

# Trial of Induction TPF therapy in Advanced head & Neck cancer

<b>Submission date</b> 10/08/2011	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 10/08/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 23/06/2020	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-trial-tpf-chemotherapy-before-surgery-and-radiotherapy-for-locally-advanced-head-and-neck-cancer-titan>

## Study website

[http://www.lctu.org.uk/trial/trial\\_info.asp?id=68&tgcode=2&menuid=30](http://www.lctu.org.uk/trial/trial_info.asp?id=68&tgcode=2&menuid=30)

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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Liverpool  
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## Additional identifiers

### EudraCT/CTIS number

2010-023195-22

### IRAS number

### ClinicalTrials.gov number

### Secondary identifying numbers

## Study information

### Scientific Title

Randomised controlled open-label trial of TPF (taxane cisplatin 5-fluorouracil) induction chemotherapy in the surgical management of locally advanced head and neck cancer

### Acronym

TITAN

### Study objectives

This is a trial of treatment intensification in a high-risk population of potentially curable patients. Induction chemotherapy is a significant recent advance in the management of locally advanced squamous cell carcinoma of the head and neck (SCCHN), although its use in combination with surgery and postoperative radiotherapy (PORT) is under-researched. Induction chemotherapy (ICT) offers the potential for better delivery of drugs to "treatment naïve" tumours with an intact blood supply and, at the same time, provides maximal treatment to eradicate micro-metastasis, with the prospect of both better local and local systemic control of disease.

Thus the rationale is to study the effects of intensification of treatment using induction TPF in locally advanced SCCHN in those anatomical sites treated by primary surgery.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

First MREC, 11/04/2011, ref: 11/NW/0149

### Study design

Randomised, interventional

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Hospital

### Study type(s)

Treatment

### Participant information sheet

Not provided at time of registration

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

Head and neck cancer

## **Interventions**

Patients will be randomised in a 1:1 ratio across 2 arms

Arm A: surgery and post operative conformal radiation therapy (CRT) (PO(C)RT)

Conventional treatment for the stage and site of disease is performed as per the original (pre-randomisation) imaging, examination under anaesthetic and clinical findings.

Arm B: Induction Chemotherapy

Patients will receive 3 cycles of induction chemotherapy at 21 days intervals, prior to receiving surgery and PO(C)RT

To be followed up at 60 month(s)

## **Intervention Type**

Drug

## **Phase**

Phase II/III

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

Taxane, cisplatin, 5-fluorouracil

## **Primary outcome measure**

Feasibility of recruitment into the TITAN trial (specifically the number of participants)

## **Secondary outcome measures**

1. Randomisation: screening ratio
2. The percentage of patients in the TPF arm who complete the full course of treatment

## **Overall study start date**

01/09/2011

## **Completion date**

01/09/2011

# **Eligibility**

## **Key inclusion criteria**

1. Age >18 years
2. Histopathological diagnosis of head and neck squamous cell carcinoma
3. Tumour (T) stage in one of the following site categories:
  - 3.1. Lip/ Oral cavity: stage T3 or T4a (and  $\geq 4$ cm in largest dimension)
  - 3.2. Paranasal /nasal: stage T4a
  - 3.3. Larynx: stage T4a
  - 3.4. Hypopharynx: stage T3 or T4a
  - 3.5. Cervical oesophagus: stage T3 or T4a
  - 3.6. Oropharynx: stage T3 or T4a and HPV-ve
4. Any lymph node (N) stage
5. No metastases (M0)
6. An multidisciplinary team (MDT) decision to offer surgery as primary modality of treatment

7. World Health Organisation (WHO) performance status 0 or 1
8. Resectable by conventional criteria in both primary site and any cervical lymph node involvement
9. Male or female participants
10. Lower age limit: 18 years

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

UK Sample Size: 50

**Total final enrolment**

7

**Key exclusion criteria**

1. Those tumours staged to T4a on the basis of early mandibular invasion alone, i.e. <4cm in the maximum dimension
2. Unresectable disease on clinical staging (including imaging) of primary tumour or cervical metastasis
3. Distant metastases (note: positron emission tomography - computed tomography [PET-CT] is necessary investigation for all patients entering trial - as such additional CT chest will usually not be required to exclude pulmonary or hepatic metastases)
4. Nasopharynx site
5. Human papillomavirus (HPV) - positive oropharyngeal cancer (OPC)
6. Pregnancy or lactation
7. Patients with haemoglobin of <10g/dl
8. Patients with neutrophil counts of <1.5 x 10<sup>9</sup>/l.
9. Patients with thrombocyte counts of <100 x 10<sup>9</sup>/l.
10. Patients with significant hepatic impairment (Bilirubin >1.5x upper limit of normal range; ALT >2.5x upper limit of normal range; ALP >5x upper limit of normal range)
11. Patients with significant renal impairment (For the purpose of the study, significant renal impairment is classed as GFR <50ml/min>. However, sites may use their local policy if a higher threshold is dictated.)
12. Patients who lack mental capacity to give informed consent
13. Patients whose co morbidities or concomitant medications otherwise preclude TPF chemotherapy
14. All men or women of reproductive potential, unless using at least two contraceptive precautions, one of which must be a condom

**Date of first enrolment**

01/09/2011

**Date of final enrolment**

01/09/2011

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

**University of Liverpool Cancer Research Centre**

Liverpool

United Kingdom

L3 9TA

**Sponsor information****Organisation**

Aintree University Hospitals NHS Foundation Trust (UK)

**Sponsor details**

Aintree University Hospitals

Fazakerley Hospital

Lower Lane

Liverpool

England

United Kingdom

L9 7AL

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.aintreehospitals.nhs.uk/>

**ROR**

<https://ror.org/02h67vt10>

**Funder(s)****Funder type**

Charity

**Funder Name**

Cancer Research UK

**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

## 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?
<a href="#">Basic results</a>			23/06/2020	No	No
<a href="#">HRA research summary</a>			28/06/2023	No	No