

# A phase II/III randomised trial comparing Epirubicin, Cisplatin and Protracted Venous Infusion (PVI) 5-Fluorouracil (5-FU) (ECF), Epirubicin, Oxaliplatin and PVI 5-FU (EOF), Epirubicin, Cisplatin and Capecitabine (ECX) and Epirubicin, Oxaliplatin and Capecitabine (EOX) in Patients with Advanced Oesophago-Gastric Cancer

<b>Submission date</b>	<b>Recruitment status</b>	<input type="checkbox"/> Prospectively registered
15/10/2002	No longer recruiting	<input type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
15/10/2002	Completed	<input checked="" type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
30/05/2012	Cancer	

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

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# Additional identifiers

## Protocol serial number

MREC 01/2/31

# Study information

## Scientific Title

## Acronym

The REAL-2 Study

## Study objectives

To compare overall and progression free survival in patients treated with these four regimens principally comparing PVI 5FU versus Capecitabine and also Cisplatin versus Oxaliplatin. The aim is to demonstrate non-inferiority between these two main comparisons.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Randomised controlled trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Advanced, oesophageal, oesophago-gastric junctional and gastric cancers.

## Interventions

Treatment should commence within 28 days of baseline CT scan and may continue for up to 24 weeks with a maximum of 8 cycles of epirubicin, cisplatin or oxaliplatin.

Patients are randomised to receive:

1. ECF Regimen (5-FU, Epirubicin and Cisplatin)
2. EOF Regimen (5-FU, Epirubicin and Oxaliplatin)
3. ECX Regimen (Capecitabine, Epirubicin and Cisplatin)
4. EOX Regimen (Capecitabine, Epirubicin and Oxaliplatin)

## Intervention Type

Drug

## Phase

Phase II/III

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

Epirubicin, Cisplatin and 5-Fluorouracil (5-FU) (ECF), Epirubicin, Oxaliplatin and 5-FU (EOF), Epirubicin, Cisplatin and Capecitabine (ECX) and Epirubicin, Oxaliplatin and Capecitabine (EOX)

**Primary outcome(s)**

The primary endpoint of the study is overall survival. The study is powered to demonstrate non-inferiority of the 2 x 2 comparisons.

**Key secondary outcome(s)**

1. Response Rates
2. Toxicity
3. Duration of response and progression free survival
4. Quality of life
5. In the phase I part of the study, to establish the optimal dose of capecitabine in the regimens

**Completion date**

14/11/2005

## Eligibility

**Key inclusion criteria**

1. Histologically verified locally advanced or metastatic adenocarcinoma, squamous cell carcinoma or undifferentiated carcinoma of the oesophagus, oesophago-gastric junction, or stomach. Patients with positive resection margin or tumour within 1mm of resection margin are eligible.
2. Uni-dimensionally measurable disease, as assessed by computed tomography (CT) and magnetic resonance imaging (MRI) scan in accordance with the Response Evaluation Criteria in Solid Tumors (RECIST) guidelines; evaluable disease, for example on oesophagogastroduodenoscopy. The only exception is patients with positive or close resection margins who will be evaluated for survival only.
3. No prior chemotherapy
4. No prior radiotherapy other than adjuvant where relapse is outside the radiotherapy fields
5. A glomerular filtration rate (GFR) of  $\geq 60$  ml/min by EDTA clearance or 24 hour urinary creatinine, investigators discretion. Normal serum creatinine.
6. Serum bilirubin  $< 2 \times$  institutional upper limit of normal range (IULNR)
7. Patients should have a projected life expectancy of at least 3 months
8. Eastern Cooperative Oncology Group (ECOG) performance status 0, 1 or 2
9. No history of other malignant diseases other than adequately treated non-melanotic skin cancer or in situ carcinoma of the uterine cervix
10. Adequate bone marrow function, white blood cell count (WBC)  $> 3 \times 10^9/l$ , neutrophils  $> 1.5 \times 10^9/l$ , platelets  $> 100 \times 10^9/l$
11. Written informed consent

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

Sex

All

#### Key exclusion criteria

1. Medical or psychiatric condition impairing the ability to give informed consent
2. Uncontrolled angina pectoris, heart failure, clinically significant uncontrolled cardiac arrhythmias, or clinically significant abnormal electrocardiogram (ECG) or cardiac history having a left ventricular ejection fraction (LVEF) of lower limit of normal range for institution as determined by multiple gated acquisition (MUGA) scan or echocardiogram
3. Any other serious uncontrolled medical conditions
4. Any pregnant or lactating woman. Any woman of child bearing potential must have a pregnancy test prior to randomisation and must take adequate precautions to prevent pregnancy during treatment. Any man with a partner of child bearing potential must take adequate precautions to prevent pregnancy during treatment.
5. Inability to complete the quality of life questionnaire

#### Date of first enrolment

03/03/2000

#### Date of final enrolment

14/11/2005

## Locations

#### Countries of recruitment

United Kingdom

England

#### Study participating centre

Royal Marsden Hospital

Sutton, Surrey

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SM2 5PT

## Sponsor information

#### Organisation

The Royal Marsden NHS Foundation Trust (UK)

#### ROR

<https://ror.org/0008wzh48>

# Funder(s)

## Funder type

Industry

## Funder Name

Prof Cunningham's Clinical Research Fund

## Funder Name

Roche Pharmaceuticals Research Grant

## Funder Name

Sanofi-Aventis Research Grant

# Results and Publications

## 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?
<a href="#">Results article</a>	results	06/06/2005		Yes	No
<a href="#">Results article</a>	results	03/01/2008		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes