

LOROCSON study: Late Onset Recurrent Ovarian Cancer: Surgery Or Not

Submission date	Recruitment status	<input type="checkbox"/> Prospectively registered
20/12/2005	No longer recruiting	<input type="checkbox"/> Protocol
Registration date	Overall study status	<input type="checkbox"/> Statistical analysis plan
20/12/2005	Completed	<input type="checkbox"/> Results
Last Edited	Condition category	<input type="checkbox"/> Individual participant data
13/10/2008	Cancer	<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

MEC 2005-128

Study information

Scientific Title

A randomised phase III study for the treatment of recurrent epithelial ovarian cancer: chemotherapy alone versus chemotherapy followed by secondary cytoreductive surgery in patients with a disease-free interval of more than 6 months

Acronym

LOROCSON

Study objectives

The median progression-free survival in the chemotherapy-alone arm is assumed to be 13 months. It is assumed that the addition of surgery increases the median progression-free survival with four months.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from the local medical ethics committee

Study design

Multicentre, randomised, active controlled, parallel group trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Ovarian cancer

Interventions

After registration the patient will immediately start the first course of chemotherapy. After the induction chemotherapy the response to therapy will be evaluated. In case of progressive disease the patient will go off treatment. The other patients will be randomised to either continuation of the chemotherapy without surgery (treatment A) versus secondary cytoreductive surgery followed by chemotherapy (treatment B).

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Progression-free survival.

Key secondary outcome(s))

1. Survival
2. Toxicity
3. Surgical treatment related complications
4. Quality of life

Completion date

01/10/2010

Eligibility

Key inclusion criteria

1. Recurrence of epithelial ovarian cancer
2. After first line chemotherapy with a disease-free interval of at least 6 months
3. Aged greater than 18 years
4. World Health Organization (WHO) Performance Status 0 - 2
5. First-line therapy should have consisted of at least four courses of either cisplatin or carboplatin

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

Female

Key exclusion criteria

1. More than one line chemotherapy
2. Complete bowel obstruction
3. Metastasised carcinoma (other tumour)
4. Leptomeningeal or brain metastases

Date of first enrolment

01/10/2005

Date of final enrolment

01/10/2010

Locations

Countries of recruitment

Netherlands

Study participating centre
Erasmus Medical Center
Rotterdam
Netherlands
3015 GJ

Sponsor information

Organisation
Erasmus Medical Centre (The Netherlands)

ROR
<https://ror.org/018906e22>

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
Erasmus Medical Centre (The Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration