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A randomized trial of armpit (axilla) treatment for women with early stage breast cancer. POSNOC - POsitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy.

Submission date 25/02/2014	**Recruitment status** No longer recruiting	[_] Prospectively registered [X] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 25/02/2014	**Overall study status** Ongoing	
Last Edited 01/11/2023	**Condition category** Cancer	

Plain English summary of protocol
http://www.cancerresearchuk.org/about-cancer/trials/a-trial-looking-treatment-armpit-breast-cancer-posnoc

Study website
http://www.posnoc.co.uk/

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number
137785

ClinicalTrials.gov number
NCT02401685

Secondary identifying numbers
16069, RD-5103-001-13, IRAS 137785

Study information

Scientific Title
POSNOC - POsitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy. A randomized controlled trial of axillary treatment in women with early stage breast cancer who have metastases in one or two sentinel nodes

Acronym
POSNOC

Study objectives
Current study hypothesis as of 14/06/2019:
The hypothesis of the POSNOC trial is that low axillary tumour burden patients with macrometastases in 1 or 2 sentinel nodes, receiving systemic therapy, would have non-inferior outcomes whether they are randomised to adjuvant therapy alone or adjuvant therapy plus axillary treatment (either axillary node clearance or axillary radiotherapy).

Previous hypothesis:
The hypothesis of the POSNOC trial is that low axillary tumour burden patients (clinically and ultrasound node negative) with macrometastases in 1 or 2 sentinel nodes, receiving systemic therapy, would have non-inferior outcomes whether they are randomised to adjuvant therapy alone or adjuvant therapy plus axillary treatment (axillary node clearance or axillary radiotherapy).

Ethics approval required
Old ethics approval format

Ethics approval(s)
Nottingham Research Ethics Committee 2, 13/EM/0459, First REC approval date 02/01/2014

Study design
Pragmatic randomised multi-centre non-inferiority trial

Primary study design
Interventional

Secondary study design

Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet
Available in resources and publications section of trial website http://www.posnoc.co.uk/

Health condition(s) or problem(s) studied
Breast Cancer

Interventions
Current interventions as of 14/06/2019:
The trial interventions are either:
1. Adjuvant therapy alone (intervention)
Axillary radiotherapy is not allowed when randomised to this group.

2. Adjuvant therapy plus axillary treatment (standard care)
Axillary treatment can be either axillary node clearance or axillary radiotherapy as per local guidelines.

All participants will have adjuvant therapy according to local guidelines. Adjuvant therapy will include chemotherapy and/or endocrine therapy for all women, and radiotherapy to breast or chest wall if indicated. Human epidermal growth factor receptor 2 (HER2) targeted treatment may be administered when indicated.

Previous interventions:
The trial interventions are either:
1. Adjuvant therapy alone (intervention)
Axillary and supraclavicular fossa radiotherapy is not allowed when randomised to this group.

2. Adjuvant therapy plus axillary treatment (standard care)
Axillary treatment can be axillary node clearance or axillary radiotherapy as per local guidelines.

All participants will have adjuvant therapy according to local guidelines. Adjuvant therapy will include chemotherapy and/or endocrine therapy for all women, and radiotherapy to breast or chest wall if indicated. Human epidermal growth factor receptor 2 (HER2) targeted treatment may also be administered when indicated.

Intervention Type
Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Adjuvant therapy

Primary outcome measure
Axillary recurrence; Timepoint(s): at 5 years

Secondary outcome measures
1. Anxiety; Timepoint(s): assessed at 3, 6, 12, 24, 36 months
2. Arm morbidity; Timepoint(s): assessed at 3, 6, 12, 24 and 36 months
3. Axillary recurrence free survival; Timepoint(s): assessed at 6, 12, 24, 36, 48 and 60 months
4. Contralateral breast cancer; Timepoint(s): assessed at 6, 12, 24, 36, 48 and 60 months
5. Disease free survival; Timepoint(s): assessed at 6, 12, 24, 36, 48 and 60 months
6. Distant metastasis; Timepoint(s): assessed at 6, 12, 24, 36, 48 and 60 months
7. Economic evaluation; Timepoint(s): assessed at 3, 6, 12, 24, 36 months
8. Local (breast or chest wall) recurrence; Timepoint(s): assessed at 6, 12, 24, 36, 48 and 60 months
9. Non-breast malignancy; Timepoint(s): assessed at 6, 12, 24, 36, 48 and 60 months
10. Overall survival; Timepoint(s): assessed at 6, 12, 24, 36, 48 and 60 months
11. Quality of life; Timepoint(s): assessed at 3, 6, 12, 24, 36 months
12. Regional (nodal) recurrence; Timepoint(s): assessed at 6, 12, 24, 36, 48 and 60 months
13. Time to axillary recurrence; Timepoint(s): assessed at 6, 12, 24, 36, 48 and 60 months

Overall study start date
01/01/2014

Completion date
13/07/2026

Eligibility

Key inclusion criteria
Current inclusion criteria as of 14/06/2019:
Women will be eligible for inclusion only if ALL of the following criteria apply:
1. 18 years or older
2. Unifocal or multi-focal invasive tumour with lesion ≤5 cm in its largest dimension, measured pathologically or largest invasive tumour diameter on radiology should be used for women who are randomised intra-operatively or undergo sentinel node biopsy before neoadjuvant therapy (tumour size should be based only on the single largest tumour; do not add the sizes together from the multiple foci)
3. At sentinel node biopsy have 1 or 2 nodes with macrometastases (tumour deposit >2.0mm in largest dimension or defined as macrometastasis on molecular assay)
4. Fit for axillary treatment and adjuvant therapy
5. Have given written informed consent

Previous inclusion criteria:
Women will be eligible for inclusion only if ALL of the following criteria apply:
1. 18 years or older
2. Unifocal or multifocal invasive tumour with lesion ≤5 cm in its largest dimension, measured pathologically or for women who are randomised intraoperatively
largest tumour diameter on mammogram or ultrasound.
3. No axillary nodal metastasis on clinical and ultrasound examination.
4. At sentinel node biopsy have 1 or 2 sentinel nodes with macrometastases (tumour deposit >2.

0mm in largest dimension or defined as macrometastasis on molecular assay)
5. Fit for axillary treatment and adjuvant therapy
6. Have given written informed consent

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Female

Target number of participants
1900

Total final enrolment
1900

Key exclusion criteria
Current exclusion criteria as of 14/06/2019:
Women will be excluded if they have:
1. Bilateral invasive breast cancer
2. More than 2 nodes with macrometastases
3. Neoadjuvant therapy for breast cancer except:
3.1. If sentinel node biopsy performed prior to neoadjuvant therapy in women with early breast cancer
3.2. Short duration of neoadjuvant endocrine therapy is acceptable (up to 3 months)
4. Previous axillary surgery on the same body side as the scheduled sentinel node biopsy
5. Not receiving adjuvant systemic therapy
6. Previous cancer less than 5 years previously or concomitant malignancy except:
6.1. Basal or squamous cell carcinoma of the skin or
6.2. In situ carcinoma of the cervix or
6.3. In situ melanoma
6.4. Contra- or ipsilateral in situ breast cancer

Previous exclusion criteria:
Women will be excluded if they have:
1. Bilateral breast cancer
2. More than 2 sentinel node macrometastases or extranodal invasion
3. Neoadjuvant therapy for breast cancer
4. Previous axillary surgery on the same body side as the scheduled sentinel node biopsy
5. Not fit or eligible to receive adjuvant systemic therapy
6. Previous or concomitant malignancy except:
6.1. Adequately treated basal or squamous cell carcinoma of the skin or
6.2. Adequately treated in situ carcinoma of the cervix or
6.3. Adequately treated in situ melanoma
6.4. Contra- or ipsilateral in situ breast cancer

Date of first enrolment
01/01/2014

Date of final enrolment
13/07/2021

Locations

Countries of recruitment
Australia

England

New Zealand

United Kingdom

Study participating centre
Royal Derby Hospital
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Sponsor information

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University Hospitals of Derby and Burton NHS Foundation Trust

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Sponsor type
Hospital/treatment centre

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research (NIHR) (UK)

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Funder Name
National Health and Medical Research Council

Alternative Name(s)
NHMRC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Australia

Results and Publications

Publication and dissemination plan
Planned publication in a high-impact peer reviewed journal

Intention to publish date
31/01/2027

Individual participant data (IPD) sharing plan
The data sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		02/12/2021	06/12/2021	Yes	No
HRA research summary			28/06/2023	No	No