Olaparib and radiotherapy or olaparib and radiotherapy plus temozolomide in newlydiagnosed glioblastoma stratified by MGMT status

Submission date 31/05/2016	Recruitment status No longer recruiting	[X] Prospectively registered [_] Protocol
Registration date 06/06/2016	Overall study status Ongoing	Statistical analysis planResults
Last Edited 14/11/2024	Condition category Cancer	Individual participant data[X] Record updated in last year

Plain English summary of protocol

https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-of-olaparib-with-radiotherapy-and-chemotherapy-for-glioblastoma-paradigm-2

Contact information

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Additional identifiers

EudraCT/CTIS number 2016-000865-22

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers PARADIGM2-2016

Study information

Scientific Title

PARADIGM-2: OlaPArib and RADIotherapy or olaparib and radiotherapy plus temozolomide in newly-diagnosed Glioblastoma stratified by MGMT status: two parallel Phase I studies

Acronym

PARADIGM-2

Study objectives

The trial hypothesis is that combining olaparib with radiotherapy +/- temozolomide will improve outcomes for patients with newly diagnosed glioblastoma, without exacerbating toxicity.

Ethics approval required Old ethics approval format

Ethics approval(s) West of Scotland REC1, 15/06/2016, ref: 16/WS/0089

Study design

Two parallel multi-centre open-label non-randomized dose-escalation Phase I studies within one clinical trial protocol

Primary study design Interventional

Secondary study design Non randomised study

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

Glioblastoma

Interventions

Parallel 1 (Methylation of MGMT promoter region) – Patients will receive partial brain radiotherapy, consisting of 60 Gray in 30 fractions over 6 weeks (Monday to Friday), planned and delivered using Intensity Modulated Radiotherapy (IMRT) with fixed fields or arcs. Patients will receive oral temozolomide chemotherapy (75mg/m2) daily throughout radiotherapy, with concomitant, intermittent once daily olaparib starting on day 1 of radiotherapy and for 4 weeks immediaitely following completion of radiotherapy (total 70 +/- 2 days). Olaparib treatment will be on an intermittent schedule as defined by dose cohort. Patients will then receive 6 cycles of adjuvant temozolomide chemotherapy at standard dose and schedule.

Parallel 2 (Unmethylated MGMT promoter region) – Patients will receive partial brain radiotherapy, consisting of 60 Gray in 30 fractions over 6 weeks (Monday to Friday), planned and delivered using Intensity Modulated Radiotherapy (IMRT) with fixed fields or arcs. Patients will receive oral olaparib delivered daily in combination with radiotherapy, commencing 3 days prior to radiotherapy and for 4 weeks immediately afterwards (total 73 +/- 2 days). Olaparib treatment will be continuous during this period.

Intervention Type

Drug

Phase Phase I

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

Primary outcome measure

The maximum tolerated dose and schedule of olaparib in combination with radiotherapy and temozolomide (parallel 1) and in combination with radiotherapy alone (parallel 2).

This will be measured by clinical and laboratory toxicity, NCI-CTC version 4.03.

Secondary outcome measures

1. Toxicity, including acute and subacute neurotoxicity – measured by clinical and laboratory toxicity, NCI-CTC version 4.03

2. Progression free survival – measured by MRI scan, reported using RANO criteria

3. Overall survival – measured by date of death/date patient last assessed

Overall study start date

01/08/2015

Completion date

30/08/2026

Eligibility

Key inclusion criteria

- 1. Age <70 years
- 2. Histologically confirmed diagnosis of glioblastoma (WHO grade 4, including variants)
- 3. WHO performance status 0 or 1
- 4. Sufficient tumour material for MGMT promoter methylation assay
- 5. Life expectancy greater than 12 weeks
- 6. No previous radiotherapy for primary or secondary CNS malignancy
- 7. Ability to provide informed consent prior to participating in the trial and any trial-related procedures being performed
- 8. Adequate haematological, hepatic and renal function defined as below:
- 8.1. Haemoglobin > 100g/L (no red blood cell transfusions in the 28 days prior to trial entry)
- 8.2. Absolute neutrophil count >1.5 x 109/L
- 8.3. White Blood Cells >3 x 109/L
- 8.4. Platelet count > 100 x 109/L
- 8.5. Bilirubin < 1.5 x upper limit of normal (ULN)
- 8.6. Alanine aminotransferase (ALT) or aspartate aminotransferase (AST) < 2.5 x ULN
- 8.7. Adequate renal function with creatinine clearance / glomerular filtration rate > 50 ml/min calculated by Cockcroft-Gault/Wright formula
- 9. Able to commence radiotherapy treatment within 6 weeks (+ 1 week if necessary) of surgery 10. Willingness to comply with scheduled visits, treatment plans, laboratory tests and any other trial procedures
- 11. Ability to swallow oral tablets or capsules
- 12. Evidence of non-childbearing status for women of childbearing potential: negative urine or serum pregnancy test within 7 days of trial entry
- Postmenopausal is defined as:
- 12.1. Amenorrhoeic for 1 year or more following cessation of exogenous hormonal treatments
- 12.2. LH and FSH levels within the postmenopausal range for women under 50
- 12.3. Surgical sterilisation (bilateral oophrectomy or hysterectomy)

Participant type(s)

Patient

Age group

Adult

Upper age limit

70 Years

Sex Both

Target number of participants Approximately 50

Key exclusion criteria

1. Age ≥70 years

2. WHO performance status >2

3. Life expectancy less than 12 weeks

4. Active concurrent malignancy (except non-melanoma skin cancer or in-situ carcinoma of the cervix). If history of prior malignancy, must be disease-free for >5 years

5. Prior treatment for primary or secondary CNS malignancies

6. Confusion or altered mental state that would prohibit patient understanding and giving of informed consent

7. Concomitant treatment with medicines detailed in section 5.8 of the PARADIGM-2 protocol 8. Female patients who are able to become pregnant (or are already pregnant or lactating). Lactating patients should not breastfeed during treatment or for 1 month after the last dose of olaparib. However, those female patients who have a negative serum or urine pregnancy test before enrolment and are not lactating and agree to the use of two highly effective forms of contraception (as detailed in section 7.1.7) effective at the first administration of IMP, throughout the trial and for at least one month afterwards are considered eligible

9. Male partners of child-bearing potential (unless they agree to take measures not to father children by using one form of highly effective contraception, as detailed in section 7.1.7, effective at the time of administration of IMP, throughout the trial and for six months

afterwards). Men with pregnant or lactating partners should be advised to use barrier method contraception to prevent exposure to the foetus or neonate

10. Administration of any investigational drug within 28 days prior to receiving the first dose of trial treatment

11. Any previous treatment with a PARP inhibitor, including olaparib

12. Any red blood cell transfusions within 28 days prior to trial entry (platelet and clotting factor transfusions are allowed)

13. Patients with myelodysplastic syndrome/acute myeloid leukaemia

14. Major surgery within 14 days of starting trial treatment; patients must have recovered from any effects of major surgery

15. Patients with a known hypersensitivity to any of the excipients of olaparib, temozolomide or dacarbazine (DTIC)

16. Patients with uncontrolled seizures

17. Patients who are known to be HIV positive, or who are known to have positive Hepatitis B or C serology

Date of first enrolment 01/08/2016

Date of final enrolment 01/04/2025

Locations

Countries of recruitment England

Scotland

United Kingdom

Wales

Study participating centre Beatson West of Scotland Cancer Centre Glasgow United Kingdom G12 0YH

Study participating centre The Christie NHS Foundation Trust Manchester United Kingdom M20 4BX

Study participating centre St James University Hospital Leeds United Kingdom LS9 7TF

Study participating centre Addenbrookes Hospital Cambridge United Kingdom CB2 0QQ

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

Study participating centre Velindre Cancer Centre Cardiff United Kingdom CF14 2TL

Sponsor information

Organisation NHS Greater Glasgow & Clyde and University of Glasgow

Sponsor details

Research and Development Office West Glasgow Ambulatory Care Hospital Dalnair Street Glasgow Scotland United Kingdom G3 8SW

Sponsor type Hospital/treatment centre

ROR https://ror.org/05kdz4d87

Funder(s)

Funder type Charity

Funder Name Cancer Research UK

Funder Name The Brain Tumour Charity

Funder Name Astra Zeneca

Results and Publications

Publication and dissemination plan

The PARADIGM-2 TMG is responsible for approving the content and dissemination of all publications, abstracts and presentations arising from the trialand for assuring the confidentiality and integrity of the trial. It will provide collaborators with the International Committee of Medical Journal Editors (ICMJE) criteria which will be used to ensure all those who have contributed to the study are appropriately acknowledged.

No site or individual will publish data without prior approval of the TMG.

The data arising from PARADIGM-2 will belong to the trial Co-Sponsors NHS Greater Glasgow & Clyde and The University of Glasgow. The TMG shall act as custodian of this data.

Intention to publish date 30/11/2026

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Anna Morris, Project Manager, anna.morris@glasgow.ac.uk

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No