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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
17/09/2009

Recruitment status
No longer recruiting

Registration date
13/11/2009

Overall study status
Completed

Last Edited
29/03/2022

Condition category
Cancer

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
http://www.cancerhelp.org.uk/trials/a-trial-cediranib-advanced-cervical-cancer

Contact information

Type(s)
Scientific

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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^2 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^2 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 x 10^9/l
7.3. Platelets greater than or equal to 100 x 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
02/06/2010

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
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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