Randomised trial testing observation (no radiotherapy) against radiotherapy in women with low-risk completely excised oestrogen receptor positive ductal carcinoma in situ of the breast on adjuvant endocrine therapy

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered	
11/02/2004		Protocol	
Registration date 13/04/2004	Overall study status Completed	Statistical analysis plan	
		[X] Results	
Last Edited	Condition category	[] Individual participant data	
02/10/2012	Cancer		

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Prof Nigel Bundred

Contact details

South Manchester University Hospital Education and Research Centre Southmoor Road Manchester United Kingdom M23 9LT + 44 (0)161 291 5859 bundredn@manchester.ac.uk

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

NCT00077168

Secondary identifying numbers

N0226152511

Study information

Scientific Title

Acronym

NCRI/BASO UK DCIS II Trial

Study objectives

To determine, in a randomised controlled trial, the effects of withholding radiotherapy (in terms of recurrence and quality of life) after complete removal of oestrogen receptor (ER) positive low-risk precancerous change in the breast (ductal carcinoma in situ [DCIS]) and in the presence of adjuvant endrocrine therapy.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration.

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Ductal carcinoma in situ

Interventions

All patients will receive endocrine therapy: either as part of the IBIS II trial (which randomises between tamoxifen or anastrozole), otherwise all non-IBIS II patients will be prescribed tamoxifen 20 mg/day (for five years).

2000 eligible patients will be randomised in a ratio of 1:1 to either:

- 1. Radiotherapy plus tamoxifen or anastrozole
- 2. No radiotherapy plus tamoxifen or anastrozole

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Tamoxifen or anastrozole

Primary outcome measure

Proportion of patients developing a recurrence in the affected breast five years after primary surgery.

Secondary outcome measures

Not provided at time of registration.

Overall study start date

13/10/2004

Completion date

13/10/2009

Eligibility

Key inclusion criteria

- 1. Unifocal DCIS without an invasive component. Patients with microinvasion (defined as one or more foci of invasion each less than 1 mm) may be included
- 2. Complete microscopic excision with a MINIMUM radial margin of 1 mm
- 3. ER positive or progesterone receptor (PgR) positive (either more than 10% tumour cells staining for receptor or a cut point of more than two)
- 4. Maximum microscopic tumour diameter must be less than 30 mm (less than 15 mm if grade III)
- 5. Primary surgery within six months of randomisation
- 6. The majority of women will be postmenopausal and all should be between the ages of 50 and 75 years. Postmenopausal status is defined as meeting one or more of the following criteria:
- 6.1. Aged over 60
- 6.2. Bilateral oophorectomy
- 6.3. Aged under 60 with a uterus and amenorrhoea for at least 12 months
- 6.4. Aged under 60 without a uterus and with follicle-stimulating hormone (FSH) more than 20 IU /L
- 6.5. Off Hormone Replacement Therapy (HRT) for more than four weeks and with an FSH more than 20 IU/L. Premenopausal and perimenopausal women (over 50 years of age) are eligible for DCIS II but not for IBIS II study

- 7. Fully informed signed consent
- 8. Patient available for long-term follow up

All post-menopausal women will potentially be eligible for IBIS II.

Participant type(s)

Patient

Age group

Senior

Sex

Female

Target number of participants

2000

Key exclusion criteria

- 1. Aged under 50 years
- 2. ER negative DCIS or PgR negative (less than 10% cell staining positive immunohistochemically or a cutpoint of less than two)
- 3. Any previous cancer in the past five years (except non-melanoma skin cancer or in situ cancer of the cervix)
- 4. Current treatment with anti-coagulants
- 5. Previous deep vein thrombosis or pulmonary embolus
- 6. Previous tamoxifen or raloxifene use for more than three months
- 7. Any woman with unexplained postmenopausal bleeding
- 8. Tumour incompletely excised
- 9. DCIS lesions equals 30 mm maximum microscopic diameter (more than 15 mm if grade III)
- 10. Patient treated by mastectomy
- 11. Patients unable to undergo follow-up
- 12. Any condition precluding full dose radiotherapy to the breast

Date of first enrolment

13/10/2004

Date of final enrolment

13/10/2009

Locations

Countries of recruitment

England

United Kingdom

Study participating centre South Manchester University Hospital

Manchester

Sponsor information

Organisation

Sponsor not defined - Record supplied by Institute of Cancer Research (UK)

Sponsor details

c/o Institute of Cancer Research 123 Old Brompton Road London United Kingdom SW7 3RP

Sponsor type

Not defined

Funder(s)

Funder type

Charity

Funder Name

Cancer Research UK (CRUK) (UK) (ref: C1491/A4589)

Alternative Name(s)

CR_UK, Cancer Research UK - London, CRUK

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Funder Name

Medical Research Council (MRC) (UK)

Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/01/2011		Yes	No