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A partially-blind phase III randomised trial of fulvestrant (Faslodex™) with or without concomitant anastrozole (Arimidex™) compared with exemestane in post-menopausal women with oestrogen receptor (ER) positive locally advanced/metastatic breast cancer following progression on non-steroidal aromatase inhibitors

Submission date 27/06/2003	**Recruitment status** No longer recruiting	[X] Prospectively registered [_] Protocol
Registration date 08/09/2003	**Overall study status** Completed	[_] Statistical analysis plan [X] Results
Last Edited 18/12/2023	**Condition category** Cancer	[_] Individual participant data

Plain English summary of protocol
https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-hormone-therapy-for-advanced-breast-cancer

Contact information

Type(s)
Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
2004-000093-30

ClinicalTrials.gov (NCT)
NCT00253422

Protocol serial number
Nil known

Study information

Scientific Title
A partially-blind phase III randomised trial of fulvestrant (Faslodex™) with or without concomitant anastrozole (Arimidex™) compared with exemestane in post-menopausal women with oestrogen receptor (ER) positive locally advanced/metastatic breast cancer following progression on non-steroidal aromatase inhibitors

Acronym
SoFEA

Study objectives
This randomised phase III trial is studying fulvestrant and anastrozole to see how well they work compared to fulvestrant and a placebo or exemestane alone in treating postmenopausal women with locally advanced or metastatic breast cancer.

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 18/09/2003, South West Multi Centre Research Ethic Committee (The Lescaze Offices, Dartington, TQ9 6JE, United Kingdom; +44 (0)1803 861947; cornwallandplymouth.rec@hra.nhs.uk), ref: MREC/03/6/77

Study design
Randomised controlled trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Locally advanced/metastatic breast cancer

Interventions
The study will compare the progression-free survival of patients treated with Faslodex™ plus concomitant Arimidex™ (F+A) versus Faslodex™ (F) alone. All Faslodex™ treated patients will take either an Arimidex™ or an Arimidex™-placebo tablet once daily, and both patients and clinicians will be blinded to this treatment option (i.e., double-blind). A reference control arm will be included with the steroidal aromatase inhibitor exemestane (E) which is the current endocrine treatment of choice for such patients.

750 eligible patients will be randomised in a ratio of 1:1:1 to either:
1. Faslodex™ plus placebo or
2. Faslodex™ plus Arimidex™ or
3. Exemestane

Intervention Type
Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Fulvestrant (Faslodex™), anastrozole (Arimidex™), exemestane

Primary outcome(s)
Progression-free survival

Key secondary outcome(s))
1. Objective complete response (CR) and partial response (PR) rate
2. Duration of response
3. Clinical benefit (i.e., six-month CR, PR, and stable disease) rate
4. Duration of clinical benefit
5. Time to treatment failure
6. Overall survival
7. Tolerability

Completion date
01/01/2006

Eligibility

Key inclusion criteria
Patients with locally advanced/metastatic breast cancer who have progressed on the non-steroidal aromatase inhibitors (Arimidex™ or letrozole [Femara™]):
1. Female postmenopausal patients defined as:
1.1. Aged 60 years or over
1.2. Aged 45 to 59 with intact uterus and amenorrhoeic for at least 12 months
1.3. Any age having had a bilateral oophorectomy
2. Histologically or cytologically confirmed adenocarcinoma of the breast
3. Patients with original ER positive and/or progesterone (PgR) positive breast cancer which has relapsed or progressed during endocrine therapy with a single-agent non-steroidal aromatase inhibitor (NSAI) given either:

3.1. As adjuvant treatment where the patient received at least 12 months therapy, or
3.2. As first-line therapy for metastatic disease. Patients treated with an NSAI as first-line therapy must have had either an objective response (complete response [CR]/partial response [PR]), or stabilisation of disease for at least six months.
4. Measurable/evaluable sites of metastatic disease (response evaluation criteria in solid tumours [RECIST])
5. World Health Organisation (WHO) performance status zero, one or two
6. Prior therapy permissible:
6.1. Tamoxifen given in the adjuvant or neo-adjuvant setting only
6.2. Prior chemotherapy in the adjuvant or neo-adjuvant setting
6.3. Prior chemotherapy as first-line treatment for metastatic breast cancer followed by NSAI alone for at least six months
6.4. Patients with bone-only metastases are eligible provided they have evaluable site of bone metastases that can be followed by skeletal survey or magnetic resonance imaging (MRI) /computed tomography (CT) scanning
6.5. Patients already established on bisphosphonate therapy for at least six months are eligible for the trial and may continue on bisphosphonates
7. Written informed consent and available for prolonged follow-up
8. Adequate haematological function defined by haemoglobin more than or equal to 10 g/dl, neutrophil count more than or equal to 1.5 x 10^9/l and platelets more than or equal to 100 x 10^9/l
9. Adequate hepatic function defined by aspartate aminotransferase (AST) and alanine aminotransferase (ALT) less than or equal to 2.5 x upper limit of normal. Alkaline phosphatase less than or equal to 5 x upper limit of normal, unless bone metastases in the absence of liver disease. Renal function adequate defined by creatinine less than 175 mmol/l.
10. Life expectancy of more than three months and suitable for further endocrine therapy

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 years

Upper age limit
120 years

Sex
Female

Total final enrolment
698

Key exclusion criteria
1. Patients whose primary breast cancer was classified as:
1.1. ER negative and PgR natural killer (NK)

1.2. ER negative/PgR negative
1.3. ER NK
2. Rapidly progressive visceral disease (i.e., lymphangitis carcinomatosa, diffuse hepatic involvement)
3. Bone-only metastases where lesions are not evaluable (i.e., patients with the same scan but no lytic disease on skeletal survey or MRI/CT)
4. Patients with malignancies (other than breast cancer) within the last five years, except for adequately treated in situ carcinoma of the cervix or basal cell/squamous cell carcinoma of the skin
5. Systemic corticosteroids for more than 15 days within the last four weeks
6. Investigational drugs given within the previous four weeks
7. Patients with thrombocytopaenia (platelets less than 100 x 10^9/l) or on anti-coagulant therapy (contra-indicated due to risk of bleeding with intramuscular injection of Faslodex™)

Date of first enrolment
01/03/2004

Date of final enrolment
01/01/2006

Locations

Countries of recruitment
United Kingdom

England

Northern Ireland

Scotland

Wales

Study participating centre
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Sponsor information

Organisation
The Royal Marsden NHS Foundation Trust / The Institute of Cancer Research (UK)

ROR
https://ror.org/0008wzh48

Funder(s)

Funder type
Industry

Funder Name
Educational grants from:

Funder Name
AstraZeneca (UK)

Alternative Name(s)
AstraZeneca PLC, Pearl Therapeutics, AZ

Funding Body Type
Government organisation

Funding Body Subtype
For-profit companies (industry)

Location
United Kingdom

Funder Name
AstraZeneca (Global)

Alternative Name(s)
AstraZeneca PLC, Pearl Therapeutics, AZ

Funding Body Type
Government organisation

Funding Body Subtype
For-profit companies (industry)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.
sofea-icrctsu@icr.ac.uk

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/09/2013		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Plain English results			27/07/2022	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes