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

Recruitment status No longer recruiting	[X] Prospectively registered		
	☐ Protocol		
Overall study status Completed	Statistical analysis plan		
	[X] Results		
Condition category	Individual participant data		
	No longer recruiting  Overall study status  Completed		

#### 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

#### Key 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  $2 \times 100$  more than or equal to  $5 \times 100$  with liver metastases
- 5.5. Renal:
- 5.5.1. Acute renal failure
- 5.5.2. Serum creatinine more than or equal to  $5 \times 10^{-5}$
- 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, Cancer Research UK (CRUK), 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

## **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