ISRCTN75225940 https://doi.org/10.1186/ISRCTN75225940

An open label, randomised multicentre comparative trial of five years adjuvant exemestane treatment versus adjuvant tamoxifen followed by exemestane in postmenopausal women with early breast cancer

Submission date	Recruitment status	[X] Prospectively registered
01/07/2001	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
01/07/2001	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
29/04/2019	Cancer	

Plain English summary of protocol

Background and study aims
Doctors often use hormone therapy to treat early breast cancer in postmenopausal women. Tamoxifen is a type of hormone therapy. We knew from research that taking tamoxifen for 5 years lowered the risk of breast cancer coming back. We also knew that other types of hormone therapy may also reduce the risk of breast cancer coming back. In this study we are looking at a drug called exemestane. We are comparing tamoxifen and exemestane as treatment for breast cancer in women who have been through the menopause. The aim of the trial is to find out if taking exemestane for 5 years is better than taking tamoxifen for 2-3 years before switching to exemestane.

Who can participate?
Women with breast cancer who have been through the menopause.

What does the study involve?
Patients will be randomly allocated to either have exemestane for 5 years, or tamoxifen for 2.5 years followed by exemestane for 2.5 years. Patients will attend follow-up clinics regularly for the duration of the study.

What are the possible benefits and risks of participating?
Tamoxifen is a drug taken orally once a day, which prevents the natural hormone oestrogen from encouraging breast cancer cells to grow by blocking the effects of oestrogen in cells. When taken after surgery for breast cancer we know that it reduces the risk of a breast cancer recurrence. Breast cancer recurrence can happen near the original cancer (local relapse) or at distant sites such as bones or liver (distant relapse). Tamoxifen reduces the risk of this

happening. We know that tamoxifen should be taken for at least 5 years to gain maximum benefit. Tamoxifen is a very valuable treatment and is saving many lives when used after breast cancer surgery. Tamoxifen given for 5 years after surgery remains an appropriate treatment for many women with oestrogen receptor-positive breast cancer and is an effective way to reduce, but not eliminate, the risk of recurrence. Tamoxifen can cause a very long list of side effects but the most common side effects are menopausal-type hot flushes. Tamoxifen also helps maintain bone strength. Although some women experience vaginal discharge or even vaginal bleeding, this is uncommon and you should always tell your doctor if this happens. Tamoxifen increases the risk of developing cancer of the womb lining (endometrial cancer). Tamoxifen also increases the risk of blood clots in the legs (deep vein thrombosis) and blood clots on the lung (pulmonary embolus). These increased risks are very small and are greatly outweighed by the benefits of taking tamoxifen.
Exemestane is a new drug that until very recently has been used only for the treatment of breast cancer after tamoxifen has stopped working in patients with relapsed or advanced breast cancer. New trial information now shows that if we introduce exemestane after 2 or 3 years of tamoxifen this reduces the risk of breast cancer recurrence. We do not yet know about the long-term effects of this combination on chances of survival but since the treatment reduces the risk of breast cancer recurrence by about a third many doctors now think this sequential treatment is the right treatment for some patients with early breast cancer. Exemestane has now been compared to tamoxifen as treatment for advanced breast cancer and is slightly more effective than tamoxifen. We now want to study how well exemestane works when given as an adjuvant therapy immediately after surgery rather than after a period of time on tamoxifen. Exemestane works by preventing the formation of oestrogen. It only works in women who have gone through the change and are no longer having menstrual periods (postmenopausal women). Exemestane is taken orally, once per day. Exemestane also has a long list of possible side effects including hot flushes, nausea and fatigue. For most people these side effects are mild. We do not know if exemestane is a better hormone treatment to use after surgery and the TEAM study is designed to find out if exemestane is better than tamoxifen or not.

Where is the study run from?
The study is run by the Cancer Research UK Clinical Trial Unit (CRCTU) at the University of Birmingham (UK).

When is the study starting and how long is it expected to run for?
The study started recruitment in 2001 and finished recruitment in 2005.

Who is funding the study?
Funding has been provided by Pfizer through an educational grant.

Who is the main contact?
Claire Gaunt
team@trials.bham.ac.uk

Contact information

Type(s)
Scientific

Contact name
Ms Claire Gaunt

Contact details
Cancer Research UK Clinical Trials Unit
University of Birmingham
Birmingham
United Kingdom
B15 2TT
+44(0) 121 414 3797
team@trials.bham.ac.uk

Additional identifiers

EudraCT/CTIS number
2004-002080-24

IRAS number

ClinicalTrials.gov number
NCT00032136

Secondary identifying numbers
N/A

Study information

Scientific Title
An open label, randomised multicentre comparative trial of five years adjuvant exemestane treatment versus adjuvant tamoxifen followed by exemestane in postmenopausal women with early breast cancer

Acronym
TEAM - Tamoxifen and Exemestane Adjuvant Multicentre trial

Study objectives
To compare the efficacy and tolerability of exemestane versus tamoxifen followed by exemestane given in the adjuvant setting in postmenopausal women with Estrogen Receptor (ER) and/or Progesterone Receptor (PgR)-positive early breast cancer.

Ethics approval required
Old ethics approval format

Ethics approval(s)
West Midlands Multi-centre Research Ethics Committee, 31/07/2001, REC ref: MREC/01/7/26

Study design
Randomised controlled trial

Primary study design
Interventional

Secondary study design

Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet

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

Interventions
1. Tamoxifen 20 mg/day for 2.5-3 years then Exemestane 25 mg/day to complete five years
2. Exemestane 25 mg/day for five years

Intervention Type
Other

Phase
Not Specified

Primary outcome measure
Relapse Free Survival (RFS)

Secondary outcome measures
1. Overall Survival (OS)
2. Incidence of contralateral breast cancer
3. Safety and long-term tolerability of both hormonal regimens

Overall study start date
01/12/2001

Completion date
27/04/2018

Eligibility

Key inclusion criteria
1. Women with histologically/cytologically confirmed early adenocarcinoma of the breast, completely excised by surgery with curative intent (Ro) including:
1.1. Any node-positive cancer
1.2. Any cancer greater than or equal to 3 cm
1.3. Node negative cancer, grade II or III and 1 cm or greater
2. ER and/or PgR status positive
3. Postmenopausal
4. Patients on Hormone Replacement Therapy (HRT) which was discontinued at least four weeks prior to randomisation
5. Adequate haematological, renal and hepatic function

6. Accessible for follow-up for the duration of the trial
7. Eastern Cooperative Oncology Group (ECOG) performance status zero, one or two
8. Written informed consent (according to International Conference on Harmonisation [ICH] /Good Clinical Practice [GCP] and local Institutional Review Board [IRB] guidelines)
9. Randomisation within ten weeks of completing surgery +/- adjuvant chemotherapy

Participant type(s)
Patient

Age group
Adult

Sex
Female

Target number of participants
1275 in UK and Ireland

Key exclusion criteria
1. Positive supraclavicular nodes
2. Evidence of distant metastases (M1)
3. Patients whose chemotherapy was started more than ten weeks after completion of primary surgery
4. Patients who have received previous hormonal treatment as adjuvant treatment for breast cancer
5. Patients who have received neoadjuvant chemotherapy
6. Neoadjuvant hormone therapy more than four weeks duration prior to surgery
7. Severe osteoporosis (bisphosphonates for therapeutic use is not an exclusion criterion)
8. Uncontrolled cardiac disease including unstable angina, Congestive Heart Failure (CHF) or arrhythmia requiring medical therapy or with a history of myocardial infarction within the past 3 months or any other serious concomitant disease
9. Psychiatric disorders preventing proper informed consent
10. Concomitant malignancies except for adequately treated carcinoma in situ of the uterine cervix or basal cell carcinoma of the skin
11. Patients with other malignancies must be disease free for at least five years
12. Concurrent participation in another clinical study (with the exception of adjuvant cytotoxic chemotherapy trials) involving investigational agents that may interfere with the results of the trial
13. Other serious illnesses that may interfere with subject compliance, adequate informed consent or determination of causality of adverse events
14. Patients on HRT, which was not discontinued at least four weeks prior to randomisation
15. Node-negative, grade I cancer less than 3 cm

Date of first enrolment
01/12/2001

Date of final enrolment
07/10/2005

Locations

Countries of recruitment
England

Ireland

United Kingdom

Study participating centre
Cancer Research UK Clinical Trials Unit
Birmingham
United Kingdom
B15 2TT

Sponsor information

Organisation
The University of Birmingham (UK)

Sponsor details
Edgbaston
Birmingham
England
United Kingdom
B15 2TT

Sponsor type
University/education

ROR
https://ror.org/03angcq70

Funder(s)

Funder type
Industry

Funder Name
Educational grant from Pfizer

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?
Results article	results	22/01/2011		Yes	No