# CIRCCa (Cediranib In Recurrent Cervical Cancer): a trial of carboplatin-paclitaxel plus cediranib versus carboplatin-paclitaxel plus placebo in metastatic/recurrent cervical cancer

Submission date	Recruitment status  No longer recruiting	[X] Prospectively registered		
17/09/2009		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
13/11/2009	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
29/03/2022	Cancer			

## Plain English summary of protocol

http://www.cancerhelp.org.uk/trials/a-trial-cediranib-advanced-cervical-cancer

## Contact information

## Type(s)

Scientific

#### Contact name

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#### Contact details

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## Additional identifiers

**EudraCT/CTIS** number

**IRAS** number

## ClinicalTrials.gov number

NCT01229930

## Secondary identifying numbers

C-2009-01

# Study information

#### Scientific Title

CIRCCa (Cediranib In Recurrent Cervical Cancer): a randomised double-blind phase II trial of carboplatin-paclitaxel plus cediranib versus carboplatin-paclitaxel plus placebo in metastatic /recurrent cervical cancer

## Acronym

CIRCCa (Cediranib In Recurrent Cervical Cancer)

## **Study objectives**

To provide preliminary evidence regarding whether the addition of cediranib to a combination of carboplatin and paclitaxel will increase progression free survival by 50% in patients with metastatic recurrent cervical carcinoma.

On 01/03/2011 the overall trial end date was updated from 01/06/2011 to 31/12/2012.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Leicestershire, Northamptonshire & Rutland Research Ethics Committee 1, 07/01/2010, ref: 09 /H0406/120

## Study design

Late phase II randomised placebo-controlled 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 the contact details below to request a patient information sheet

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

#### Cervical cancer

#### **Interventions**

The control arm (Arm A) is carboplatin AUC 5 and paclitaxel 175 mg/m<sup>2</sup> infused intravenously over 3 hours, repeated every 3 weeks for a maximum of 6 cycles, plus 20 mg placebo orally once daily.

The trial arm (Arm B) is carboplatin AUC 5 and paclitaxel 175 mg/m<sup>2</sup> infused intravenously over 3 hours, repeated every 3 weeks for a maximum of 6 cycles, plus 20 mg cediranib orally once daily.

Patients will be randomised in a double blind fashion to receive either Arm A or Arm B, and treatment with placebo or cediranib will be continued until patient progresses or toxicity becomes unacceptable. Neither the patient nor the Investigator will be aware of whether the patient's trial drug is cediranib or placebo tablets.

Prior to progression patients will be followed up 2 monthly until end of year 2, every 6 months during years 3, 4 and 5 and yearly thereafter. After disease progression is documented, patients should be followed up 6-monthly during the first 5 years after randomisation and yearly thereafter.

## Intervention Type

Drug

#### Phase

Phase II

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

Cediranib, carboplatin, paclitaxel

## Primary outcome measure

Progression free survival

Prior to progression patients will be followed up 2 monthly until end of year 2, every 6 months during years 3, 4 and 5 and yearly thereafter. After disease progression is documented, patients should be followed up 6 monthly during the first 5 years after randomisation and yearly thereafter. All primary and secondary outcomes will be assessed at all follow up visits until progression confirmed, after progression confirmed only applicable for overall survival to be assessed.

## Secondary outcome measures

- 1. Overall survival
- 2. Response rate
- 3. Toxicity
- 4. Quality of life, assessed by the European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaires modules C30 and CX26

Prior to progression patients will be followed up 2 monthly until end of year 2, every 6 months during years 3, 4 and 5 and yearly thereafter. After disease progression is documented, patients should be followed up 6 monthly during the first 5 years after randomisation and yearly thereafter. All primary and secondary outcomes will be assessed at all follow up visits until

progression confirmed, after progression confirmed only applicable for overall survival to be assessed.

## Overall study start date

01/01/2010

## Completion date

31/12/2012

# **Eligibility**

## Key inclusion criteria

- 1. Female and over 18 years of age
- 2. Eastern Cooperative Oncology Group (ECOG) performance status 0 or 1
- 3. Histologically proven carcinoma of the cervix (squamous, adenocarcinoma, adenosquamous mixed or small cell)
- 4. Either:
- 4.1. Persistent or relapsed inoperable disease after radical radiotherapy within the irradiated pelvis OR
- 4.2. Relapse after radical hysterectomy (after radical radiotherapy to pelvis if appropriate) OR
- 4.3. Extra pelvic metastases OR
- 4.4. Stage IVb disease at diagnosis
- 5. Patient not suitable for potentially curative surgical procedure
- 6. Measurable disease in at least one marker site
- 7. Adequate haematological function, as follows:
- 7.1. Haemoglobin greater than or equal to 10 g/dl
- 7.2. Neutrophils greater than or equal to  $1.5 \times 10^9/l$
- 7.3. Platelets greater than or equal to  $100 \times 10^9/l$
- 7.4. Calculated creatinine clearance greater than or equal to 35 ml/min (measured by EDTA)
- 8. Adequate biochemical function, as follows:
- 8.1. Bilirubin less than or equal to 1.5 x upper limit of normal (ULN)
- 8.2. Alanine amino-transferase (ALT) or aspartate amino-transferase (AST) less than or equal to
- 2.5 x ULN (or less than or equal to 5 x ULN if hepatic metastases)
- 9. Adequate coagulation as follows:
- 9.1.1. Prothrombin time ratio (PTR)/international normalised ratio (INR) less than or equal to 1.5 OR
- 9.1.2. PTR/INR between 2.0 and 3.0 for patients on stable doses of anticoagulants
- 9.2. Partial thromboplastin time less than 1.2 x control
- 10. Life expectancy greater than 12 weeks

## Participant type(s)

Patient

## Age group

Adult

## Lower age limit

18 Years

#### Sex

**Female** 

## Target number of participants

130

## Total final enrolment

69

## Key exclusion criteria

- 1. They have received prior chemotherapy, except cisplatin administered along with radiotherapy as primary treatment
- 2. Relapse is confined to the pelvis after radical surgery in circumstance where radiotherapy or chemoradiotherapy would be appropriate
- 3. Relapse is potentially treatable with exenterative surgery
- 4. History of nervous or psychiatric disorder that would prevent informed consent and compliance
- 5. History of prior malignancy within the previous 5 years except for successfully treated basal cell skin cancer or in-situ breast cancer
- 6. Pregnant or lactating women
- 7. Fertile woman of childbearing potential not willing to use adequate contraception (oral contraceptives, intrauterine device or barrier method of contraception in conjunction with spermicidal jelly or surgically sterile) for the study duration and at least six months afterwards 8. Evidence of uncontrolled infection
- 9. Tumour involvement of bowel wall
- 10. History of pelvic fistulae
- 11. Sub-acute or acute intestinal obstruction
- 12. Major surgery within 28 days or anticipated while on study
- 13. Significant traumatic injury during 4 weeks preceding the potential first dose of cediranib
- 14. Non-healing wound, ulcer or bone fracture
- 15. Active bleeding
- 16. History or evidence of thrombotic or haemorrhagic disorders
- 17. History of inflammatory bowel disease
- 18. Proteinuria greater than 1+ on dipstick on two consecutive dipsticks taken no less than 1 week apart, unless urinary protein is less than 1.5 g in a 24-hour period
- 19. Significant cardiovascular disease (arterial thrombotic event within 12 months, uncontrolled hypertension or angina within 6 months, New York Heart Association (NYHA) grade 2 congestive cardiac failure, grade greater than or equal to 3 peripheral vascular disease or cardiac arrhythmia requiring medication). Patients with rate-controlled atrial fibrillation are eligible.
- 20. Prolonged QTc (corrected) interval of greater than 470 ms on electrocardiogram (ECG) or a family history of long QT syndrome
- 21. Central nervous system (CNS) disease (brain metastases, uncontrolled seizures or cerebrovascular accident/transient ischaemic attack/subarachnoid haemorrhage within 6 months)
- 22. History or clinical suspicion of spinal cord compression
- 23. Pre-existing sensory or motor neuropathy greater than or equal to grade 2
- 24. Known hypersensitivity to carboplatin or paclitaxel
- 25. Evidence of any other disease, metabolic dysfunction, physical examination finding or laboratory finding giving reasonable suspicion of a disease or condition that contra-indicates the use of an investigational drug or puts the patient at high risk for treatment-related complications

#### Date of first enrolment

## Date of final enrolment

31/07/2012

## Locations

## Countries of recruitment

England

**United Kingdom** 

Study participating centre University of Leicester

Leicester United Kingdom LE19 4LF

# Sponsor information

## Organisation

NHS Greater Glasgow and Clyde

## Sponsor details

Research and Development Central Office The Tennent Institute 1st Floor Wester Infirmary 38 Church Street Glasgow United Kingdom G11 6NT

## Sponsor type

Government

#### Website

http://www.nhsggc.org.uk

#### **ROR**

https://ror.org/05kdz4d87

## Organisation

University of Glasgow (UK)

## Sponsor details

Research and Enterprise 10 The Square Glasgow Scotland United Kingdom G12 8QQ

## Sponsor type

University/education

# Funder(s)

## Funder type

Charity

#### **Funder Name**

Cancer Research UK (CRUK) (UK) (ref: CRUK/10/001)

## 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**

Educational Grant from Astra Zeneca (UK)

## **Results and Publications**

## Publication and dissemination plan

Not provided at time of registration

## Intention to publish date

## Individual participant data (IPD) sharing plan

Not provided at time of registration

**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	01/11/2015		Yes	No
Plain English results		28/01/2016	29/03/2022	No	Yes
HRA research summary			28/06/2023	No	No