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Suppression of Ovarian Function Trial

Submission date 12/05/2010	**Recruitment status** No longer recruiting	[_] Prospectively registered [X] Protocol
Registration date 12/05/2010	**Overall study status** Completed	[_] Statistical analysis plan [X] Results
Last Edited 20/05/2024	**Condition category** Cancer	[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Study website
http://www.ibcsg.org/public/general_pages/trials/open/trial_24-02.shtml

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number
2004-000166-13

IRAS number

ClinicalTrials.gov number
NCT00066690

Secondary identifying numbers

1305

Study information

Scientific Title
A multicentre randomised interventional trial on the benefits of ovarian function suppression in pre-menopausal women with oestrogen receptor positive breast cancer

Acronym
SOFT

Study objectives
Chemotherapy (CT), tamoxifen, and ovarian function suppression (OFS) are individually effective adjuvant treatment modalities in women under 50 with oestrogen receptor (ER) positive (tumours expressing the oestrogen receptor) breast cancer. Chemotherapy plus 5 years tamoxifen (a widely used treatment which blocks the action of oestrogen on the tumour) is more effective than chemotherapy alone, however it is unclear whether any additional benefit is derived from ovarian function suppression as no trial has addressed this question to date.

This trial aims to focus the OFS question on the subset of women who biologically would be most likely to benefit. These are women with oestrogen receptor positive breast cancer who remain pre-menopausal following either surgery alone or after completion of chemotherapy. The majority of pre-menopausal women with breast cancer are at least 40, and more than 80% will develop amenorrhoea following 6 cycles of cyclophosphamide, methotrexate and fluorouracil 5FU (CMF) chemotherapy. By contrast, less than half of pre-menopausal women under the age of 40 develop amenorrhoea with CMF. The prognosis of women who develop amenorrhoea tends to be better than those who continue to menstruate. Consequently the women in this trial will generally be younger than the median age for pre-menopausal breast cancer and will most likely be under 40.

Ethics approval required
Old ethics approval format

Ethics approval(s)
South West Multi-centre Research Ethics Committee, 04/08/2004, ref: 04/Q1605/20

Study design
Multicentre randomized interventional treatment trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
GP practice

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
Topic: National Cancer Research Network; Subtopic: Breast Cancer; Disease: Breast

Interventions
1. Tamoxifen for 5 years
2. OFS** plus tamoxifen for 5 years
3. OFS** plus exemestane for 5 years
(** OFS = ovarian function suppression (triptorelin for 5 years OR surgical oophorectomy OR ovarian irradiation))

Radiotherapy:
Radiation therapy to the conserved breast is required. Radiation therapy to the chest wall following mastectomy is optional (if given, it may also include nodal fields). Radiation therapy may be given either after all chemotherapy or integrated into chemotherapy.

Follow up length: 120 months
Study entry: registration and one or more randomisations

Intervention Type
Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Tamoxifen, exemestane, triptorelin

Primary outcome measure
To compare ovarian function suppression (OFS: GnRH analogue or oophorectomy)

Secondary outcome measures
1. Overall survival
2. Systemic disease-free survival
3. Quality of life
4. Sites of first treatment failure

Overall study start date
17/12/2003

Completion date
21/02/2024

Eligibility

Key inclusion criteria

1. Pre-menopausal women (estradiol [E2] levels in the pre-menopausal range) either after chemotherapy or without chemotherapy
2. Randomisation within an 8-month evaluation period after end of CT, or within 12 weeks after definitive surgery for patients with no CT. Patients with temporary chemotherapy-induced amenorrhoea who regain pre-menopausal status within 6 months of the final chemotherapy dose are eligible.
3. Histologically proven, resected breast cancer. Pathology material available for submission for central review.
4. Hormone receptor (HR) positive tumour. HR must be determined using immunohistochemistry (IHC): ER and/or progesterone receptor (PgR) greater than or equal to 10%
5. Tumour confined to the breast and axillary nodes without detected metastases elsewhere with the exception of tumour detected in the internal mammary chain nodes by sentinel node procedure
6. Proper surgery (total mastectomy or breast conserving procedure plus radiation) for primary disease with no known clinical residual disease
7. Axillary lymph node dissection or negative axillary sent

Participant type(s)
Patient

Age group
Adult

Sex
Female

Target number of participants
Planned sample size: 3000

Total final enrolment
3066

Key exclusion criteria
1. Post-menopausal
2. Distant metastatic disease
3. Locally advanced inoperable breast cancer
4. Bilateral invasive breast cancer
5. Positive final margins
6. Clinically detectable residual axillary disease
7. History of previous ipsilateral or contralateral invasive breast cancer
8. Previous or concomitant malignancy except adequately treated basal/squamous cell carcinoma of the skin, in-situ carcinoma of the cervix or bladder, contralateral or ipsilateral in-situ breast cancer
9. Other non-malignant systemic diseases that would prevent prolonged follow-up
10. Patients who have had a bilateral oophorectomy or ovarian irradiation or are planning oophorectomy within 5 years
11. History of noncompliance to medical regimens or considered potentially unreliable
12. Patients who are pregnant or lactating at randomisation or who desire a pregnancy within 5

years. Patients planning to use additional hormone therapy (including contraceptives) during the next 5 years
13. Previous endocrine therapy (neoadjuvant/adjuvant)

Date of first enrolment
17/12/2003

Date of final enrolment
30/04/2010

Locations

Countries of recruitment
Australia

Belgium

Canada

Egypt

England

Germany

Hungary

India

Italy

New Zealand

Peru

Slovenia

South Africa

Sweden

Switzerland

United Kingdom

United States of America

Study participating centre
Clinical Trials & Statistics Unit (ICR-CTSU)
Sutton

United Kingdom
SM2 5NG

Sponsor information

Organisation
European Institute of Oncology (IEO) (Italy)

Sponsor details
Via Ripamonti 435
Milano
Italy
20141

Sponsor type
Research organisation

Website
http://www.ieo.it/inglese/index.asp

ROR
https://ror.org/02vr0ne26

Funder(s)

Funder type
Charity

Funder Name
Cancer Research UK (CRUK) (UK) (ref: C2232/A4595)

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
International Breast Cancer Study Group (IBCSG) (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

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Plain English results				No	Yes
Protocol article	protocol	01/12/2013	28/02/2019	Yes	No
Results article	results	01/09/2017	28/02/2019	Yes	No
Results article	results	01/07/2015	28/02/2019	Yes	No
Results article	results	01/07/2016	28/02/2019	Yes	No
Results article	results	10/07/2014	28/02/2019	Yes	No
Results article	results	10/05/2016	28/02/2019	Yes	No
Results article	results	12/07/2018	28/02/2019	Yes	No
Results article	results	29/01/2015	28/02/2019	Yes	No