# A randomised trial assessing the role of two new agents in the management of advanced colorectal cancer

Submission date Recruitment status [X] Prospectively registered 06/04/2000 No longer recruiting [ ] Protocol Statistical analysis plan Registration date Overall study status 06/04/2000 Completed [X] Results [ ] Individual participant data Last Edited Condition category 15/10/2018 Cancer

Plain English summary of protocol

Not provided at time of registration

## Contact information

Type(s)

Scientific

Contact name

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# Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number NCT00008060

Secondary identifying numbers

# Study information

#### Scientific Title

A randomised trial assessing the role of two new agents in the management of advanced colorectal cancer

#### **Acronym**

MRC FOCUS (Fluorouracil, Oxaliplatin, CPT-11, Use and Sequencing)

#### **Study objectives**

- 1. The principal objective is to determine whether there is an advantage for patients for the use of combination chemotherapy for colorectal cancer compared with the standard approach of sequential single-agent therapies.
- 2. In addition the trial will determine whether combination therapy is best used in first-line management of advanced disease, or reserved for second-line treatment following standard first-line single-agent modified de Gramont (MdG).
- 3. Finally, the trial will compare the efficacy and toxicity of an irinotecan-containing combination versus the equivalent oxaliplatin-containing combination.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Added 17/07/2007: Northern and Yorkshire Medical Research Ethics Committee, approval given on 12/11/1999.

#### Study design

Randomised controlled trial

#### Primary study design

Interventional

#### Secondary study design

Randomised controlled trial

#### Study setting(s)

Not specified

#### Study type(s)

Treatment

#### Participant information sheet

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

Colorectal cancer

#### **Interventions**

This is a five-arm trial in which patients will be randomly allocated to one of five 'treatment plans'. These plans comprise first-line and, in some cases, a second-line chemotherapy treatment plan. The five plans are:

Plan A: First-line Modified de Gramont (MdG) regimen. In the event of radiological or clinical disease progression, MdG will be stopped, and, if appropriate, patients will receive second-line therapy with single-agent irinotecan.

Plan B: First-line MdG. In the event of radiological or clinical progression patients will, if appropriate, receive second-line therapy with MdG-plus-Irinotecan (IrMdG).

Plan C: First-line treatment with IrMdG.

Plan D: First-line MdG. In the event of radiological or clinical progression patients will, if appropriate, receive second-line therapy with MdG-plus-Oxaliplatin (OxMdG).

Plan E: First-line treatment with OxMdG.

The chemotherapy schedules employed in the plans are as follows: MdG: l-folinic acid 175 mg iv infusion over two hours 5-fluorouracil 400 mg/m^2 intravenous bolus over five minutes 5-fluorouracil 2800 mg/m^2 intravenous infusion over 46 hours Cycle repeat: 14 days

Irinotecan (single agent):

Irinotecan 300-350 mg/m^2 intravenous infusion over 30 minutes

Cycle repeat: 21 days

IrMdG: Irinotecan 180 mg/m^2 intravenous infusion over 30 minutes l-folinic acid 175 mg/m^2 intravenous infusion over two hours 5-fluorouracil 400 mg/m^2 intravenous bolus over five minutes 5-fluorouracil 2400 mg/m^2 intravenous infusion over 46 hours Cycle repeat: 14 days

OxMdG:Oxaliplatin 80 mg/m^2 intravenous infusion over two hours concurrent with l-folinic acid 175 mg intravenous infusion over two hours 5-fluorouracil 400 mg/m^2 intravenous bolus over five minutes 5-fluorouracil 2400 mg/m^2 intravenous infusion over 46 hours Cycle repeat: 14 days

In every case, chemotherapy schedules are continued for at least 24 weeks unless disease progression or unacceptable toxicity occurs. Dose reductions or delays for toxicity are defined in the full protocol.

#### Intervention Type

Drug

#### Phase

**Not Specified** 

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

Fluorouracil, Oxaliplatin, CPT-11

#### Primary outcome measure

Survival from randomisation

#### Secondary outcome measures

- 1. Time to failure of first-line treatment
- 2. Time to failure of protocol treatment plan
- 3. Objective response rate
- 4. Patient assessment of quality of life and acceptability of treatment, health economics

#### Overall study start date

12/05/2000

#### Completion date

31/12/2003

# Eligibility

#### Key inclusion criteria

- 1. Histologically confirmed adenocarcinoma of the colon or rectum
- 2. Inoperable disease (either locally advanced, recurrent or metastatic and not suitable for curative surgery or radiotherapy)
- 3. Measurable or evaluable disease
- 4. World Health Organization (WHO) performance status zero to two
- 5. Fit, able and willing to undergo any of the possible trial treatments and to comply with the quality of life questionnaires

#### Participant type(s)

**Patient** 

#### Age group

Not Specified

#### Sex

**Not Specified** 

#### Target number of participants

700 in arm one and 350 each in other arms.

#### Key exclusion criteria

- 1. White Blood Cells (WBC) less than 4 x 10^9/l
- 2. Platelets less than  $150 \times 10^9/l$
- 3. Bilirubin more than 1.25 x Upper Limit of Normal (ULN)
- 4. Alkaline phosphatase more than 3 x ULN
- 5. Aspartate aminotransferase (AST) or Alanine aminotransferase (ALT) more than 3 x ULN
- 6. Renal impairment (calculated Creatinine Clearance [CrCl] less than 60 ml/min, or measured Glomerular Filtration Rate [GFR] below normal range)
- 7. Serious uncontrolled medical co-morbidity

#### Date of first enrolment

# Date of final enrolment 31/12/2003

# Locations

#### Countries of recruitment

England

**United Kingdom** 

Study participating centre MRC Clinical Trials Unit London United Kingdom NW1 2DA

# Sponsor information

#### Organisation

Medical Research Council (MRC) Clinical Trials Unit (UK)

#### Sponsor details

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#### Sponsor type

Research council

#### Website

http://www.ctu.mrc.ac.uk/

#### **ROR**

https://ror.org/03x94j517

# Funder(s)

#### Funder type

#### Research council

#### **Funder Name**

Medical Research Council (MRC) (UK)

#### Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

#### **Funding Body Type**

Government organisation

#### **Funding Body Subtype**

National government

#### Location

**United Kingdom** 

# **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	14/07 /2007		Yes	No
Results article	results	01/06 /2008		Yes	No
Results article	results on the association of molecular markers with toxicity outcomes	20/11 /2009		Yes	No
Results article	results on the effect of KRAS and BRAF mutations on efficacy of treatment agents	10/12 /2009		Yes	No