

# Saracatinib (AZD0530) plus weekly paclitaxel in platinum-resistant ovarian, fallopian tube or primary peritoneal cancer

<b>Submission date</b> 29/10/2010	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 29/10/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 31/03/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-paclitaxel-saracatinib-ovarian-cancer-fallopian-tube-cancer-primary-peritoneal-cancer-sapproc>

## Study website

<http://www.ctc.ucl.ac.uk/TrialGroup.aspx?TrialGroupID=3>

## Contact information

### Type(s)

Scientific

### Contact name

Mr Lee Webber

### Contact details

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-  
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## Additional identifiers

### EudraCT/CTIS number

2009-017171-13

### IRAS number

**ClinicalTrials.gov number**

NCT01196741

**Secondary identifying numbers**

8430

## **Study information**

**Scientific Title**

A randomised placebo-controlled trial of saracatinib (AZD0530) plus weekly paclitaxel in platinum-resistant ovarian, fallopian tube or primary peritoneal cancer

**Acronym**

SaPPrOC

**Study objectives**

This is a randomised, placebo-controlled double-blind trial. The overall aim is to investigate whether the addition of the Src inhibitor saracatinib (AZD0530) to weekly paclitaxel improves efficacy, compared with paclitaxel plus placebo, in patients with relapsed platinum-resistant ovarian cancer. The trial will also determine toxicity and ascertain whether the combination of paclitaxel plus saracatinib should proceed to a phase III trial.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Coventry & Warwickshire Research Ethics Committee, 04/08/2010, ref: 10/H1211/26

**Study design**

Multicentre randomised interventional treatment 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**

Topic: National Cancer Research Network; Subtopic: Gynaecological Cancer; Disease: Ovary

## **Interventions**

Paclitaxel 80 mg/m<sup>2</sup> (IV) to be given in 'cycles'. Each cycle will be 8 weeks of treatment, consisting of six weekly administrations of paclitaxel 80 mg/m<sup>2</sup> followed by 2 weeks rest. Patients will receive four cycles to begin with. If there is evidence of ongoing response after four cycles, three further cycles will be given, unless there is dose-limiting toxicity or the patient requests to discontinue treatment. If best response is stable disease after four cycles, treatment should be discontinued but may continue at the discretion of the Investigator. The maximum chemotherapy treatment period will be 56 weeks.

Saracatinib (AZD0530). Patients will receive 175 mg/matched placebo daily. Administration will begin 1 week prior to commencement of paclitaxel chemotherapy, and will continue until the patient's disease progresses/relapses. Combined with chemotherapy, the maximum treatment period of saracatinib/placebo will be 57 weeks.

Patients who progress/relapse during trial treatment will be taken off study and not followed up. Patients who do not relapse/progress during trial treatment will be followed up and offered saracatinib/placebo monotherapy. These patients will be followed up 6 weekly for 2 years or until progression, whichever is the sooner.

## **Intervention Type**

Drug

## **Phase**

Phase II/III

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

Saracatinib (AZD0530), paclitaxel

## **Primary outcome measure**

Six-month progression-free survival (PFS), based on combined RECIST v1.1/GCIG CA125 criteria

## **Secondary outcome measures**

1. Duration of response
2. Health Economics and Quality of Life outcomes based on FACT-O and EQ5D
3. Investigator Assessed PFS based on RECIST v1.1
4. Investigator Assessed Time to Progression
5. Objective Response Rate based on Investigator assessment using GCIG CA125 criteria and RECIST v1.1
6. Overall survival rate at 2 years
7. Safety and tolerability (toxicity)
8. Time to Progression based on RECIST v1.1

## **Overall study start date**

01/11/2010

## **Completion date**

01/05/2012

## **Eligibility**

### **Key inclusion criteria**

1. Confirmed relapsed ovarian, fallopian tube or primary peritoneal cancer AND patients who have relapsed in the platinum-resistant (progression must not be based on CA125 alone) time-frame, i.e. have progressed within 6 months of platinum therapy
2. All patients must have formalin-fixed paraffin-embedded (FFPE) tissue available for translational research: this tissue may be tissue taken at original diagnosis
3. Patients need not have received prior taxane; if patients have received prior taxane, the interval since treatment must be known. Patients will be stratified as less than 6 months OR at least 6 months taxane interval/no prior taxane.
4. Patients will generally have received at least two lines of prior chemotherapy, but may enter if they have relapsed within 6 months of first-line therapy. Patients may have received prior liposomal doxorubicin, although this is NOT a requirement. The treatment immediately prior to study entry need not be platinum-based.
5. Measurable or evaluable disease (if not measurable by Response Evaluation Criteria in Solid Tumours version 1.1 [RECIST v1.1] criteria, must be evaluable by CA125 [GCIG criteria])
6. Eastern Cooperative Oncology Group (ECOG) performance status (PS) 0 - 2
7. Adequate haematological and biochemical function as follows:
  - 7.1. Granulocyte count greater than  $1.5 \times 10^9/l$
  - 7.2. Platelet count greater than  $100 \times 10^9/l$
  - 7.3. Haemoglobin (Hb) greater than 9.0 g/dl
  - 7.4. Serum creatinine less than 1.5 x upper limit of normal (ULN)
  - 7.5. Bilirubin less than 1.5 x ULN. In cases of known Gilbert's syndrome, bilirubin less than 2 x ULN is allowed
  - 7.6. Aspartate aminotransferase (AST) or alanine aminotransferase (ALT) less than 2.5 x ULN
  - 7.7. Alkaline phosphatase (ALP) less than 5 x ULN
  - 7.8. Prothrombin and activated partial thromboplastin times less than 1.5 x ULN
8. Willingness to consent to take part in Level 1 of the translational sub-study, as per section 19.0 of the protocol (this is NOT optional)

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Sex**

Female

### **Target number of participants**

Planned sample size: 102; UK sample size: 102

### **Total final enrolment**

107

### **Key exclusion criteria**

1. Prior administration of weekly paclitaxel
2. Tumours of malignant mixed mesodermal (MMMT) or mucinous types
3. Unresolved bowel obstruction
4. Chemotherapy within the preceding 3 weeks
5. Radiotherapy within the preceding 3 weeks
6. Treatment with any investigational agent within the preceding 4 weeks or within 5 half-lives

- of the investigational agent, whichever is longer
7. Known leptomeningeal involvement or intracranial disease
  8. Evidence of interstitial lung disease (bilateral, diffuse, parenchymal lung disease)
  9. Resting electrocardiogram (ECG) with measurable QTc interval of greater than 480 msec at two or more time points within a 24-hour period
  10. Pregnant or lactating females
  11. Fertile women of childbearing potential not willing to use adequate contraception for the duration of trial treatment and for at least 30 days after the last administration of saracatinib +/- paclitaxel
  12. Inability or unwillingness to give informed consent
  13. Ongoing active infection or a documented history of human immunodeficiency virus (HIV) infection, hepatitis B or C
  14. Concurrent congestive heart failure or prior history of New York Heart Association (NYHA) class III/IV cardiac disease
  15. Concurrent autoimmune disorder, e.g. systemic lupus or any demyelinating disease
  16. Use of immunosuppressive therapy or corticosteroids taken within the 4 weeks prior to study entry and during the treatment period

**Date of first enrolment**

01/11/2010

**Date of final enrolment**

01/05/2012

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Cancer Research UK & UCL Cancer Trials Centre**

London

United Kingdom

W1T 4TJ

## **Sponsor information**

**Organisation**

University College London (UCL) (UK)

**Sponsor details**

Gower Street

London

England

United Kingdom  
WC1E 6BT

**Sponsor type**

University/education

**Website**

<http://www.ucl.ac.uk/>

**ROR**

<https://ror.org/02jx3x895>

## **Funder(s)**

**Funder type**

Industry

**Funder Name**

AstraZeneca

**Alternative Name(s)**

AstraZeneca PLC, Pearl Therapeutics

**Funding Body Type**

Government organisation

**Funding Body Subtype**

For-profit companies (industry)

**Location**

United Kingdom

**Funder Name**

Cancer Research UK- Clinical Trials Advisory and Awards Committee (CTAAC) grant (ref: C9423 /A11569)

**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

## 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?
<a href="#">Basic results</a>	results	01/10/2014		No	No
<a href="#">Results article</a>				Yes	No
<a href="#">Plain English results</a>			31/03/2022	No	Yes
<a href="#">HRA research summary</a>			28/06/2023	No	No