

Systemic therapy and chemoradiation in advanced localised pancreatic cancer (SCALOP2)

Submission date 15/04/2015	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 15/04/2015	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 29/07/2024	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-nelfinavir-and-chemoradiotherapy-for-pancreatic-cancer-scalop-2>

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Type(s)

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Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)

2013-004968-56

ClinicalTrials.gov (NCT)

NCT02024009

Protocol serial number

CPMS 18700

Study information

Scientific Title

A multi-centre randomised study of induction chemotherapy followed by capecitabine (+/- nelfinavir) with high or standard dose radiotherapy for locally advanced non-metastatic pancreatic cancer

Acronym

SCALOP-2

Study objectives

Current hypothesis as of 06/02/2020:

Stage 1: To determine the Maximum Tolerated Dose (MTD) of nelfinavir to be administered alongside chemoradiotherapy and therefore to establish the dose of nelfinavir to be taken forward into Stage 2.

Stage 2:

2.1. Does increasing radiotherapy dose schedule from 50.4Gy (in 28 fractions) to 60Gy (in 30 fractions) improve overall survival (OS) in LANPC?

2.2. Does the addition of nelfinavir to CRT improve progression free survival (PFS) in LANPC?

Previous hypothesis as of 22/10/2015:

Stage 1: To determine the Maximum Tolerated Dose (MTD) of nelfinavir to be administered alongside chemoradiotherapy and therefore to establish the dose of nelfinavir to be taken forward into Stage 2.

Stage 2:

2.1. Does increasing radiotherapy dose schedule from 50.4Gy (in 28 fractions) to 60Gy (in 30 fractions) improve the 12 month overall survival (OS) rate?

2.2. Does the addition of nelfinavir to CRT improve the progression free survival (PFS) in LANPC?

Previous hypothesis:

Stage 1: To determine a safe and tolerable dose of nelfinavir to be administered alongside chemo-radiotherapy and therefore to establish the dose of nelfinavir to be taken forward into Stage 2.

Stage 2:

2.1. Does increasing radiotherapy dose schedule from 50.4Gy (in 28 fractions) to 60Gy (in 30 fractions) improve the 12 month overall survival (OS) rate?

2.2. Does the addition of nelfinavir to CRT improve the progression free survival (PFS) in LANPC?

Ethics approval required

Old ethics approval format

Ethics approval(s)

First MREC approval date 30/04/2015, ref: 15/SC/0103

Study design

Randomized; Interventional; Design type: Treatment

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Pancreatic cancer

Interventions

Current interventions as of 06/02/2020:

1. Arm A: One cycle of GEMABX* whilst RT planned then capecitabine (830mg/m² oral bd) + nelfinavir** + 50.4Gy in 28#

2. Arm B: One cycle of GEMABX* whilst RT planned then capecitabine (830mg/m² oral bd) + 50.4 Gy in 28#

3. Arm C: One cycle of GEMABX* whilst RT planned then capecitabine (830mg/m² oral bd) + nelfinavir** + 60Gy in 30#

4. Arm D: One cycle of GEMABX* whilst RT planned then capecitabine (830mg/m² oral bd) + 60Gy in 30#

*One cycle GEMABX = 28 day cycle of intravenous nab-paclitaxel 125mg/m² followed by gemcitabine 1000mg/m² on day 1, 8 and 15.

**Participants on nelfinavir arms will commence nelfinavir 7 days before start of chemoradiation and take nelfinavir 7 days per week during radiotherapy.

Previous interventions:

1. Arm A: One cycle of GEMABX* whilst RT planned then capecitabine (830mg/m² oral bd) + nelfinavir** + 50.4Gy in 28#

2. Arm B: One cycle of GEMABX* whilst RT planned then capecitabine (830mg/m² oral bd) + 50.4 Gy in 28#

3. Arm C: One cycle of GEMABX* whilst RT planned then capecitabine (830mg/m² oral bd) + nelfinavir** + 60Gy in 30#

4. Arm D: One cycle of GEMABX* whilst RT planned then capecitabine (830mg/m² oral bd) + 60Gy in 30#

5. Arm E: Three cycles of GEMABX*

*One cycle GEMABX = 28 day cycle of intravenous nab-paclitaxel 125mg/m² followed by gemcitabine 1000mg/m² on day 1, 8 and 15.

**Participants on nelfinavir arms will commence nelfinavir 7 days before start of chemoradiation and take nelfinavir 7 days per week during radiotherapy.

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Gemcitabine, nab-paclitaxel (abraxane), capecitabine, nelfinavir

Primary outcome(s)

Current primary outcome measures as of 06/02/2020:

Stage 1: Maximum Tolerated Dose (MTD) and safety

Stage 2: Coprimary outcome measures:

1. Concurrent biological question (\pm Nelfinavir): Progression free Survival (PFS) (time from registration to event(progression))
2. RT dose question (50.4Gy v 60Gy): Overall survival (OS) in LANPC

Previous primary outcome measures as of 22/10/2015:

Stage 1: Maximum Tolerated Dose (MTD) and safety

Stage 2: Coprimary outcome measures:

1. Concurrent biological question (\pm Nelfinavir): Progression free Survival (PFS) (time from registration to event(progression))
2. RT dose question (50.4Gy v 60Gy): 12 month overall survival (OS) rate

Previous primary outcome measures:

Stage 1: A safe and tolerable dose of nelfinavir to be administered alongside chemoradiotherapy in Stage 2.

Stage 2: Co-primary outcome measures:

1. Concurrent biological question (+/- Nelfinavir): Progression free Survival (PFS) (time from registration to event (progression))
2. RT dose question (50.4Gy v 60Gy): 12 month overall survival (OS) rate

Key secondary outcome(s)

Current secondary outcome measures as of 06/02/2020:

Stage 2: Secondary outcome measures:

1. Concurrent biological question: Toxicity, compliance, overall survival, resection rates
2. RT dose question: PFS, 12-month OS rate, resection rates, toxicity
3. Quality of Life
4. CA19-9 level, 1-year local control rate
5. Disease response

Previous secondary outcome measures:

Stage 2: Secondary outcome measures:

1. Concurrent biological question: Toxicity, compliance, overall survival, resection rates
2. RT dose question: PFS, resection rates
3. CRT/no CRT question (Arms A+B+C+D v Arm E): PFS, Toxicity, compliance, overall survival,
4. Resection rate and QoL with the addition of CRT: Resection rates, QoL
5. CA19-9 level, local control rate
6. Concordance to RT planning protocol between 50Gy and 60Gy
7. Objective disease response

Completion date

31/05/2021

Eligibility

Key inclusion criteria

Current inclusion criteria as of 06/02/2020:

1. Aged 18 years or over
2. Histologically or cytologically proven carcinoma of the pancreas
3. Locally advanced, non-metastatic inoperable disease as per NCCN criteria. The following types of interventions are allowed:
 - 3.1. Palliative bypass procedure
 - 3.2. Common bile duct stenting
4. Primary pancreatic lesion 6 cm or less in diameter (taken from scan results)
5. World Health Organisation PS 0-1
6. Adequate haematological function: neutrophils at least $1.5 \times 10^9/L$ and platelets at least $100 \times 10^9/L$
7. Adequate liver function tests:
 - 7.1. Serum bilirubin less than or equal to $1.5 \times ULN$. In participants who have had a recent biliary drain and whose bilirubin is improving, a value of less than or equal to $3 \times ULN$ is acceptable, however treatment should not start unless Bilirubin is less than or equal to $1.5 \times ULN$.
 - 7.2. AST and/or ALT less than or equal to $3 \times ULN$.
8. Adequate renal function (GFR at least 40ml/min) (using a validated creatinine clearance calculation (e.g. Cockcroft & Gault, Wright formula, or as per local standard).
9. Written informed consent obtained
10. Women of child-bearing potential must have negative serum or urine pregnancy test within 14 days prior to registration and must agree to use an adequate contraception method (defined as barrier methods in conjunction with spermicide, approved contraceptive implants, long-term injectable contraception or intrauterine hormonal devices) during GEMABX treatment and for 6 months after the last administration of GEMABX, as well as during chemoradiotherapy and for 6 months after completion of all treatment.
11. Male patients must be surgically sterile or must agree to use a condom during GEMABX treatment and for 6 months after last administration of GEMABX, and to use a condom during chemoradiotherapy and for three months after completion of chemoradiotherapy or, whichever date comes last.

Previous inclusion criteria:

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4. Primary pancreatic lesion 6 cm or less in diameter (taken from scan results)
5. WHO PS 0-1
6. Adequate haematological function: neutrophils at least $1.5 \times 10^9/L$, platelets at least $100 \times 10^9/L$ and haemoglobin at least 100g/L
7. Adequate liver function tests:
 - 7.1. Serum bilirubin less than or equal to $1.5 \times ULN$. In participants who have had a recent biliary drain and whose bilirubin is improving, a value of less than or equal to $3 \times ULN$ is acceptable, however treatment should not start unless Bilirubin is less than or equal to $1.5 \times ULN$.
 - 7.2. AST and/or ALT less than or equal to $3 \times ULN$.
8. Adequate renal function (GFR at least 50ml/min)
9. Written informed consent obtained
10. Women of childbearing potential must have negative serum or urine pregnancy test within 14 days prior to registration, must agree to use a highly effective contraception method during GEMABX treatment and for 30 days after last administration of GEMABX and to use an acceptable contraception method during chemoradiotherapy and for 6 months after completion of all treatment
11. Male patients must be surgically sterile or must agree to use a condom during GEMABX treatment and for 90 days after last administration of GEMABX, and to use a condom during chemoradiotherapy and for three months after completion of chemoradiotherapy

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Total final enrolment

186

Key exclusion criteria

Current exclusion criteria as of 06/02/2020:

1. Primary resectable cancer of the pancreas.
2. Distant metastases
3. Pregnant or breastfeeding patients.
4. Any evidence of severe uncontrolled systemic diseases including uncontrolled coronary artery disease, myocardial infarction or stroke within the last 6 months, any major systemic or psychiatric comorbidities or any other considerations that the PI judges might impact on patient safety or protocol compliance and achievement of the study aims.
5. Previous malignancies in the preceding 3 years except for:
 - 5.1. In situ cancer of the uterine cervix
 - 5.2. Adequately treated basal cell skin carcinoma
 - 5.3. Adequately treated early-stage non-pancreatic malignancy in complete remission for at least

three years

6. Renal abnormalities including adult polycystic kidney disease or hydronephrosis or ipsilateral single kidney (i.e. functioning right kidney for head tumours; left kidney for tail tumours) that may preclude upper abdominal radiotherapy without damaging functional kidneys.
7. Previous RT to upper abdomen
8. Recurrent cancer following definitive pancreatic surgery
9. Lymphoma or neuroendocrine tumours of the pancreas
10. Known haemophilia A and B, chronic hepatitis type B or C.
11. Other experimental treatment 6 weeks or less prior to registration into this study (including chemotherapy and immunotherapy).
12. Known hypersensitivity to any of the IMPs or any of their excipients.
13. Known dihydropyrimidine dehydrogenase (DPD) deficiency
14. Known galactose intolerance, Lactulose deficiency or glucosegalactose malabsorption
15. History of severe unexpected reaction to fluoropyrimidine therapies
16. If the following concomitant medications cannot be discontinued temporarily during the CRT phase then the patients cannot enter the trial, as they interact with capecitabine:
 - 16.1. Sorivudine and analogues e.g. brivudine
 - 16.2. Methotrexate.
 - 16.3. Allopurinol and dipyridamole
17. Use of prohibited concomitant medications listed in section 7.3.4. (Note that temporary discontinuation during nelfinavir treatment is not acceptable) these cannot be temporarily discontinued. Please refer to the following website for full information: <http://www.viivhealthcare.com/our-medicines/viracept.aspx>
18. Known HIV-positive disease (but routine screening for HIV is not required)

Previous exclusion criteria:

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2. Distant metastases
3. Pregnant or breastfeeding patients.
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5. Previous malignancies in the preceding 3 years except for:
 - 5.1. In situ cancer of the uterine cervix
 - 5.2. Adequately treated basal cell skin carcinoma
 - 5.3. Adequately treated early stage non-pancreatic malignancy in complete remission for at least 3 years
6. Renal abnormalities including adult polycystic kidney disease or hydronephrosis or ipsilateral single kidney (i.e. functioning right kidney for head tumours; left kidney for tail tumours) that may preclude upper abdominal radiotherapy without damaging functional kidneys.
7. Previous RT to upper abdomen
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16.1. Sorivudine and analogues e.g. brivudine

16.2. Methotrexate

16.3. Allopurinol and dipyridamole

17. Known HIV positive disease (but routine screening for HIV is not required)

Date of first enrolment

08/03/2016

Date of final enrolment

27/04/2020

Locations

Countries of recruitment

United Kingdom

England

Northern Ireland

Scotland

Wales

Study participating centre

Churchill Hospital

Oxford

United Kingdom

OX3 7LE

Study participating centre

St. James University Hospital

Leeds

United Kingdom

LS9 7TF

Study participating centre

University College London

London

United Kingdom

NW1 2BU

Study participating centre
Addenbrookes Hospital
Cambridge
United Kingdom
CB2 0QQ

Study participating centre
Velindre Hospital
Cardiff
United Kingdom
CF14 2TL

Study participating centre
Aberdeen Royal Infirmary
Aberdeen
United Kingdom
AB25 2ZN

Study participating centre
Belfast City Hospital
51 Lisburn Road
Belfast
United Kingdom
BT9 7AB

Study participating centre
Bristol Haematology and Oncology Centre
Horfield Road
Bristol
United Kingdom
BS2 8ED

Study participating centre
Queen's Centre for Oncology and Haematology
Hull
United Kingdom
HU16 5JQ

Study participating centre

Nottingham University Hospitals City Hospital Campus
Hucknall Road
Nottingham
United Kingdom
NG5 1PB

Study participating centre
Clatterbridge Cancer Centre
Clatterbridge Road
Bebington
Wirral
United Kingdom
CH63 4JY

Study participating centre
Colchester General Hospital
Colchester
United Kingdom
CO4 5JL

Study participating centre
Derriford Hospital
Plymouth
United Kingdom
PL6 8DH

Study participating centre
Hammersmith Hospital
London
United Kingdom
W12 0HS

Study participating centre
Milton Keynes Hospital
Milton Keynes
United Kingdom
MK6 5LD

Study participating centre

Norfolk and Norwich University Hospital
Norwich
United Kingdom
NR4 7UY

Study participating centre
North Middlesex Hospital
London
United Kingdom
N18 1QX

Study participating centre
Royal Free Hospital
London
United Kingdom
NW3 2QG

Study participating centre
Royal Surrey County Hospital
Surrey
United Kingdom
GU2 7XX

Study participating centre
The Christie Hospital
Manchester
United Kingdom
M20 4BX

Study participating centre
United Lincolnshire Hospital
Lincoln
United Kingdom
LN2 5QY

Study participating centre

University Hospital Coventry
Coventry
United Kingdom
CV2 2DX

Study participating centre
Weston Park Hospital
Sheffield
United Kingdom
S10 2SJ

Sponsor information

Organisation
University of Oxford (UK)

ROR
<https://ror.org/052gg0110>

Funder(s)

Funder type
Charity

Funder Name
Cancer Research UK

Alternative Name(s)
CR_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
United Kingdom

Funder Name

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		23/07/2024	29/07/2024	Yes	No
Protocol article	protocol	04/02/2019	09/08/2019	Yes	No
HRA research summary			28/06/2023	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes