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

Submission date 15/04/2015	**Recruitment status** No longer recruiting	[X] Prospectively registered [X] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 15/04/2015	**Overall study status** Completed	
Last Edited 29/07/2024	**Condition category** Cancer	

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

Study website
https://www.oncology.ox.ac.uk/about-us/overview/clinical-trials/clinical-trial-portfolio/scalop-2

Contact information

Type(s)
Public

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Scientific

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OX3 7DQ

Additional identifiers

EudraCT/CTIS number
2013-004968-56

IRAS number

ClinicalTrials.gov number
NCT02024009

Secondary identifying numbers
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?

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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?

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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

Secondary study design
Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use contact details to request a participant information sheet

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.

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

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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 (± 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

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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

Secondary outcome measures
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

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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

Overall study start date
04/03/2016

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 x 109/L and platelets at least 100 x 109/L 7. Adequate liver function tests:
7.1. Serum bilirubin less than or equal to 1.5 x ULN. In participants who have had a recent biliary drain and whose bilirubin is improving, a value of less than or equal to 3 x ULN is acceptable, however treatment should not start unless Bilirubin is less than or equal to 1.5 x ULN.
7.2. AST and/or ALT less than or equal to 3 x 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.

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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. WHO PS 0-1
6. Adequate haematological function: neutrophils at least 1.5 x 109/L, platelets at least 100 x 109 /L and haemoglobin at least 100g/L
7. Adequate liver function tests:
7.1. Serum bilirubin less than or equal to 1.5 x ULN. In participants who have had a recent biliary drain and whose bilirubin is improving, a value of less than or equal to 3 x ULN is acceptable, however treatment should not start unless Bilirubin is less than or equal to 1.5 x ULN.
7.2. AST and/or ALT less than or equal to 3 x 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

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
Planned Sample Size: 27; UK Sample Size: 27; Stage 2: 168

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, Lapplactose 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)

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5.3. Adequately treated early stage non-pancreatic malignancy in complete remission for at least 3 years

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Date of first enrolment
08/03/2016

Date of final enrolment
27/04/2020

Locations

Countries of recruitment
England

Northern Ireland

Scotland

United Kingdom

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)

Sponsor details
Clinical Trials and Research Governance (CTRG)
Joint Research Office
Block 60, Churchill Hospital
Headington
Oxford
England
United Kingdom
OX3 7LE

Sponsor type
Hospital/treatment centre

Website
http://www.admin.ox.ac.uk/researchsupport/ctrg/

ROR
https://ror.org/052gg0110

Funder(s)

Funder type
Charity

Funder Name
Cancer Research UK

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

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
United Kingdom

Funder Name
Celgene Limited (UK)

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?
Protocol article	protocol	04/02/2019	09/08/2019	Yes	No
HRA research summary			28/06/2023	No	No
Results article		23/07/2024	29/07/2024	Yes	No