

# Evaluating the biological and clinical effects of the combination of palbociclib with letrozole as neoadjuvant therapy in post-menopausal women with primary breast cancer

<b>Submission date</b> 08/01/2015	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 09/01/2015	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 16/01/2023	<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-looking-at-palbociclib-and-letrozole-before-breast-cancer-surgery-pallet>

## Contact information

### Type(s)

Scientific

### Contact name

Ms Katie Goddard

### Contact details

ICR Clinical Trials and Statistics Unit  
15 Cotswold Road  
Sutton  
United Kingdom  
SM2 5NG

## Additional identifiers

### EudraCT/CTIS number

2014-000887-16

### IRAS number

### ClinicalTrials.gov number

NCT01889680

## Secondary identifying numbers

ICR-CTSU/2014/10044

# Study information

## Scientific Title

A phase II randomised study evaluating the biological and clinical effects of the combination of palbociclib with letrozole as neoadjuvant therapy in post-menopausal women with ER+ primary breast cancer

## Acronym

PALLET

## Study objectives

PALLET will evaluate whether adding palbociclib to standard hormone therapy with letrozole is better than using letrozole alone at treating breast cancer before surgery.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

London-Fulham REC, 01/09/2014, ref. 14/ LO/ 1291

## Study design

Randomised; Interventional

## 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

Post-menopausal patients with ER+ and HER2- primary breast cancer

## Interventions

1. Palbociclib is an unlicensed drug that is a 125-mg capsule that should be administered orally. The treatment schedule is 3 weeks on, 1 week off.
2. Letrozole is a 2.5-mg tablet that will be administered orally on a daily basis. Both drugs will be

taken for up to 14 weeks, depending on treatment arm. Patients will be followed up for 1 year after date of randomisation.

## **Intervention Type**

Drug

## **Phase**

Phase II

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

Palbociclib, letrozole

## **Primary outcome measure**

1. Change in the proliferation marker Ki67 (% positive tumour cells) as tested by IHC from baseline to after 14 weeks treatment with letrozole with or without palbociclib
2. Clinical response as measured by ultrasound according to ECOG criteria after 14 weeks treatment with letrozole with or without palbociclib

## **Secondary outcome measures**

1. Effect of palbociclib on Ki67 after 2 weeks and the added effect of letrozole from weeks 2-14 (within group)
2. Effect of letrozole on Ki67 after 2 weeks and the added effect of palbociclib from weeks 2-14 (within group)
3. pCR rates after letrozole with or without 14 weeks palbociclib
4. PEPI score after letrozole with or without 14 weeks palbociclib
5. Assessment of safety and tolerability
6. Changes between surgical intent at baseline, surgical intent after 14 weeks and actual surgery received after treatment with letrozole with or without palbociclib (added 01/11/2016)

## **Overall study start date**

23/02/2015

## **Completion date**

03/03/2020

# **Eligibility**

## **Key inclusion criteria**

1. Postmenopausal women defined as:
  - 1.1. Age 56 or older with no spontaneous menses for at least 12 months prior to study entry
  - 1.2. Age 55 or younger with no menses for at least 12 months prior to study entry (e.g., spontaneous or secondary to hysterectomy) and with a documented oestradiol level in the postmenopausal range according to local institutional/laboratory standard
  - 1.3. Age  $\geq 16$  with documented bilateral oophorectomy
2. Operable ER+ HER2- invasive early breast cancer suitable for neoadjuvant AI treatment. ER positivity is defined as an Allred score of 3 (or equivalent) [sentence added 01/11/2016]. HER2 negativity will be defined as per the 2013 ASCO/CAP guidelines as follows:
  - 2.1. IHC 1+ as defined by incomplete membrane staining that is faint/barely perceptible and within  $>10\%$  of the invasive tumour cells
  - 2.2. IHC 0 as defined by no staining observed or membrane staining that is incomplete and is

faint/barely perceptible and within  $\leq 10\%$  of the invasive tumour cells

2.3. ISH negative based on:

2.3.1. Single-probe average HER2 copy number  $< 4.0$  signals/cell

2.3.2. Dual-probe HER2/CEP17 ratio  $< 2.0$  with an average HER2 copy number  $< 4.0$  signals/cell

3. No medical contra-indication to palbociclib (as defined according to latest version of Investigator Brochure)

4. A tumour with an ultrasound size of at least 2.0cm

5. No evidence of metastatic spread by standard assessment according to local guidelines

6. ECOG performance status of 0 or 1

7. Adequate organ function including:

7.1. Haemoglobin  $\geq 10\text{g/dL}$  ( $90\text{g/L}$ )

7.2. ANC  $\geq 1,500/\text{mm}^3$  ( $> 1.5 \times 10^9/\text{L}$ )

7.3. Platelets  $\geq 100,000/\text{mm}^3$  ( $> 100 \times 10^9/\text{L}$ )

7.4. AST and/or ALT  $1.5 \times$  upper normal limits (ULN)

7.5 Alkaline phosphatase  $1.5 \times$  ULN

7.6. Total serum bilirubin ULN unless the patient has a bilirubin elevation  $> \text{ULN}$  to  $1.5 \times \text{ULN}$  due to Gilbert's disease or similar syndrome involving slow conjugation of bilirubin

7.7. Serum creatinine  $\leq 1.25 \times \text{ULN}$  or estimated creatinine clearance  $< 60 \text{ mL/min}$  (as calculated using the method standard for the institution)

7.8. No severe and relevant co-morbidity that would affect a patients participation in the study

7.9. INR must be within normal limits of the local laboratory ranges

8. Written informed consent to participate in the trial and to donation of tissue and blood samples

9. Patients must have the ability to swallow oral medication

## **Participant type(s)**

Patient

## **Age group**

Adult

## **Sex**

Both

## **Target number of participants**

Planned Sample Size: 306; UK Sample Size: 150

## **Key exclusion criteria**

1. Premenopausal or perimenopausal women

2. Inflammatory/inoperable breast cancer

3. HER2 positive

4. Concurrent use (defined as use within 4 weeks prior to baseline tissue sample being taken) of HRT or any other oestrogen-containing medication (including vaginal oestrogens)

5. Prior endocrine therapy for breast cancer

6. Any invasive malignancy within previous 5 years (other than basal cell carcinoma or cervical carcinoma in situ)

7. Bilateral invasive disease (added 01/11/2016)

8. Any severe coincident medical disease, including seizure disorder requiring medication

9. Diagnosis by FNA alone or excisional biopsy or lumpectomy performed prior to study entry

10. Surgical axillary staging procedure prior to study procedure (with the exception of FNA or core biopsy)

11. Definitive clinical or radiologic evidence of metastatic disease
12. History of ipsilateral invasive breast cancer regardless of treatment or ipsilateral DCIS treated with radiotherapy or contralateral invasive breast cancer at any time
13. New York Heart Association classification of level III or IV heart disease
14. Any treatment, including radiotherapy, chemotherapy, and/or targeted therapy, administered for the currently diagnosed breast cancer prior to study entry
15. Patients on established CYP3A inhibitors/inducers
16. QTc >480 msec or a family or personal history of long or short QT syndrome, Brugada syndrome or known history of QTc prolongation, or Torsade de Pointes (TdP)
17. Active Hepatitis B or Hepatitis C with abnormal liver function tests
18. HIV positive patients receiving antivirals

**Date of first enrolment**

23/02/2015

**Date of final enrolment**

08/03/2018

## Locations

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

ICR Clinical Trials and Statistics Unit

15 Cotswold Road

Sutton

United Kingdom

SM2 5NG

## Sponsor information

**Organisation**

The Institute for Cancer Research

**Sponsor details**

Section of Clinical Trials

15 Cotswold Road

Sutton

England

United Kingdom

SM2 5NG

**Sponsor type**

Hospital/treatment centre

**ROR**

<https://ror.org/043jzw605>

## Funder(s)

**Funder type**

Industry

**Funder Name**

Pfizer UK

**Alternative Name(s)**

Pfizer Ltd, Pfizer Limited

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

For-profit companies (industry)

**Location**

United Kingdom

## Results and Publications

**Publication and dissemination plan**

**Intention to publish date**

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

The datasets generated during and/or analysed during the current study are/will be available upon request from [PALLET-icrctsu@icr.ac.uk](mailto:PALLET-icrctsu@icr.ac.uk).

**IPD sharing plan summary**

Available on request

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Plain English results</a>				No	Yes
<a href="#">Results article</a>	results	20/01/2019	26/02/2019	Yes	No
<a href="#">Protocol file</a>	version 2.1	24/11/2015	16/01/2023	No	No

