

Sunitinib versus dacarbazine in the treatment of patients with metastatic uveal melanoma

Submission date 29/10/2010	Recruitment status Stopped	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 29/10/2010	Overall study status Stopped	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 26/10/2022	Condition category Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-possible-new-treatment-for-eye-cancer-uveal-melanoma-suave>

Contact information

Type(s)

Scientific

Contact name

Ms Sarah Jones

Contact details

University of Liverpool Cancer Research Centre
200 London Road
Liverpool
United Kingdom
L3 9TA

-

jones85@liverpool.ac.uk

Additional identifiers

EudraCT/CTIS number

2008-008794-55

IRAS number

ClinicalTrials.gov number

NCT01551459

Secondary identifying numbers

Study information

Scientific Title

A randomised Phase II study of sunitinib versus dacarbazine in the treatment of patients with metastatic uveal melanoma

Acronym

SUAVE

Study objectives

There is currently no effective systemic therapy for metastatic uveal melanoma.

Eligible patients will be randomised to one of two first line interventions: Dacarbazine or Sunitinib. Dacarbazine will be administered at a dose of 1000 mg/m² by IV on day 1, and repeated every 21 days until progression or unacceptable toxicity. 50 mg of sunitinib will be taken orally once a day for 28 days followed by 14 day break, until progression or unacceptable toxicity.

At baseline, target lesions will be identified by Chest/Abdo CT scan, (and Liver MRI if necessary). Patients will attend clinic every 3 weeks for medical assessments including collection of Adverse Events. Every 12 weeks from day 1 of study treatment (regardless of delays to clinic visits), patients will undergo medical imaging for tumour measurement (in accordance with Recist v1.1).

At identification of first progression of disease, it may be possible for the patient to crossover to the other study treatment (if they reach the cross-over eligibility criteria). For patients who cross over, they will continue with the visit schedule until identification of second progression.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Sunderland Research Ethics Committee, 18/05/2010, ref: 10/H0904/15

Study design

Multicentre randomised interventional treatment 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

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

Interventions

Control Arm (Dacarbazine): Dacarbazine 1000 mg/m² to be administered by IV on day 1, and repeated every 21 days until progression or unacceptable toxicity.

Experimental Arm (Sunitinib): Sunitinib 50 mg to be taken orally once a day for 28 days followed by 14 day break, until progression or unacceptable toxicity.

Study entry: single randomisation only

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Sunitinib, dacarbazine

Primary outcome measure

Progression free survival - 12 weekly scans will pick up progression according to RECIST 1.1.

Analysis of primary outcome will be performed once all patients have been followed up for at least 3 months (expected to be Jan 2013).

Secondary outcome measures

1. Overall survival will be measured from date of randomisation to the date of death from any cause. Patients still alive at the time of analysis are censored at the date of the most recent follow up.
2. Overall response rate is defined as the proportion of complete (CR) or partial responders (PR) as defined by the RECIST version 1.1
3. AEs recorded following randomisation will be classified according to CTCAE version 4.0
4. Time to progression on first-line treatment (TTP1) compared to time to progression on second-line treatment (TTP2) for patients who receive cross-over therapy
5. Overall response rate on first-line treatment (RR1) compared to overall response rate on second-line treatment (RR2) for patients who receive cross-over therapy

Initial analysis by Data Monitoring Committee is planned for April 2011. Interim analysis for futility will be conducted after 50% of the events have been observed.

Overall study start date

04/10/2010

Completion date

08/11/2012

Reason abandoned (if study stopped)

Objectives no longer viable

Eligibility

Key inclusion criteria

1. Patients with histologically or cytologically confirmed unresectable, metastatic uveal melanoma (histology must be available from a metastatic site)
2. Patients with disease that is not amenable to surgery, radiation, or combined modality therapy with curative intent
3. No prior systemic therapy for advanced disease, including regional delivery of drug therapy (prior surgery or radiofrequency ablation is acceptable)
4. Patients who have received prior radiotherapy are eligible, however, measurable lesions must not have been previously irradiated
5. Life expectancy greater than 12 weeks
6. Eastern Cooperative Oncology Group (ECOG) performance status 0, 1 or 2 (for ECOG scale of performance)
7. At least one measurable target lesion, for further evaluation according to the Response Evaluation Criteria In Solid Tumours (RECIST) version 1.1
8. Aged greater than 18 years, either sex
9. Adequate haematological, renal and liver function as defined below and performed within 14 days of study inclusion:
 - 9.1. Haemoglobin (Hb) greater than 10 g/dl, platelets greater than 100,000 mm³, white cell count (WCC) greater than $3.0 \times 10^9/L$, absolute neutrophil count (ANC) greater than $1.5 \times 10^9/L$
 - 9.2. Bilirubin less than 1.5 x ULN, Alkaline phosphatase less than 5 x ULN, transaminases less than 5 x ULN
 - 9.3. Creatinine less than 1.5 x ULN
10. Able to provide written informed consent
11. Females of child-bearing potential who have a negative pregnancy test prior to study entry and be using adequate contraception, which they agree to continue for 12 months after the study treatment

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

Planned sample size: 124; UK sample size: 124

Key exclusion criteria

1. Conjunctival melanoma
2. Received any previous systemic therapy for uveal melanoma
3. Known leptomeningeal or brain metastases

4. Patients with a history of prior malignant disease (only if they have had more than 3 years free of disease or have had adequately treated non-melanomatous skin cancer or in situ carcinoma of the cervix)
5. Had treatment with potent CYP3A4 inhibitors and inducers within 7 and 12 days respectively, prior to study treatment administration
6. Therapeutic anticoagulation for treatment of DVT/PE. Concomitant treatment with therapeutic doses of anticoagulants (low dose warfarin [Coumadin®] up to 2 mg PO daily for deep vein thrombosis prophylaxis is allowed).
7. Unstable systemic diseases including uncontrolled hypertension (greater than 150/100 mmHg despite optimal medical therapy) or active uncontrolled infections
8. Any of the following within the 6 months prior to study drug administration: myocardial infarction, severe/unstable angina, symptomatic congestive heart failure, cerebrovascular accident or transient ischaemic attack, or pulmonary embolism
9. Clinically significant abnormal cardiac function with abnormal 12-lead electrocardiogram (ECG). Ongoing cardiac dysrhythmias of National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) grade more than or equal to grade 2, poorly controlled atrial fibrillation of any grade, or prolongation of the QTc interval to greater than 450 msec for males or greater than 470 msec for females.
10. Any other serious or uncontrolled illness which, in the opinion of the investigator, makes it undesirable for the patient to enter the trial
11. Any medical or psychiatric condition which would influence the ability to provide informed consent
12. Pregnant or lactating women
13. Lack of informed consent
14. Any previous investigational agent within the last 12 weeks

Date of first enrolment

04/10/2010

Date of final enrolment

08/11/2012

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

University of Liverpool Cancer Research Centre

Liverpool

United Kingdom

L3 9TA

Sponsor information

Organisation

Clatterbridge Centre for Oncology NHS Foundation Trust (UK)

Sponsor details

Clatterbridge Hospital
Clatterbridge Road
Wirral
England
United Kingdom
CH63 4JY

Sponsor type

Hospital/treatment centre

Website

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

ROR

<https://ror.org/05gcq4j10>

Funder(s)**Funder type**

Charity

Funder Name

Cancer Research UK (CRUK) (UK) - Clinical Trials Advisory and Awards Committee (CTAAC) grant (ref: CRUK/09/017)

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

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

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan**

Not provided at time of registration

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			26/10/2022	No	Yes
HRA research summary			28/06/2023	No	No