# Phase III Randomised Study of High Dose Methotrexate and 5-Fluouracil Combined with Epirubicin (FEMTX) versus No Treatment in Stage II-III Resected Gastric Cancer

Submission date	Recruitment status	Prospectively registered
19/08/2002	No longer recruiting	[_] Protocol
Registration date	Overall study status	[] Statistical analysis plan
19/08/2002	Completed	[_] Results
Last Edited	Condition category	Individual participant data
03/12/2019	Cancer	[] Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

## Type(s)

Scientific

Contact name Dr - -

### **Contact details**

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

### ICCG/7/90

## Study information

#### **Scientific Title** Phase III Randomised Study of High Dose Methotrexate and 5-Fluouracil Combined with Epirubicin (FEMTX) versus No Treatment in Stage II-III Resected Gastric Cancer

**Study objectives** Not provided at time of registration

**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

**Secondary study design** Randomised controlled trial

**Study setting(s)** Not specified

**Study type(s)** Not Specified

Participant information sheet

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

Cancer of Oesophagus, Stomach

### Interventions

1. FEMTX Regimen: Chemotherapy, FEMTX (high dose methotrexate and 5-flourouracil with epirubicin) plus folinic acid rescue repeated every 28 days for six cycles. Chemotherapy should be started within 4 weeks of surgery.

2. Control Regimen: No further treatment.

Intervention Type

**Phase** Phase III

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

High Dose Methotrexate and 5-Fluouracil Combined with Epirubicin (FEMTX)

### Primary outcome measure

Not provided at time of registration

Secondary outcome measures Not provided at time of registration

## **Overall study start date**

01/01/1993

#### **Completion date** 28/02/1998

Eligibility

### Key inclusion criteria

1. Histologically proven adenocarcinoma of the stomach or distal oesophagus (oesophagogastric junction provided the cardia is involved) treated by curative resection. The resection margins must be negative for tumour.

2. Pathologically stage T2, T3 or T4, T1 tumours are only included if lymph node involvement is demonstrated histologically, ie stage II or III

3. Adequate renal, hepatic and haematological function

4. No evidence of metastatic disease

5. Karnofsky score >70

6. No history of other malignancy, except squamous or basal cell carcinoma of the skin which has been effectively treated and carcinoma in situ of the cervix which has been treated operatively only

7. No previous or current non-malignant systemic disease (cardiovascular, renal, hepatic, etc) which would contraindicate the use of chemotherapy or prevent prolonged follow up

#### Participant type(s)

Patient

Age group Not Specified

Sex Not Specified

### Target number of participants

Not provided at time of registration

### Key exclusion criteria

Not provided at time of registration

## Date of first enrolment

01/01/1993

Date of final enrolment 28/02/1998

## Locations

**Countries of recruitment** England

United Kingdom

**Study participating centre UKCCCR Register Co-ordinator** London United Kingdom NW1 2DA

## Sponsor information

**Organisation** Pharmacia Ltd & Upjohn (UK)

### Sponsor details

Davy Avenue Milton Keynes United Kingdom MK5 8PH +44 (0)1908 661101 info@adreco.co.uk

**Sponsor type** Industry

Website http://www.pharmacia.com

ROR https://ror.org/04x4v8p40

## Funder(s)

Funder type Industry **Funder Name** Pharmacia and Upjohn (UK)

## **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