documentation of irreversible surgical sterilisation by hysterectomy, bilateral oophorectomy or bilateral salpingectomy but not tubal ligation

12. Patients with synchronous tumours e.g. ovarian and endometrial or history of prior malignancy are eligible provided that there is biopsy evidence that the disease measurable on

CT and/or MRI is ovarian in origin  
13. Life expectancy of at least 12 weeks  
14. ECOG Performance Status of 0,1

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Female

**Target number of participants**

140

**Key exclusion criteria**

1. Non high grade serous histologies including carcinosarcoma.
2. Prior chemotherapy, biological therapy, radiation therapy, hormonal anti-cancer therapy, immunotherapy, other anticancer agents within 14 days of starting study treatment (not including palliative radiotherapy at focal sites). Treatment with any investigational agent within the preceding 4 weeks or within 5 half-lives of the investigational agent, whichever is longer.
3. Pregnant or lactating women
4. Women of childbearing age and potential who are not willing to use two highly effective forms of contraception as detailed in Section 8.2 (Pregnancy). In addition, patients will be excluded if they are not willing to use contraception for the duration as documented in Section 8.2 (Pregnancy) and Appendix I, Section 6.1 (Pregnancy – Duration of Contraception and Follow-up for Pregnancy).
5. With the exception of alopecia, any unresolved toxicities from prior chemotherapy should be no greater than CTCAE (Version 4.03) Grade 1 at the time of starting study treatment.
6. Major surgery within 4 weeks prior to entry to the study or minor surgery within 2 weeks of entry into the study (excluding placement of vascular access)
7. Spinal cord compression, known leptomeningeal involvement or brain metastases, unless treated and stable off steroids for at least 4 weeks prior to randomisation
8. Oral anticoagulants such as warfarin are not permitted, with the exception of 1mg daily warfarin dose for the prevention of Hickman line clotting. Anticoagulation with low molecular weight heparin is allowed.
9. Any haemopoietic growth factors (e.g., G-CSF, GM-CSF) and blood transfusions within 2 weeks prior to randomisation
10. As judged by the Investigator, any evidence of severe or uncontrolled systemic diseases e.g., severe hepatic impairment, interstitial lung disease [bilateral, diffuse, parenchymal lung disease], uncontrolled chronic renal diseases (glomerulonephritis, nephritic syndrome, Fanconi Syndrome or Renal tubular acidosis), current unstable or uncompensated respiratory or cardiac conditions, uncontrolled hypertension, active bleeding diatheses or active infection including hepatitis B, hepatitis C, and human immunodeficiency virus. Screening for chronic conditions is not required
11. Torsades de Pointes within 12 months of study entry
12. Judgment by the Investigator that the patient is unsuitable to participate in the study and

the patient is unlikely to comply with study procedures, restrictions and requirements

13. Patients with a history of grade 3 or 4 allergic reaction (CTCAEv4.03) to paclitaxel are not permitted. Patients who have had prior grade 1 or 2 hypersensitivity reactions are permitted providing the weekly paclitaxel is administered using the desensitisation schedule (section 5.7.2)

14. Patients who have a new diagnosis of deep vein thrombosis or pulmonary embolism within 2 weeks of randomisation are permitted if clinically stable on a therapeutic dose of LMWH

**Date of first enrolment**

08/12/2015

**Date of final enrolment**

30/04/2018

## **Locations**

**Countries of recruitment**

England

Northern Ireland

Scotland

United Kingdom

**Study participating centre**

**The Beatson West of Scotland Cancer Centre**

Glasgow

United Kingdom

G12 0YN

**Study participating centre**

**Belfast City Hospital**

Belfast

United Kingdom

BT9 7AB

**Study participating centre**

**Dorset Cancer Centre**

Poole

United Kingdom

BH15 2JB

**Study participating centre**

**Briston Oncology & Haematology Centre**  
Bristol  
United Kingdom  
BS2 8ED

**Study participating centre**  
**Royal Preston Hospital**  
Preston  
United Kingdom  
PR2 9HT

**Study participating centre**  
**Royal Sussex County Hospital**  
Sussex  
United Kingdom  
BN2 1ES

**Study participating centre**  
**Birmingham City Hospital**  
Birmingham  
United Kingdom  
B18 7QH

**Study participating centre**  
**Musgrove Park Hospital**  
Taunton  
United Kingdom  
TA1 5DA

**Study participating centre**  
**Nottingham City Hospital**  
Nottingham  
United Kingdom  
NG5 1PB

**Study participating centre**

**St James University Hospital**  
Leeds  
United Kingdom  
LS7 9TF

**Study participating centre**  
**Hammersmith Hospital**  
London  
United Kingdom  
W12 0HS

**Study participating centre**  
**Weston Park Hospital**  
Sheffield  
United Kingdom  
S10 2SJ

**Study participating centre**  
**Ninewells Hospital**  
Dundee  
United Kingdom  
DD1 9SY

**Study participating centre**  
**Northampton General Hospital**  
Northampton  
United Kingdom  
NN1 5BD

**Study participating centre**  
**Mount Vernon Hospital**  
Middlesex  
United Kingdom  
HA6 2RN

**Study participating centre**



**United College London Hospital**  
London  
United Kingdom  
NW1 2BU

**Study participating centre**  
**The Royal Marsden Hospital**  
Surrey  
United Kingdom  
SM2 5PT

**Study participating centre**  
**The Royal Marsden Hospital**  
London  
United Kingdom  
SW3 6JJ

**Study participating centre**  
**Queen Elizabeth The Queen Mother**  
Kent  
United Kingdom  
CT9 4AN

**Study participating centre**  
**Royal United Hospitals Bath NHS Foundation Trust**  
Bath  
United Kingdom  
BA1 3NG

**Study participating centre**  
**Western General Hospital**  
Edinburgh  
United Kingdom  
EH4 2XU

**Study participating centre**

**Addenbrookes Hospital**

Cambridge  
United Kingdom  
CB2 0QQ

**Study participating centre****Clatterbridge Centre for Oncology**

Bebington  
United Kingdom  
CH63 4JY

**Study participating centre****Guys and St Thomas's NHS Foundation Trust**

London  
United Kingdom  
SE1 9RT

**Study participating centre****Churchill Hospital**

Oxford  
United Kingdom  
OX3 7LE

## **Sponsor information**

**Organisation**

NHS Greater Glasgow and Clyde

**Sponsor details**

c/o Research and Development,  
NHS Greater Glasgow & Clyde  
1st Floor Tennent Institute  
Western Infirmary  
Church Street  
Glasgow  
Scotland  
United Kingdom  
G116NT

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.nhsggc.org.uk/>

**ROR**

<https://ror.org/05kdz4d87>

**Organisation**

The University of Glasgow

**Sponsor details**

c/o Research and Development,  
NHS Greater Glasgow & Clyde  
1st Floor Tennent Institute  
Western Infirmary  
Church Street  
Glasgow  
Scotland  
United Kingdom  
G116NT

**Sponsor type**

University/education

**Funder(s)****Funder type**

Industry

**Funder Name**

Astra Zeneca

**Results and Publications****Publication and dissemination plan**

Planned publications in a high-impact peer reviewed journal with the intent to publish 12 months after end of trial.

**Intention to publish date**

31/12/2020

**Individual participant data (IPD) sharing plan**

The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication.

## IPD sharing plan summary

Other

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Abstract results</a>		20/05/2017	12/05/2021	No	No
<a href="#">Abstract results</a>		01/10/2019	12/05/2021	No	No
<a href="#">Results article</a>		16/03/2023	20/03/2023	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No