# A randomised phase II study of pemetrexed compared to pemetrexed-carboplatin in pretreated patients with advanced non-small cell lung cancer

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
11/04/2007		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
11/04/2007	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
05/01/2021	Cancer			

## 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** N/A

# Study information

## Scientific Title

A randomised phase II study of pemetrexed compared to pemetrexed-carboplatin in pretreated patients with advanced non-small cell lung cancer

## Acronym

**NVALT-7 study** 

## Study objectives

Is retreatment with platin based regimen in patients with recurrence of Non-Small Cell Lung Cancer (NSCLC) who failed platin based regimen in the first line more beneficial?

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Ethics approval received from the local medical ethics committee

## Study design

Randomised, active controlled, parallel group, multicentre trial

## Primary study design

Interventional

## Study type(s)

Treatment

# Health condition(s) or problem(s) studied

Non Small Cell Lung Cancer (NSCLC)

#### Interventions

Experimental arm A:

Pemetrexed 500 mg/m<sup>2</sup> plus carboplatin Area Under the concentration–time Curve (AUC) 5 on day one every 21 days.

### Control arm B:

Pemetrexed 500 mg/m<sup>2</sup> on day one every 21 days.

## Intervention Type

Drug

#### Phase

Phase II

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

Pemetrexed, carboplatin

## Primary outcome(s)

To compare time to progression between single agent pemetrexed and pemetrexed-carboplatin in patients who failed previous cytotoxic treatment for NSCLC locally advanced and metastatic disease stage IIIB and IV.

## Key secondary outcome(s))

- 1. To characterise the quantitative and qualitative toxicities of both regimens, response rates and duration of response for responding patients, and survival
- 2. Pharmacogenetic biomarker assessment

## Completion date

01/01/2008

# **Eligibility**

# Key inclusion criteria

- 1. Histologically or cytologically confirmed NSCLC locally advanced and metastatic disease stage IIIB and IV, with evidence of disease progression after cytotoxic treatment which should have included a platinum agent
- 2. At least three months from prior chemotherapy with complete recovery from first line chemotherapy side effects to less than grade two
- 3. At least one unidimensionally measurable leasion meeting Response Evaluation Criteria in Solid Tumours (RECIST) criteria
- 4. Eastern Cooperative Oncology Group (ECOG) performance status zero to two
- 5. Aged greater than 18 years
- 6. Adequate organ function, including:
- a. adequate bone marrow reserve: Absolute Neutrophil Count (ANC) greater than  $1.5 \times 10^9/L$ , platelets greater than  $100 \times 10^9/L$
- b. hepatic: bilirubin less than 1.5 x Upper Limit of Normal (ULN), Alkaline Phosphatase (AP), Alanine Aminotransferase (ALT), Aspartate Aminotransferase (AST) less than  $3.0 \times 100 \times 100$
- c. renal: calculated creatinine clearance greater than 45 ml/min based on the Cockroft and Gault formula
- 7. Signed informed consent
- 8. Male and female patients with reproductive potential must use an approved contraceptive method, if appropriate. Female patients with childbearing potential must have a negative serum pregnancy test within seven days prior to study enrolment
- 9. Estimated life expectancy greater than 12 weeks
- 10. Patient compliance and geographical proximity that allow adequate follow up

# Participant type(s)

**Patient** 

# Healthy volunteers allowed

No

## Age group

Adult

# Lower age limit

18 years

#### Sex

Not Specified

## Key exclusion criteria

- 1. Pregnant or lactating women
- 2. Patients who are poor medical risks because of non-malignant disease as well as those with active uncontrolled infection
- 3. Documented brain metastases unless the patient has completed local therapy for central nervous system metastases and has been off corticosteroids for at least two weeks before enrolment
- 4. Concomitant treatment with any other experimental drug under investigation
- 5. Inability to interrupt aspirin or other nonsteroidal anti-inflammatory agents for a five-day period (eight day period for long-acting agents such as piroxicam)
- 6. Inability or unwillingness to take folic acid, vitamin B-12 supplementation or dexamethasone

# Date of first enrolment

22/09/2005

## Date of final enrolment

01/01/2008

# Locations

## Countries of recruitment

Netherlands

Study participating centre
Vrije Universiteit Medical Centre (VUMC)

Amsterdam Netherlands 1007 MB

# **Sponsor information**

# Organisation

VU University Medical Centre (The Netherlands)

## **ROR**

https://ror.org/00q6h8f30

# Funder(s)

# Funder type

Industry

## Funder Name

Eli Lilly (The Netherlands)

## Funder Name

Roche Nederland BV (The Netherlands)

# **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?
Results article	results	01/07/2016	04/01/2021	Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes