

# A phase II trial of Cediranib in the treatment of patients with Alveolar Soft Part Sarcoma

<b>Submission date</b> 08/12/2010	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 07/02/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 24/01/2025	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-cediranib-alveolar-soft-part-sarcoma-casps>

## Contact information

### Type(s)

Scientific

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Public

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## **Additional identifiers**

**EudraCT/CTIS number**  
2010-021163-33

**IRAS number**

**ClinicalTrials.gov number**  
NCT01337401

**Secondary identifying numbers**  
ICR-CTSU/2010/10027 (Trials Unit) CCR3448 (Sponsor)

## **Study information**

**Scientific Title**  
A randomised phase II multi-centre double-blind placebo-controlled clinical trial of Cediranib in the treatment of patients with Alveolar Soft Part Sarcoma

**Acronym**  
CASPS

**Study objectives**  
Alveolar soft part sarcoma (ASPS) is rare, with an incidence in the region of 0.5 - 1% of all sarcomas. Given an approximate annual incidence of sarcomas for the UK of 2,500 (excluding advanced gastrointestinal stromal tumour) a reasonable estimate of incidence for ASPS is 15 cases per annum. However, within this number the incidence of metastatic disease is high; patients typically survive for well in excess of 3 years with slowly progressive metastatic disease.

There is no standard accepted therapy for this patient group. The only report of clinical benefit concerned a similar agent, sunitinib, also an inhibitor of vascular endothelial growth factor receptor (VEGFR), as well as of other targets. The limited evidence available suggests that cediranib has unprecedented activity in ASPS and as such, this needs to be confirmed. Owing to the indolent nature of the disease in many cases, and hence the difficulty in proving that disease stabilisation is due to treatment, a formal prospective comparative study is required. The randomised design proposed in CASPS represents the best way of proving that the drug is active in this disease.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**

**Study design**

Randomised phase II multi-centre double-blind placebo-controlled clinical trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Treatment

**Participant information sheet**

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

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

Alveolar soft part sarcoma

**Interventions**

Group 1: Cediranib tablets 30 mg oral once daily until week 24

Group 2: Placebo tablets 30 mg oral once daily until week 24

At week 24 all patients unblinded and may continue with open label cediranib until disease progression or study withdrawal for other reason.

**Intervention Type**

Drug

**Phase**

Phase II

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

Cediranib

**Primary outcome measure**

Efficacy of cediranib in the treatment of ASPS by measuring the percentage change in the sum of target marker lesion diameters from randomisation to week 24 (or progression if sooner) compared to treatment with placebo

**Secondary outcome measures**

Secondary outcomes:

1. Response rate at week 24, best response using RECISTv1.1 and best reduction (%) in tumour size

2. Progression-free survival and percentage alive and progression-free at 12 months (APF12)
3. Overall survival
4. The safety and tolerability profile of cediranib in patients with ASPS

**Exploratory objectives:**

1. To explore the utility and applicability of Choi response criteria<sup>8</sup> in ASPS patients treated with cediranib
2. To explore tissue markers of tumour response to cediranib in original archived biopsies, and optional pre- and post-treatment biopsies
3. To evaluate the changes in circulating markers of angiogenesis from blood samples in response to cediranib
4. To evaluate the changes in circulating endothelial cells/endothelial precursor cells in response to cediranib

**Overall study start date**

11/05/2011

**Completion date**

15/01/2020

## **Eligibility**

**Key inclusion criteria**

Current inclusion criteria as of 11/11/2014:

1. Histologically confirmed diagnosis of ASPS (central confirmation not required at study entry)
2. Age 16 years and older
3. Availability of archived tissue blocks to enable confirmation of t(X;17) translocation
4. ECOG Performance Status of 0-1
5. Life expectancy of >12 weeks
6. Progressive disease as defined by RECIST v1.1 within 6 months prior to randomisation
7. Measurable metastatic disease using RECIST v1.1, i.e. at least one lesion 10 mm in diameter (15 mm in short axis for nodal lesions) assessable by CT (or MRI for brain metastases).
8. Patients with brain metastases are permitted provided disease is controlled with a stable dose of corticosteroid and/or non-enzyme inducing anticonvulsant
9. The capacity to understand the patient information sheet and ability to provide written informed consent
10. Willingness and ability to comply with scheduled visits, treatment plans, laboratory tests and other study procedures
11. Able to swallow and retain oral medication

**Previous inclusion criteria:**

1. Histologically confirmed diagnosis of ASPS (central confirmation not required at study entry)
2. Aged 16 years and older
3. Availability of archived tissue blocks or unstained slides to enable confirmation of t(X;17) translocation
4. Eastern Cooperative Oncology Group (ECOG) performance status of 0 - 1
5. Life expectancy of greater than 12 weeks
6. Progressive disease within 6 months prior to randomisation
7. Measurable metastatic disease using Response Evaluation Criteria in Solid Tumours (RECIST) v1.1, i.e. at least one lesion 10 mm in diameter (15 mm in short axis for nodal lesions) assessable by spiral computed tomography (CT) (or magnetic resonance imaging [MRI] for brain metastases)

8. Patients with brain metastases are permitted provided disease is controlled with a stable dose of corticosteroid and/or non-enzyme inducing anticonvulsant
9. The capacity to understand the patient information sheet and ability to provide written informed consent
10. Willingness and ability to comply with scheduled visits, treatment plans, laboratory tests and other study procedures
11. Able to swallow and retain oral medication

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

16 Years

**Sex**

Both

**Target number of participants**

36

**Total final enrolment**

48

**Key exclusion criteria**

Current exclusion criteria as of 11/11/2014:

1. Inadequate bone marrow reserve as demonstrated by an absolute neutrophil count  $\leq 1.5 \times 10^9$  /L or platelet count  $\leq 100 \times 10^9$  /L
2. Serum bilirubin  $\geq 1.5 \times$  ULN (unless Gilberts syndrome)
3. ALT or AST  $\geq 2.5 \times$  ULN. If liver metastases are present, ALT or AST  $> 5 \times$  ULN
4. Serum creatinine  $> 1.5 \times$  ULN or a creatinine clearance (calculated or measured) of  $\leq 50$  mL/min
5. Greater than +1 proteinuria unless urinary protein  $< 1.5$ g in a 24 hr period or protein /creatinine ratio  $< 1.5$ .
6. History of significant gastrointestinal impairment, as judged by the Investigator, that would significantly affect the absorption of cediranib.
7. Patients with a history of poorly controlled hypertension with resting blood pressure  $> 150$  /100 mmHg in the presence or absence of a stable regimen of anti-hypertensive therapy.
8. Any evidence of severe or uncontrolled co-morbidities e.g. unstable or uncompensated respiratory, cardiac, hepatic or renal disease, or active and uncontrolled infection.
9. Evidence of prolonged QTc  $> 480$  msec (using Bazetts correction, for which the formula is:  $QTc = QT/\sqrt{RR}$ ) or history of familial long QT syndrome.
10. Significant recent haemorrhage ( $> 30$  mL bleeding/episode in previous 3 months) or haemoptysis ( $> 5$  mL fresh blood in previous 4 weeks).
11. Major thoracic or abdominal surgery in the 14 days prior to entry into the study, or a surgical incision that is not fully healed.
12. Pregnant or breast-feeding women; women of childbearing potential with a positive pregnancy test prior to receiving study medication; women the intention of pregnancy during study treatment; women of child bearing potential unwilling to have a urine or serum pregnancy test prior to study entry (even if surgically sterilised).

13. Men and women of childbearing potential unwilling to use adequate birth control measures (e.g. abstinence, oral contraceptives, intrauterine device, barrier method with spermicide, implantable or injectable contraceptives or surgical sterilisation) for the duration of the study and should continue such precautions for 2 weeks after receiving the last study treatment.

14. History of anticancer (including investigational, non-registered) treatment in the four weeks prior to first dose of cediranib, with the exception of palliative radiotherapy for symptom control.

15. Previous treatment with cediranib.

16. Known hypersensitivity to any excipient of cediranib.

17. History of other malignancies (except for adequately treated basal or squamous cell carcinoma or carcinoma in situ) within 5 years, unless the patient has been disease free for 2 years and there is a tissue diagnosis of the primary cancer of interest from a target lesion.

18. Other concomitant anti-cancer therapy (including LHRH agonists) except steroids

19. Recent history of thrombosis

20. Patients with brain metastases if they are symptomatic requiring increasing steroids in the previous six weeks to study entry or those with evidence of recent and/or active bleeding, or those causing uncontrolled seizures.

Previous exclusion criteria:

1. Inadequate bone marrow reserve as demonstrated by an absolute neutrophil count less than or equal to  $1.5 \times 10^9/L$  or platelet count less than or equal to  $100 \times 10^9/L$

2. Serum bilirubin greater than or equal to 1.5 x upper limit of normal (ULN) (unless Gilbert's syndrome)

3. Alanine aminotransferase (ALT) or aspartate aminotransferase (AST) greater than or equal to 2.5 x ULN. If liver metastases are present, ALT or AST greater than 5 x ULN.

4. Serum creatinine greater than 1.5 x ULN or a creatinine clearance (calculated or measured) of less than or equal to 50 mL/min

5. Greater than +1 proteinuria unless urinary protein less than 1.5 g in a 24 hour period or protein/creatinine ratio less than 1.5

6. History of significant gastrointestinal impairment, as judged by the Investigator, that would significantly affect the absorption of cediranib

7. Patients with a history of poorly controlled hypertension with resting blood pressure greater than 150/100 mmHg in the presence or absence of a stable regimen of anti-hypertensive therapy

8. Any evidence of severe or uncontrolled co-morbidities, e.g. unstable or uncompensated respiratory, cardiac, hepatic or renal disease, or active and uncontrolled infection

9. Evidence of prolonged QTc greater than 480 msec (using Bazetts correction, for which the formula is:  $QTc = QT/\sqrt{RR}$ ) or history of familial long QT syndrome

10. Significant recent haemorrhage (greater than 30 ml bleeding/episode in previous 3 months) or haemoptysis (greater than 5 ml fresh blood in previous 4 weeks)

11. Major thoracic or abdominal surgery in the 14 days prior to entry into the study, or a surgical incision that is not fully healed

12. Pregnant or breast-feeding women; women of childbearing potential with a positive pregnancy test prior to receiving study medication; women the intention of pregnancy during study treatment; women of child bearing potential unwilling to have a urine or serum pregnancy test prior to study entry (even if surgically sterilised)

13. Men and women of childbearing potential unwilling to use adequate birth control measures (e.g. abstinence, oral contraceptives, intrauterine device, barrier method with spermicide, implantable or injectable contraceptives or surgical sterilisation) for the duration of the study and should continue such precautions for 2 weeks after receiving the last study treatment

14. History of anticancer (including investigational, non-registered) treatment in the four weeks prior to first dose of cediranib, with the exception of palliative radiotherapy for symptom control

15. Known hypersensitivity to cediranib or any of its excipients

16. History of other malignancies (except for adequately treated basal or squamous cell carcinoma or carcinoma in situ) within 5 years, unless the patient has been disease free for 2 years and there is a tissue diagnosis of the primary cancer of interest from a target lesion  
17. Other concomitant anti-cancer therapy (including LHRH agonists) except steroids  
18. Recent history of thrombosis  
19. Patients with brain metastases if they are symptomatic requiring increasing steroids in the previous six weeks to study entry or those with evidence of recent and/or active bleeding, or those causing uncontrolled seizures

**Date of first enrolment**

11/05/2011

**Date of final enrolment**

29/07/2016

## **Locations**

**Countries of recruitment**

Australia

England

Spain

United Kingdom

**Study participating centre**

**Sycamore House (SRMSYC), DF29**

Surrey

United Kingdom

SM2 5PT

**Study participating centre**

**Royal Marsden Hospital**

Fulham Rd

London

United Kingdom

SW3 6JJ

**Study participating centre**

**The Christie Hospital**

Wilmslow Rd

Manchester

United Kingdom

M20 4BX

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

**Study participating centre**  
**University College London Hospital**  
235 Euston RD  
London  
United Kingdom  
NW1 2BU

**Study participating centre**  
**Royal Victoria Infirmary**  
Queen Victoria Rd  
Newcastle-upon-Tyne  
United Kingdom  
NE1 4LP

**Study participating centre**  
**Freeman Hospital**  
Freeman Rd  
Newcastle-upon-Tyne  
United Kingdom  
NE7 7DN

**Study participating centre**  
**Chris O'Brien Lifehouse**  
119-143 Missenden Rd  
Camperdown  
Sydney  
Australia  
NSW 2050

**Study participating centre**



**Princess Alexandra Hospital**

199 Ipswich Rd  
Woolloongabba  
Brisbane  
Australia  
QLD 4102

**Study participating centre****Hospital de la Santa Creu i Sant Pau**

Carrer de Sant Quintí 89  
Barcelona  
Spain  
08041

**Study participating centre****Hospital Puerta de Hierro**

Calle Manuel de Falla 1  
Majadahonda  
Madrid  
Spain  
28222

**Study participating centre****Hospital Miguel Servet**

Paseo Isabel la Católica 1-3  
Zaragoza  
Spain  
50009

## **Sponsor information**

**Organisation**

The Institute of Cancer Research/Royal Marsden Hospital NHS Foundation Trust (UK)

**Sponsor details**

Glen House (F125), 2.1  
125 Old Brompton Road  
London  
England  
United Kingdom  
SW7 3RP

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.icr.ac.uk/>

**ROR**

<https://ror.org/043jzw605>

## **Funder(s)**

**Funder type**

Charity

**Funder Name**

Cancer Research UK (CRUK) (UK) (ref: CRUK/10/021)

**Alternative Name(s)**

CR\_UK, Cancer Research UK - London, CRUK

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

United Kingdom

**Funder Name**

AstraZeneca (UK) (ref: ISSRECE0036)

**Alternative Name(s)**

AstraZeneca PLC, Pearl Therapeutics

**Funding Body Type**

Government organisation

**Funding Body Subtype**

For-profit companies (industry)

**Location**

United Kingdom

# Results and Publications

## Publication and dissemination plan

The main trial results will be published in a peer-reviewed journal.

## Intention to publish date

15/01/2021

## 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?
<a href="#">Results article</a>	results	01/07/2019	05/06/2019	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Plain English results</a>		24/01/2025	24/01/2025	No	Yes