

A randomised phase III trial of low dose daily dexamethasone versus intermittent dexamethasone versus prednisolone in hormone refractory prostate cancer (The PoD Trial)

Submission date 29/09/2006	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 29/09/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 02/05/2018	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number
2005-006018-16

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N0258175363

Study information

Scientific Title

A randomised phase III trial of low dose daily dexamethasone versus intermittent dexamethasone versus prednisolone in hormone refractory prostate cancer (The PoD Trial)

Acronym

PoD

Study objectives

The trial aims to evaluate and compare the efficacy of two regimens of dexamethasone (low dose daily and intermittent) and compare them with the standard hormone treatment (Prednisolone) in Hormone Refractory Prostate Cancer (HRPC).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Royal Marsden NHS Regional Ethics Committee, 24/07/2008, ref : 06/Q0801/2

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Not Specified

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Cancer: Prostate

Interventions

Randomised test intervention vs standardized intervention, non-blinded (Phase III)

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

dexamethasone versus prednisolone

Primary outcome measure

To evaluate the PSA response rate of daily dexamethasone and of intermittent dexamethasone in patients with hormone refractory prostate cancer.

Secondary outcome measures

Added 24 July 2008:

1. To evaluate the clinical and biochemical parameters which influence PSA response to oral steroids in HRPC
2. To evaluate the duration of PSA response to dexamethasone in HRPC
3. To evaluate the time to PSA progression on dexamethasone in HRPC
4. To evaluate the objective response rate using RECIST criteria of dexamethasone in HRPC
5. To evaluate the effect of dexamethasone on pain control and time to skeletal events in HRPC
6. To evaluate the effect of dexamethasone on alkaline phosphatase and haemoglobin in HRPC
7. To evaluate the effect on levels of steroid hormones and steroid metabolites
8. To evaluate the safety and tolerability of dexamethasone in HRPC
9. To evaluate the effect of dexamethasone on overall survival in HRPC

Overall study start date

01/02/2006

Completion date

31/12/2010

Eligibility

Key inclusion criteria

1. Patients with histologically or cytologically confirmed adenocarcinoma of the prostate to sclerotic bone metastases/increased tracer uptake on bone scan in a patient presenting with a PSA>100
2. Serum testosterone <2nmol/l
3. Ongoing androgen deprivation therapy with LHRH analogues or bilateral orchidectomy
4. Progressive disease defined as a PSA rise using 3 serum PSA measurements, each obtained at least 7 days apart within the 3 months prior to start of trial
5. Patient with progression of measurable disease (RECIST) or progression of bone disease must also fit the criterion for PSA progression
6. PSA >5

7. Life expectancy of >3 months
8. Stable/optimum analgesia
9. ECOG performance status 0-3

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

84

Key exclusion criteria

1. Previous radiotherapy to the head and neck region
2. Previous malignancy except non-melanoma skin cancer
3. Pre-existing hearing loss or significant auditory pathology
4. Previous or concurrent illness, which in the investigators opinion would interfere with either completion of therapy or follow-up
5. Concomitant chemotherapy is not permitted

Date of first enrolment

01/02/2006

Date of final enrolment

31/12/2010

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

Academic Urology Unit

Surrey

United Kingdom

SM2 5PT

Sponsor information

Organisation

Record Provided by the NHSTCT Register - 2006 Update - Department of Health

Sponsor details

The Department of Health, Richmond House, 79 Whitehall
London
United Kingdom
SW1A 2NL
+44 (0)20 7307 2622
dhmail@doh.gsi.org.uk

Sponsor type

Government

Website

<http://www.dh.gov.uk/Home/fs/en>

Funder(s)

Funder type

Government

Funder Name

The Royal Marsden NHS Foundation Trust (UK)

Funder Name

NHS R&D Support Funding

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?
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[Results article](#)

results

01/04/2015

Yes

No