Metronomic chemotherapy with taxanes may reverse taxane resistance by anti-angiogenic effect

Prospectively registered
☐ Protocol
Statistical analysis plan
Results
Individual participant data
Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Protocol serial number RGZHSM 005

Study information

Scientific Title

The combination of metronomic taxanes and valproic acid and enoxaparin decreases tumour marker levels in taxane refractory tumour types: a single arm, single centre, non-randomised, phase II feasibility trial

Acronym

MTAX

Study objectives

Metronomic chemotherapy with taxanes creates an important anti-angiogenic effect. This anti-angiogenic effect is enhanced by histone deacetylase inhibitors like valproic acid. The intracellular accumulation of chemotherapy is facilitated by enoxaparin.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Institutional Review Board of the Regionaal Ziekenhuis Sint Maria approved on the 7th April 2009

Study design

Single arm single centre non-randomised phase II feasibility trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Advanced solid tumours, metastatic disease

Interventions

Patients will receive paclitaxel 20 mg/m 2 /day on days 1 - 5 and 7 - 12 of a 21-day cycle. In patients with prior docetaxel exposure this becomes docetaxel 6 mg/m 2 on day 1 - 5 and 7 - 12 of a 21-day cycle. In both groups valproic acid 2 x 500 mg per day is added, and enoxaparin 40 mg is injected subcutaneously together with the chemotherapy.

Total duration of treatment: 6 months; follow-up duration: one year.

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Paclitaxel, docetaxel, valproic acid, enoxaparin

Primary outcome(s)

Tumour marker decrease (carcinoembryonic antigen [CEA], prostate specific antigen [PSA], cancer antigen 15-3 [CA 15-3]) as a marker of the anti-angiogenic potential, after week 1, and thereafter every three weeks.

Key secondary outcome(s))

Tumour response, assessed according to the Response Evaluation Criteria in Solid Tumors (RECIST), measured at week 19.

Completion date

01/09/2010

Eligibility

Key inclusion criteria

- 1. Histologically or cytologically proven metastatic solid tumours. Patients must have disease which has failed standard taxane based chemotherapy.
- 2. Greater than or equal to 18 years of age, either sex
- 3. Eastern Cooperative Oncology Group performance status (ECOG PS) less than or equal to 3
- 4. Life expectancy greater than or equal to 8 weeks
- 5. Evaluable (based on radiological assessments or tumour markers) disease
- 6. Recovered (i.e., to National Cancer Institute [NCI] Common Terminology Criteria for Adverse Events [CTCAE] Version 3.0 Grade less than or equal to 1) from all toxicities associated with previous chemotherapy or radiotherapy (exception: patients may enter with continuing alopecia irrespective of CTCAE grade). The following intervals between starting last treatment must elapse:
- 6.1. Chemotherapy: at least 4 weeks
- 6.2. Mitomycin C or a nitrosourea: at least 6 weeks
- 6.3. Targeted therapy: at least 2 weeks or 2 half-lives, whichever is longer
- 6.4. Biologics: at least 4 weeks

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

- 1. Pregnant women, women who are lactating, or women of childbearing potential who are not currently on effective means of birth control
- 2. History of QT/QTc prolongation, clinically significant ventricular tachycardia, ventricular fibrillation, heart block, myocardial infarction within 1 year, congestive heart failure New York Heart Association Class III or IV, unstable angina, angina within 6 months, or other evidence of clinically significant coronary artery disease
- 3. Active, ongoing infection, including viral hepatitis
- 4. Undergone major surgery within the last 4 weeks

- 5. Organ transplant recipients
- 6. New brain metastasis. Patients with treated (surgically excised or irradiated) and stable brain metastases are eligible as long as the treatment was at least 4 weeks prior to initiation of study drug and baseline brain computed tomography (CT) with contrast or magnetic resonance imaging (MRI) within 2 weeks of initiation of study drug is negative for new brain metastases.

 7. Patients who have been on other experimental clinical trials of investigational agents within the last 28 days

Date of first enrolment 10/04/2009

Date of final enrolment 01/09/2010

Locations

Countries of recruitmentBelgium

Study participating centre Ziekenhuislaan 100 Halle Belgium 1500

Sponsor information

Organisation

St Mary Hospital (Sint-Maria Ziekenhuis) (Belgium)

Funder(s)

Funder type Industry

Funder Name

GEURS FILIP BVBA (Belgium)

Results and Publications

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?

Participant information sheet
Participant information sheet
11/11/2025 No Yes