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A Phase II study of axitinib in patients with metastatic renal cell cancer unsuitable for nephrectomy

Submission date 26/09/2012	**Recruitment status** No longer recruiting	[X] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 26/09/2012	**Overall study status** Completed	
Last Edited 18/12/2024	**Condition category** Cancer	

Plain English summary of protocol
https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-axitinib-kidney-cancer-spread-a-predict

Contact information

Type(s)
Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
2011-004562-16

Integrated Research Application System (IRAS)
98117

ClinicalTrials.gov (NCT)
NCT01693822

Protocol serial number
12404, IRAS 98117

Study information

Scientific Title
A Phase II study of axitinib in patients with metastatic renal cell cancer unsuitable for nephrectomy

Acronym
A-PREDICT

Study objectives
A-PREDICT is a single arm, single agent, open label, multicentre, phase II study of axitinib in patients with metastatic renal cell carcinoma of predominant clear cell histology and unsuitable for debulking nephrectomy (as judged by the treating clinician).

Patients who have provided consent and have satisfied the eligibility criteria will be registered into the trial. The starting dose of axitinib will be 5 mg twice daily by mouth, escalating to a maximum of 10mg twice daily by mouth according to tolerability of treatment, for as long as patients are deriving clinical benefit. Treatment will be paused for one week prior to the week 9 biopsy. Disease progression will be evaluated according to RECIST v1.1 criteria 8 weeks after commencing treatment, at 8 weekly intervals to 6 months and 3 monthly thereafter. Blood and tumour tissue samples will be taken prior to and during therapy to evaluate biomarkers of treatment response. Nephrectomy will be carried out on any patient who becomes suitable in the opinion of the treating clinician during the course of the trial. Where possible, tissue samples will be taken from resected specimens. Response to axitinib in marker lesions will be correlated with changes in biomarkers.

Ethics approval required
Old ethics approval format

Ethics approval(s)
First MREC, 08/05/2012 ref: 12/LO/0639

Study design
Non-randomised interventional trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Renal cancer

Interventions
Oral axitinib twice a day. 5mg starting dose escalated to maximum of 10mg until disease progression

Intervention Type
Drug

Phase
Phase II

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

Primary outcome(s)
Freedom from progression at 6 months, measured at 6 months after start of treatment

Key secondary outcome(s))
No secondary outcome measures

Completion date
28/02/2022

Eligibility

Key inclusion criteria
1. Histologically confirmed metastatic renal cell carcinoma of predominant clear cell histology
2. Unsuitable for nephrectomy as judged by treating clinician(s)
3. Not suitable for watch and wait policy as determined by treating clinician(s)
4. No prior systemic therapy for renal cell carcinoma
5. Measurable metastatic disease using RECIST v1.1
6. 18 years of age or older
7. Life expectancy of 12 weeks or greater
8. ECOG performance status 0 or 1
9. Adequate organ function as defined by serum aspartate transaminase (AST) and serum alanine transaminase (ALT) =2.5 x upper limit of normal (ULN), or AST and ALT =5 x ULN if liver function abnormalities are due to liver metastases; total serum bilirubin =1.5 x ULN
10. Adequate haematological function as defined by absolute neutrophil count (ANC) =1500/µL, platelets =75,000/µL, haemoglobin =9.0 g/dL and prothrombin time (PT) =1.5 x ULN
11. Serum creatinine =1.5 x ULN or calculated creatinine clearance = 60 mL/min;
12. Urinary protein <2+ by urine dipstick. If dipstick is =2+ then a 24-hour urine collection can be done and the patient may enter only if urinary protein is <2g per 24 hours.
13. No evidence of pre-existing uncontrolled hypertension as documented by 2 baseline blood pressure readings taken at least 1 hour apart. The baseline systolic blood pressure readings must be =140 mm Hg, and the baseline diastolic blood pressure readings must be =90 mm Hg. Patients whose hypertension is controlled by antihypertensive therapies are eligible.
14. Women of childbearing potential must have a negative serum or urine pregnancy test within 3 days prior to treatment.
15. Willingness and ability to comply with scheduled visits, treatment plans, laboratory tests, and

other study procedures, including tumour biopsies.
16. Written informed consent
17 Male or female participants

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Total final enrolment
65

Key exclusion criteria
1. The presence of intracranial disease, unless there has been radiological evidence of stable intracranial disease >6 months. In the case of a solitary brain metastasis which has been resected, there must be evidence of a disease-free interval of at least 3 months postsurgery. All patients previously treated for brain metastases must be stable off corticosteroid therapy for at least 28 days.
2. The presence of active second malignancy. Patients will be eligible if they have adequately treated basal cell carcinoma, squamous cell skin cancer, in situ cervical cancer, stable prostate cancer or if treated with curative intent for any other cancer with no evidence of disease for 2 years.
3. Women who are pregnant or are breastfeeding. Female patients must be surgically sterile, be postmenopausal, or must agree to use effective contraception during the period of therapy. All female patients with reproductive potential must have a negative pregnancy test (serum or urine) prior to enrolment.
4. Male patients must be surgically sterile or must agree to use effective contraception during the period of therapy.
5. Current signs or symptoms of severe progressive or uncontrolled hepatic, endocrine, pulmonary disease other than directly related to RCC.
6. Gastrointestinal abnormalities including:
6.1. Inability to take oral medication
6.2. Requirement for intravenous alimentation
6.3. Prior surgical procedures affecting absorption including total gastric resection
6.4. Treatment for active peptic ulcer disease in the past 6 months
6.5. Active gastrointestinal bleeding, unrelated to cancer, as evidenced by hematemesis, hematochezia or melena in the past 3 months without evidence of resolution documented by endoscopy or colonoscopy;
6.6. Malabsorption syndromes.
7. Current use or anticipated need for treatment with drugs that are known potent CYP3A4 inhibitors

8. Current use or anticipated need for treatment with drugs that are known CYP3A4 or CYP1A2 inducers
9. Requirement of anticoagulant therapy with oral vitamin K antagonists. Low-dose anticoagulants for maintenance of patency of central venous access device or prevention of deep venous thrombosis is allowed. Therapeutic use of low molecular weight heparin is allowed.
10. Active seizure disorder, spinal cord compression, or carcinomatous meningitis.
11. Any of the following within 12 months prior to study entry: myocardial infarction, uncontrolled angina, coronary/peripheral artery bypass graft, symptomatic congestive heart failure, cerebrovascular accident or transient ischemic attack.
12. Deep vein thrombosis or pulmonary embolism within 6 months prior to study entry.
13. Known human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)-related illness.

Date of first enrolment
28/09/2012

Date of final enrolment
27/09/2014

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Institute of Cancer Researc Clinical Trials & Statistics Unit (ICR-CTSU)
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Sponsor information

Organisation
Institute of Cancer Research (UK)

ROR
https://ror.org/043jzw605

Funder(s)

Funder type
Industry

Funder Name
Pfizer UK

Alternative Name(s)
Pfizer Ltd, Pfizer Limited

Funding Body Type
Private sector organisation

Funding Body Subtype
For-profit companies (industry)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are/will be available upon request from Rebecca Lewis (apredict-icrctsu@icr.ac.uk). Clinical data are available for sharing subject to completion of a data sharing application form, approval by the trial oversight committees and completion of a data sharing agreement. As part of the review the trialists would consider whether the existing trial consent covers the application, what anonymisation will be required and whether separate ethics approval would be required.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Plain English results			26/10/2022	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes