Radiotherapy with scanning beam protons for locally advanced prostate cancer or localised prostate cancer with risk factors

Submission date	Recruitment status	[X] Prospectively registered
10/08/2009	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
08/10/2009	Completed	Results
Last Edited	Condition category	[] Individual participant data
24/07/2020	Cancer	Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Prof Martin Stuschke

Contact details

Klinik und Poliklinik für Strahlentherapie Medizinische Fakultät Universität Duisburg-Essen Hufelandstrasse 55 Essen Germany 45122

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

WPE 08-12

Study information

Scientific Title

Radiotherapy with scanning beam protons for locally advanced prostate cancer or localised prostate cancer with risk factors: a phase II non-randomised prospective study

Acronym

РгоРго

Study objectives

Intensity modulated proton radiotherapy using small size pencil scanning beam is able to deliver highly conformal dose distributions to large target volumes with low integral doses to surrounding tissues. It is the aim of this study to characterise toxicity and effectiveness of this method given at total doses in the upper standard range and with conventional fractionation to target volumes including the prostate, the seminal vesicles, and if the patient denies laparoscopic lymph node sampling, to the pelvic lymph nodes at risk.

As of 12/10/2009, this record has been updated to include extended anticipated start and end dates to this trial due to a delayed start of the clinical treatments at the proton facility. The initial anticipated start and end dates of this trial were as follows:

Initial anticipated start date: 01/10/2009 initial anticipated end date: 01/10/2014

Ethics approval required

Old ethics approval format

Ethics approval(s)

Local medical ethics committee (Ethik-Kommision of Universitätsklinikum Essen) approved on the 12th May 2009 and the 1st July 2009 (ref: 09-4006)

Study design

Non-randomised prospective phase II study

Primary study design

Interventional

Secondary study design

Non randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details found in the interventions section to request a patient information sheet (German only)

Health condition(s) or problem(s) studied

Prostate cancer

Interventions

The patients are separated in different treatment groups according to their pre-registration staging. According to these groups the planning target volumes (PTVs) 1 - 3 will be contoured and treated. There are two ways of proton therapy. Patients who accepted staging lymphadenectomy will receive local treatment of prostate (see treatment group A) and those who refused staging lymphadenectomy will receive loco-regional radiotherapy of the prostate and regional lymph nodes (see treatment group B).

Treatment Group A:

Registered patients, who received a staging lymphadenectomy, are treated in treatment group Λ

Prostate: 78 Gy 1.1/39 fractions

Seminal vesicles: 60 Gy 1.1/30 fractions

ADT performed

Treatment Group B:

All patients registered who did not accept the recommended staging lymphadenectomy and who do not refuse androgen deprivation therapy are treated in treatment group B.

Prostate: 78 Gy 1.1/39 fractions

Seminal vesicles: 60 Gy 1.1/30fractions Regional nodes: 50 Gy 1.1/25 fractions

ADT performed

Treatment Group C:

Patients registered who refuse androgen deprivation or who did not have staging laparoscopy and refuse pelvic node irradiation will be irradiated according to treatment group A. Androgen deprivation is strongly recommended but not mandatory to be treated.

Contact details for patient information sheet:

Dr Dirk Geismar Westdeutsches Protonentherapiezentrum Essen (WPE) Hufelandstr. 55 45147 Essen Germany

Email: dirk.geismar@uk-essen.de

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Incidence of severe late GU and GI toxicity defined as grade 3 - 5 GU and GI complications according to Common Terminology Criteria for Adverse Events version 3.0 (CTCAE v3.0) appearing or persisting greater than 120 days after treatment start at 24 months after treatment start (late treatment-related adverse events).

Secondary outcome measures

- 1. Rate of biochemical failure
- 2. Overall survival
- 3. Disease specific survival
- 4. Rate of clinical progressions and time to clinical progression local/regional and distant relapse
- 5. Acute toxicity (GU/GI) greater than or equal to grade 3 (CTC 3.0)
- 6. Rate of acute grade 2 toxicity (GU/GI) (CTC 3.0)
- 7. Rate of late grade greater than or equal to 2 GU and GI toxicity

Measured 24 months after treatment start. Acute toxicity is measured until 120 days after treatment start. A follow-up of 2 years after treatment start is required, however, a long term follow-up is recommended. Thus, rate of biochemical failure, overall survival, disease specific survival and rate of late toxicity will possibly be evaluated after 5 years and longer.

Overall study start date

01/04/2010

Completion date

01/04/2015

Eligibility

Key inclusion criteria

- 1. Histologically confirmed prostate cancer with one of the following combinations:
- 1.1. T3-T4 or Gleason greater than or equal to 8 or prostate specific antigen (PSA) greater than 20 and less than 50 ng/ml
- 1.2. T1c-T2a and Gleason 7 and PSA greater than 10 and less than or equal to 20 ng/ml
- 1.3. T2b-T2c and Gleason 7 or PSA greater than 10 and less than or equal to 20 ng/ml
- 2. Performance status World Health Organization (WHO) less than or equal to 2
- 3. No evidence of distant metastases. Minimum work-up: a negative bone scan and an actual PSA-value within 2 months prior to registration are required.
- 4. Negative regional lymph nodes as established by staging lymphadenectomy. For patients denying staging lymphadenectomy, an actual computed tomography (CT) or magnetic resonance imaging (MRI) scan has to be negative for lymph node metastases.
- 5. Men of child-producing potential must be willing to consent to use effective contraception
- 6. Aged greater than or equal to 18 years
- 7. Patients must give study specific informed consent

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Male

Target number of participants

Key exclusion criteria

- 1. PSA greater than or equal to 50 ng/ml
- 2. Evidence of distant metastases
- 3. Pathological proven positive lymph nodes or regional lymph nodes greater than 1.0 cm in the smallest diameter on imaging studies
- 4. Prior radical prostatectomy or cryosurgery for prostate cancer
- 5. History of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- 6. Prior pelvic radiotherapy or brachytherapy
- 7. Prior systemic chemotherapy for the study cancer
- 8. Current or continuing anti-coagulation with Coumadin or equivalent
- 9. Transurethral resection of the prostate or urethrotomia less than 6 months before radiotherapy
- 10. Prior radical prostatectomy, cryosurgery for prostate cancer, or bilateral orchiectomy for any cancer
- 11. Prior invasive malignancy (except non-melanomatous skin cancer) unless disease free for a minimum of 3 years
- 12. Severe, active co-morbidity, defined as follows:
- 12.1. Acute bacterial or fungal infection requiring intravenous antibiotics at the time of registration
- 12.2. Acquired immune deficiency syndrome (AIDS) based upon current Centers for Disease Control and Prevention (CDC) definition; note, however, that human immunodeficiency virus (HIV) testing is not required for entry into this protocol
- 12.3. Hip implants
- 12.4. Major medical or psychiatric condition which in the investigators opinion will prevent completion of the treatment and interfere with follow-up
- 12.5. Pre-existing of those gastrointestinal (GI) or genitourinary (GU) symptoms of Grade greater than 1 on the Common Toxicity Criteria (CTC) late effect scale, that are considered for the primary end point

Date of first enrolment

01/04/2010

Date of final enrolment

01/04/2015

Locations

Countries of recruitment

Germany

Study participating centre Klinik und Poliklinik für Strahlentherapie

Essen Germany 45122

Sponsor information

Organisation

University Hospital Essen (Universitatsklinikum Essen) (Germany)

Sponsor details

Hufelandstraße 55 Essen Germany 45147

Sponsor type

Hospital/treatment centre

Website

http://www.uniklinikum-essen.de/

ROR

https://ror.org/02na8dn90

Funder(s)

Funder type

Research organisation

Funder Name

West German Proton Therapy Centre Essen (Westdeutsches Protonentherapiezentrum Essen [WPE]) gGmbH (Germany)

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