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Investigating the optimal scheduling of chemotherapy in patients with colorectal and liver cancer

Submission date 02/09/2011	**Recruitment status** Stopped	[X] Prospectively registered [_] Protocol
Registration date 02/09/2011	**Overall study status** Stopped	[_] Statistical analysis plan [_] Results
Last Edited 27/03/2019	**Condition category** Cancer	[_] Individual participant data [_] Record updated in last year

Plain English summary of protocol

https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-chemotherapy-surgery-people-bowel-cancer-that-spread-liver-epoc-b#undefined

Background and study aims
Colorectal cancer is cancer that begins in the large bowel. When a cancer spreads to the liver, the tumours that form are called liver metastases. Operable/resectable liver metastases are metastases that can be removed with surgery. The aim of this study is to compare two treatment strategies for patients who have operable liver metastases from colorectal cancer. We will compare the side effects following surgery and chemotherapy, quality of life and survival for the two strategies. This will tell us whether it is possible to conduct a larger study to determine which strategy is better for patients.

Who can participate?
Patients aged 18 or over with colorectal cancer and operable liver metastases.

What does the study involve?
Patients are randomly allocated to one of two groups. Patients in one group undergo surgery to remove their liver metastases and are then treated for 24 weeks with standard chemotherapy. Patients in the other group undergo chemotherapy treatment for 12 weeks before and 12 weeks after surgery. After completion of the study treatment both groups are followed up every 3 months for 2 years, and every 6 months thereafter for a further 3 years or until their disease progresses.

What are the possible benefits and risks of participating?
Not provided at time of registration.

Where is the study run from?
Southampton University Hospitals NHS Trust (UK).

When is the study starting and how long is it expected to run for?
October 2011 to December 2012.

Who is funding the study?
Clinical Trials Awards and Advisory Committee (CTAAC) (UK).

Who is the main contact?
Elizabeth Dixon

Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

EudraCT/CTIS number
2011-003052-40

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
10838

Study information

Scientific Title
An exploratory study to investigate the optimal scheduling of chemotherapy in patients with operable colorectal liver metastases

Study objectives
To determine whether it is feasible to recruit to a trial of peri-operative versus post operative chemotherapy.

Ethics approval required
Old ethics approval format

Ethics approval(s)
NRES Committee South Central - Southampton B, 07/09/2011, ref: 11/SC/0293

Study design
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
Colorectal Cancer; Disease: Liver

Interventions
Arm A: surgery to resect colorectal liver metastases followed by 24 weeks standard chemotherapy. Arm B: 12 weeks of standard care chemotherapy (mFOLFOX, CAPOX or mFOLFIRI) pre-operatively, surgery to resect colorectal liver metastases, then 12 weeks of standard care chemotherapy post-operatively. Followed up after 60 months.

Intervention Type
Mixed

Primary outcome measure
1. Feasibility of the trial to proceed to phase III depends on the following endpoints:
1.1. Mean monthly recruitment in the last 6 months
1.2. Proportion of patients delivered some post-operative chemotherapy
1.3. Proportion of patients who receive all the post-operative chemotherapy required by the protocol
1.4. The surgical complication rate: the proportion of patients experiencing at least one surgical complication within 30 days of surgery (the list of complications which are included are defined below). Each surgical complication will also be rated for severity using a standard scoring system by Clavien (see Appendix XII).
2. A phase III trial will be deemed feasible if the following four criteria are met:
2.1. The mean monthly recruitment rate in the last 6 months of the study is around 4 patients per month across all sites.
2.2. 70% of patients on Arm A and on Arm B are delivered at least some post operative chemotherapy
2.3. Of those who receive some post-operative chemotherapy, 70% receive all the chemotherapy required by the protocol (complete the post-operative chemotherapy protocol)

2.4. The surgical complication rate in each arm is in keeping with expectations such that a difference is likely to be shown in the phase III study (the difference in surgical complication rates between Arm A and Arm B should be within 5% of that mentioned in the proposed phase III sample size calculation in section 8.1, 16% versus 33%, a difference of smaller than this would not be considered clinically meaningful).
3. If the trial proceeds to Phase III the primary outcomes will be as follows:
3.1.For the UK phase III study: surgical complications rate
3.2. For international collaboration: Progression free survival (PFS). PFS will be determined by imaging review. Progression-free survival (PFS) is defined as the time from randomisation to first recurrence/disease progression or death, whichever occurs first. Patients not experiencing recurrence/progression/death will be censored at the date of the last follow-up examination. PFS will be assessed as follows:
In patients with resected metastases (R0 or R1 or R2), PFS will be considered to be the time from randomisation to the first of the following events:
3.2.1. Recurrence/disease progression after surgery
3.2.2. Death
In patients with unresected metastases, PFS will be considered as the time from randomisation to the first of the following events:
3.2.3. Disease progression (whenever it occurs, before or after the planned surgery date)
3.2.4. Death

Secondary outcome measures
1. The proportion of chemotherapy received.
2. Peri-operative surgical mortality (within 30 days of surgery).
3. Treatment related toxicity.
4. The effects of treatment on quality of life (QoL) - QoL data will be collected using EORTC QLQ-C30 (version 3), EORTC QLQ - LMC21, EuroQol Questionnaire (EQ-5D)
5. Overall survival (OS) for each treatment arm - OS will be determined by flagging and clinical review. Overall survival is defined as the time interval between the date of randomisation and the date of death. Patients who are still alive when last traced will be censored at the date of last follow-up.
6. Length of stay.
7. Progression-free survival.

Overall study start date
01/10/2011

Completion date
31/12/2012

Reason abandoned (if study stopped)
Participant recruitment issue

Eligibility

Key inclusion criteria
1. Confirmed colorectal adenocarcinoma
2. Presence of potentially resectable colorectal cancer liver metastases without detectable extra-hepatic tumour that cannot be completely resected
3. 18 years of age or older
4. Fit for chemotherapy and surgery

5. Eastern Cooperative Oncology Group (ECOG) performance status = 2
6. Adequate hematologic, renal and hepatic function
7. No prior chemotherapy for metastatic disease
8. Adjuvant chemotherapy may have been given if >6 months previously
9. If oxaliplatin has been given as adjuvant, irinotecan may be used
10. Rectal chemoradiotherapy must be completed > 1 month before treatment
11. Male or female participants

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
Planned Sample Size: 78; UK Sample Size: 78

Key exclusion criteria
1. Patients in whom there is an indication for chemotherapy to facilitate a R0 resection
2. Patients in whom radio frequency ablation is felt to be an essential component of treatment
3. Positive pregnancy test

Date of first enrolment
01/10/2011

Date of final enrolment
31/12/2012

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
Southampton University Hospitals NHS Trust
Southampton
United Kingdom
SO16 6YD

Sponsor information

Organisation
Southampton University Hospitals NHS Trust (UK)

Sponsor details
Cancer Care Directorate
B Level, Mailpoint WRE
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Sponsor type
Hospital/treatment centre

Website
http://www.suht.nhs.uk/

ROR
https://ror.org/0485axj58

Funder(s)

Funder type
Government

Funder Name
Clinical Trials Awards and Advisory Committee (CTAAC) ref: C317/A12358

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

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?
HRA research summary			28/06/2023	No	No