# Phase I-/II-study of Hyperfractionated-Accelerated Radiation Therapy plus Cetuximab plus Cisplatin chemotherapy in locally advanced inoperable squamous cell cancers of head and neck

Recruitment status	Prospectively registered
No longer recruiting	☐ Protocol
Overall study status	Statistical analysis plan
Completed	Results
Condition category	Individual participant data
Cancer	Record updated in last year
	No longer recruiting  Overall study status  Completed  Condition category

## Plain English summary of protocol

Not provided at time of registration

## Contact information

## Type(s)

Scientific

#### Contact name

Dr Kuhnt Thomas

#### Contact details

Universitätsklinikum Rostock AöR Zentrum für Radiologie Klinik und Poliklinik für Strahlentherapie Südring 75 Rostock Germany 18059

## Additional identifiers

## Protocol serial number

Final 01/15.02.05

## Study information

### Scientific Title

### **Acronym**

**HART-CIS-CET** 

## Study objectives

An improvement of loco-regional disease control by addition of cetuximab (CET) to hyperfractionated-accelerated radiation therapy (HART) and cisplatin (CIS) is expected.

As of 01/06/2009 this record has been updated. All updates can be found in the relevant fields under the above update date. At this time, the anticipated end date of this trial was extended from 31/12/2007 to 31/12/2012, and the initial target number of participants was 67.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Ethics commission of the Medical Faculty of the Martin-Luther-University Halle-Wittenberg gave approval on the 10th June 2005.

## Study design

Open-label, non-randomised phase I/II study

## Primary study design

Interventional

## Study type(s)

Treatment

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

Squamous cell carcinoma (SCC)

#### **Interventions**

#### Phase I:

- 1. HART: 30/2 Gy once daily, then twice daily 1/4 Gy to a total dose of 70/6 Gy
- 2. Chemotherapy: cisplatin escalating doses (20, 30, 35, 40 mg/sqm), once weekly (typically on Monday), week one to six intravenous (iv) over a one hour infusion on days 1, 8, 15, 22, 29, 36
- 3. Antibody: cetuximab loading dose 400 mg/sqm iv over a 120-min infusion on day 7 followed by subsequent weekly doses of 250 mg/sqm weeks one to six iv over a one hour infusion on days 1, 8, 15, 22, 29, 36

#### Phase II:

- 1. HART: see phase I
- 2. Chemotherapy: cisplatin at the recommended dose level defined in phase I
- 3. Antibody: see phase I

## Intervention Type

Drug

#### **Phase**

Phase I/II

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

Cetuximab, cisplatin

## Primary outcome(s)

Phase I:

Definition of maximum tolerated dose (MTD) of cisplatin in HART-CIS-CET

#### Phase II:

Determination of the two year progression-free survival (PFS)

## Key secondary outcome(s))

Phase I:

- 1. Evaluation of toxicity (according to Common Terminology Criteria for Adverse Events (CTCAE) version 3.0)
- 2. Determination of objective tumour response rate (ORR) (according to Response Evaluation Criteria In Solid Tumors [RECIST])
- 3. Determination of one, two and five year PFS, loco-regional progression-free survival (LPFS) and overall survival (OS)

#### Phase II:

- 1. Determination of one and five year-PFS
- 2. Determination of one, two and five year LPFS and OS
- 3. Determination of ORR (according to RECIST)
- 4. Evaluation of toxicity (according to CTCAE version 3.0)

## Completion date

31/12/2012

## **Eligibility**

#### Key inclusion criteria

- 1. Patients with histologically confirmed unresectable squamous cell carcinoma (SCC) of the oral cavity (no lip), oropharynx, hypopharynx or larynx (stage III/IVa or b)
- 2. Unidimensionally measurable lesion
- 3. Signed informed consent
- 4. Karnofsky Performance Status more than or equal to 70%
- 5. Aged between 18 and 70 years
- 6. Curative treatment intent
- 7. Negative serum or urine pregnancy test (women of childbearing potential)
- 8. Adequate bone marrow, hepatic and renal function

All patients should have a dental examination and appropriate, dental therapy if required prior to the beginning of radiotherapy. A percutaneous gastrostomy (PEG) is required.

## Participant type(s)

Patient

## Healthy volunteers allowed

No

### Age group

Adult

### Lower age limit

18 years

#### Sex

All

### Key exclusion criteria

- 1. Unknown primary cancer, nasopharynx cancer or salivary gland cancer
- 2. Metastatic disease
- 3. Another cancer within five years of study entry
- 4. Serious concomitant disease or medical condition
- 5. Pregnancy or lactation
- 6. Women of child-bearing potential with unclear contraception
- 7. Previous treatment with chemotherapy, radiotherapy or surgery in head and neck
- 8. Concurrent treatment with other experimental drugs or participation in another clinical trial with any investigational drug within 30 days prior to study screening
- 9. Life expectancy less than three months
- 10. Contraindications to receive cisplatin or cetuximab
- 11. Previous exposure to monoclonal antibodies and/or epidermal growth factor receptor (EGFR) -targeted therapy
- 12. Social situations that limit the compliance with study requirements

#### Date of first enrolment

10/06/2005

#### Date of final enrolment

31/12/2012

## Locations

#### Countries of recruitment

Germany

Netherlands

Study participating centre Universitätsklinikum Rostock AöR

Rostock Germany 18059

# Sponsor information

## Organisation

Martin-Luther-University Halle-Wittenberg (Germany)

### **ROR**

https://ror.org/05gqaka33

# Funder(s)

## Funder type

Industry

#### Funder Name

Merck Pharma GmbH Darmstadt (Germany)

## **Results and Publications**

Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration