

# A phase II randomised study of chemo-anticoagulation (Gemcitabine-Dalteparin) vs Chemotherapy alone (Gemcitabine) for locally advanced and metastatic pancreatic adenocarcinoma

<b>Submission date</b> 12/09/2003	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 12/09/2003	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 04/10/2012	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-trial-of-chemotherapy-with-or-without-dalteparin-for-advanced-pancreatic-cancer>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### ClinicalTrials.gov (NCT)

NCT00462852

**Protocol serial number**

N0084122253

## Study information

**Scientific Title**

### Study objectives

To assess the reduction in incidence of venous thrombo-embolism by immediate therapeutic anti-coagulation.

As of 06/08/09 this record has been extensively updated. All updates can be found under the relevant field with the above update date.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at time of registration

### Study design

Multicentre randomised controlled trial

### Primary study design

Interventional

### Study type(s)

Treatment

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

Pancreatic cancer

### Interventions

Current information as of 06/08/09:

Patients are stratified according to disease progression (locally advanced vs metastatic) and Karnofsky performance status ( $\geq 80\%$  vs  $< 80\%$ ), then randomised to 1 of 2 treatment arms:

Arm I: Patients receive gemcitabine hydrochloride IV over 30 minutes once weekly in weeks 1-7 and 9-11.

Arm II: Patients receive low molecular weight dalteparin subcutaneously once daily in weeks 1-12. Patients also receive gemcitabine hydrochloride as in arm I. Blood samples are acquired at baseline for analysis of circulating tissue factor and vascular endothelial growth factor. After completion of study treatment, patients are followed periodically.

Initial information at time of registration:

Randomised controlled trial comparing (a) gemcitabine anticoagulation therapy versus (b) gemcitabine standard treatment.

### Intervention Type

Drug

**Phase**

Phase II

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

Gemcitabine-Dalteparin

**Primary outcome(s)**

Added 06/08/09:

Incidence of venous thromboembolism reduction

**Key secondary outcome(s))**

Added 06/08/09:

1. Early survival benefits
2. Toxicity
3. Overall survival
4. Time to disease progression
5. Effect of drug combination on serological markers of thromboangiogenesis

**Completion date**

01/12/2006

**Eligibility****Key inclusion criteria**

Added 06/08/09:

1. Histologically or cytologically confirmed metastatic or locally advanced adenocarcinoma of the pancreas (Patients with clinical 'high probability' of pancreatic cancer and biopsy suggestive but not diagnostic of pancreatic cancer may be eligible based on review by the principal investigator)
2. Measurable or evaluable disease
3. Karnofsky performance status (PS) 60-100% OR WHO PS 0-2
4. Life expectancy > 12 weeks
5. Absolute neutrophil count > 2,000/mm<sup>3</sup>
6. WBC > 3,000/mm<sup>3</sup>
7. Platelet count > 100,000/mm<sup>3</sup>
8. Creatinine clearance > 50 mL/min
9. INR ≤ 1.5 times upper limit of normal (ULN)
10. Bilirubin < 1.5 times ULN (stent allowed)
11. Adequate contraceptive measures in place

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Not Specified

**Sex**

All

### **Key exclusion criteria**

Added 06/08/09:

1. Clinical evidence of active venous thromboembolism
2. Pregnant or lactating
3. Cerebrovascular incident within the last 6 months
4. Obvious contraindication to anticoagulation, including the following:
  - 4.1. Bleeding diathesis
  - 4.2. Active peptic ulcer
  - 4.3. Ulcerating cancer into duodenum
5. History of other advanced malignancy
6. Gross hematuria
7. Melaena or gross evidence of gastrointestinal bleeding (other than piles)
8. Requiring a central line
9. Prior concurrent therapy
10. Other significant medical or psychiatric illness that, in the opinion of the investigator, would preclude study participation

### **Date of first enrolment**

06/01/2003

### **Date of final enrolment**

01/12/2006

## **Locations**

### **Countries of recruitment**

United Kingdom

England

### **Study participating centre**

Department of Oncology

Hull

United Kingdom

HU8 9HE

## **Sponsor information**

### **Organisation**

Department of Health (UK)

## **Funder(s)**

**Funder type**

Industry

**Funder Name**

The North and South Bank Research and Development Consortium (UK) (NHS R&D Support Funding)

**Funder Name**

Pfizer Inc

## Results and Publications

**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="#">Results article</a>	results	01/07/2010		Yes	No
<a href="#">Results article</a>	results	01/06/2012		Yes	No