A randomised, placebo-controlled trial of Tarceva (OSI-774, erlotinib) in patients with advanced non-small cell lung cancer unsuitable for chemotherapy

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
19/01/2004		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
25/02/2004	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
19/10/2018	Cancer			

Plain English summary of protocol

http://cancerhelp.cancerresearchuk.org/trials/a-trial-looking-at-a-new-biological-therapy-for-advanced-non-small-cell-lung-cancer

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

2004-000729-31

IRAS number

ClinicalTrials.gov number

NCT00275132

Secondary identifying numbers

N/A

Study information

Scientific Title

A randomised, placebo-controlled trial of Tarceva (OSI-774, erlotinib) in patients with advanced non-small cell lung cancer unsuitable for chemotherapy

Acronym

TOPICAL

Study objectives

Erlotinib may stop the growth of tumour cells by blocking some of the enzymes needed for cell growth. It is not yet known whether erlotinib is more effective than a placebo in treating non-small cell lung cancer (NSCLC).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Multicentre Research Ethics Committee (MREC), 04/05/2004, ref: 04/6/032

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

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Non-small cell lung cancer (NSCLC)

Interventions

Patients are randomised to one of two treatment arms with 1:1 randomisation:

Arm 1: Tarceva (OSI-774, erlotinib) PO (by mouth) 150 mg daily up to 24 months.

Arm 2: Matched placebo PO daily up to 24 months

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

Erlotinib

Primary outcome measure

To compare the effect on survival of Tarceva compared to placebo in patients with advanced NSCLC not suitable for chemotherapy.

Secondary outcome measures

- 1. Progression free survival
- 2. Toxicity
- 3. Response rate
- 4. Quality of life
- 5. Cost-effectiveness

Overall study start date

01/04/2005

Completion date

31/01/2008

Eligibility

Key inclusion criteria

- 1. Diagnosis within 62 days prior to randomisation (this criteria was added on the 12th June 2007)
- 2. Histologically or cytologically confirmed NSCLC
- 3. Advanced disease NSCLC (stage IIIb or IV)
- 4. Chemotherapy-naive patients
- 5. Patients considered unsuitable for chemotherapy, for example:*
- 5.1. Eastern Cooperative Oncology Group (ECOG) performance status two or three
- 5.2. ECOG performance status zero or one with a calculated creatinine clearance less than or equal to 60 ml/min (Cockroft formula)
- 6. Aged 18 years or over
- 7. Estimated life expectancy of at least 8 weeks
- 8. Able to take oral medication
- 9. Using effective contraception if of reproductive potential (women of child bearing potential must have a negative pregnancy test performed by a healthcare professional prior to

randomisation)

- 10. Willing and able to give informed consent
- 11. Willing to participate in the biological study
- * examples given do not imply that all such patients are unsuitable for chemotherapy patients should be considered individually

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

664

Kev exclusion criteria

- 1. Previous treatment with any biological anti-cancer therapy (e.g. Iressa, thalidomide, cetuximab)
- 2. Prior chemotherapy
- 3. Prior palliative radiotherapy (except to bone metastases, within the last 2 weeks)
- 4. Pregnant or lactating women
- 5. Evidence of other significant laboratory finding or concurrent uncontrolled medical illness which in the opinion of the investigator would interfere with protocol treatment or results comparison or render the subject at high risk from treatment complications. Examples include:
- 5.1. Severe uncontrolled infection
- 5.2. Cardiovascular: unstable angina, myocardial infarction within 1 month
- 5.3. Gastro-intestinal: uncontrolled inflammatory bowel disease (e.g. Crohn's or ulcerative colitis)
- 5.4. Hepatic:
- 5.4.1. Serum bilirubin more than or equal to 2 x Upper Limit of Normal (ULN)
- 5.4.2. Serum transaminases more than or equal to 2×100 more than or equal to 5×100 with liver metastases
- 5.5. Renal:
- 5.5.1. Acute renal failure
- 5.5.2. Serum creatinine more than or equal to 5×10^{-5}
- 6. Other previous or current malignant disease likely to interfere with protocol treatment or comparisons
- 7. Symptomatic brain metastases
- 8. Current treatment with Cox II inhibitor

Date of first enrolment

01/04/2005

Date of final enrolment

31/01/2008

Locations

Countries of recruitment

England

United Kingdom

Study participating centre Middlesex and UCL Hospitals London United Kingdom W1N 8AA

Sponsor information

Organisation

University College London (UK)

Sponsor details

Gower Street London England United Kingdom WC1E 6BT

Sponsor type

University/education

ROR

https://ror.org/02jx3x895

Funder(s)

Funder type

Charity

Funder Name

Cancer Research UK (CRUK) (UK) (ref: C1438/A4147)

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

London Lung Cancer Group (UK) (Charity no. 1074994)

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
Results article	results	01/11/2012		Yes	No
Results article	cost-effectiveness results	02/07/2015		Yes	No