

3D conformal Radiation therapy for Accelerated Partial breast IrraDiation (RAPID) trial

Submission date 24/06/2008	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 24/06/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 08/06/2022	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

ClinicalTrials.gov (NCT)
NCT00282035

Protocol serial number
MCT-78567

Study information

Scientific Title

3D conformal Radiation therapy for Accelerated Partial breast Irradiation (RAPID) trial

Acronym

RAPID

Study objectives

Accelerated partial breast irradiation (APBI) is equivalent to whole breast irradiation.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Research Ethics Board of McMaster University, 23/12/2005, ref: 05-440. McMaster REB approved protocol amendment 1 with a revised ICF on 20/05/2008.

Study design

Multicentre two-arm non-inferiority randomised parallel trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Breast cancer therapy

Interventions

1. Control arm: whole breast irradiation
2. Experimental arm: accelerated partial breast irradiation using 3D conformal therapy

Intervention Type

Procedure/Surgery

Primary outcome(s)

Timepoints added 18/11/2008:

Ipsilateral breast or axillary recurrence, measured at any point throughout the trial.

Key secondary outcome(s)

Timepoints added 18/11/2008:

1. Cosmetic outcome, measured at 1, 3, 5 and 10 years
2. Radiation toxicity, acute at 2 weeks post radiation, late at 1, 3, 5, 10 years
3. Disease free survival, measured time from randomisation to time of documented recurrent disease
4. Event free survival, measured from time from randomisation to time of documented cancer or death
5. Overall survival, measured from time from randomisation to death
6. Quality of life, measured at 1, 3, 5, 10 years
7. Cost effectiveness, measured from a sample of 20% of trial population (treatment resources)

Completion date

31/01/2014

Eligibility

Key inclusion criteria

Modifications as of 18/11/2008: point three of the inclusion criteria has been updated as follows:

3. Negative axillary node involvement including micrometastasis less than or equal to 0.2 mm or positive cells only identified by immunohistochemistry (IHC) as determined by:

- 3.1. Sentinel node biopsy
- 3.2. Axillary node dissection
- 3.3. Clinical exam for patients with DCIS only

Initial information at time of registration:

1. Female patients, 40 years and older, with a new histological diagnosis of ductal carcinoma in situ (DCIS) or invasive carcinoma of the breast with no evidence of metastatic disease
2. Treated by breast-conserving surgery (BCS) with microscopically clear resection margins (or no residual disease on re-excision) and considered a candidate for breast irradiation
3. Negative axillary node involvement determined by sentinel node biopsy, axillary node dissection or clinical exam in women greater than 70 years of age

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

Female

Key exclusion criteria

Modifications as of 18/11/2008: the exclusion criteria have been updated as follows:

1. Aged less than 40 years
2. A known deleterious mutation in BRCA 1 and/or BRCA 2
3. Tumour size greater than 3 cm in greatest diameter on pathological examination (including both invasive and non-invasive components)
4. Tumour histology limited to lobular carcinoma only
5. Bilateral invasive or non-invasive malignancy of the breast (synchronous or metachronous)
6. More than one primary tumour in different quadrants of the same breast
7. Previous irradiation to the ipsilateral breast that would preclude WBI
8. Presence of an ipsilateral breast implant or pacemaker
9. Serious non-malignant disease (e.g. cardiovascular, pulmonary, systemic lupus erythematosus (SLE), scleroderma) which would preclude definitive radiation treatment
10. Oestrogen receptor status (ER) not known

11. For patients not treated with adjuvant chemotherapy: unable to commence radiation therapy within 12 weeks of the last surgical procedure on the breast
12. For patients treated with adjuvant chemotherapy: unable to commence within 8 weeks of the last dose of chemotherapy
13. History of cancer:
 - 13.1. Patients with another active malignancy or malignancy treated less than 5 years prior to randomisation are excluded with the exception of prior non-invasive contralateral breast cancer
 - 13.2. Patients with a prior diagnosis of invasive breast cancer in either breast are excluded regardless of disease free interval
 - 13.3. Patients with prior or concurrent basal cell or squamous cell skin cancers are eligible for the trial
14. Currently pregnant or lactating
15. Psychiatric or addictive disorders which would preclude obtaining informed consent or adherence to protocol
16. Geographic inaccessibility for follow-up
17. Inability to localise surgical cavity on CT (i.e., no evidence of surgical clips or seroma)
18. Inability to adequately plan the patient for the experimental technique. The Dose Evaluation Volume (DEV) should be less than or equal to 25% of the total breast volume, or less than or equal to 35% whilst meeting other criteria mentioned in full in the protocol.

Initial information at time of registration:

1. Any patient with known breast cancer genes (BRCA 1 or 2)
2. Aged less than 40 years
3. Tumour greater than 3 cm in greatest diameter on pathological examination
4. Tumour histology involving lobular carcinoma
5. Inability to localise surgical cavity on computed tomography (CT) (i.e., no evidence of surgical clips or seroma)
6. Inability to adequately plan the patient for the experimental technique; seroma should be less than 25% of the total breast volume
7. Bilateral invasive malignancy of the breast (synchronous or metachronous)
8. More than one primary tumour in different quadrants of the same breast
9. Previous or concomitant malignancies except non-melanoma skin cancer, carcinoma in situ of the cervix, contralateral non-invasive breast cancer, and invasive carcinomas of cervix, endometrium, colon, and thyroid treated 5 years prior to study entry
10. Currently pregnant or lactating
11. Serious non-malignant disease (e.g. cardiovascular, pulmonary, systemic lupus erythematosus [SLE], scleroderma) which preclude definitive radiation treatment
12. Psychiatric or addictive disorders which would preclude obtaining informed consent or adherence to protocol
13. Geographic inaccessibility for follow-up
14. Status for adjuvant systemic therapy not determined
15. Unable to commence radiation within 12 weeks of the last surgical procedure on the breast where the patient is not treated with adjuvant chemotherapy, or unable to commence within 8 weeks of the last dose of chemotherapy where the patient is treated with adjuvant chemotherapy

Date of first enrolment

01/01/2006

Date of final enrolment

31/01/2014

Locations

Countries of recruitment

Canada

Study participating centre

Juravinski Cancer Centre

Hamilton, Ontario

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Sponsor information

Organisation

McMaster University (Canada)

ROR

<https://ror.org/02fa3aq29>

Funder(s)

Funder type

Research organisation

Funder Name

Canadian Institutes of Health Research (CIHR) (Canada) - <http://www.cihr-irsc.gc.ca> (ref: MCT-78567)

Alternative Name(s)

Instituts de Recherche en Santé du Canada, The Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

Canada

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		14/12/2019	08/06/2022	Yes	No
Interim results article	interim results	10/11/2013	14/02/2019	Yes	No