

A prospective randomised trial comparing temozolomide with standard nitrosourea-based chemotherapy (PCV [procarbazine, CCNU, vincristine]/BCNU [bis-chloronitrosourea]) in the treatment of recurrent WHO astrocytic tumours grades III and IV (anaplastic astrocytoma and glioblastoma multiforme)

Submission date 21/09/2000	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 21/09/2000	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 05/10/2018	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-trial-looking-at-temozolomide-and-pcv-for-people-with-glioma-that-has-come-back-after-treatment>

Study website

<http://www.ctu.mrc.ac.uk/studies/BR12.asp>

Contact information

Type(s)

Scientific

Contact name

Miss Sally Stenning

Contact details

MRC Clinical Trials Unit
222 Euston Road
London
United Kingdom

NW1 2DA

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br12@ctu.mrc.ac.uk

Additional identifiers

EudraCT/CTIS number

2005-004622-24

IRAS number

ClinicalTrials.gov number

NCT00052455

Secondary identifying numbers

E164/47

Study information

Scientific Title

A prospective randomised trial comparing temozolomide with standard nitrosourea-based chemotherapy (PCV [procarbazine, CCNU, vincristine]/BCNU [bis-chloronitrosourea]) in the treatment of recurrent WHO astrocytic tumours grades III and IV (anaplastic astrocytoma and glioblastoma multiforme)

Acronym

BR12

Study objectives

BR12 is a randomised trial which compares standard PCV chemotherapy with two temozolomide schedules in patients with histologically confirmed recurrent World Health Organisation (WHO) Grade III or IV astrocytic tumour who have had primary radiotherapy (but no prior chemotherapy).

More details can be found at: http://www.ctu.mrc.ac.uk/research_areas/study_details.aspx?s=7

Ethics approval required

Old ethics approval format

Ethics approval(s)

No ethics information required at time of registration.

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**

Astrocytic tumours (anaplastic astrocytoma and glioblastoma multiforme)

Interventions

1. Temozolomide according to one of two schedules:
 - a. Temozolomide, 200 mg/m² orally (po) days one to five
 - b. Temozolomide, 100 mg/m² po days one to 21
2. PCV chemotherapy (CCNU 100 mg/m² po day one, Procarbazine 100 mg/m² po days one to ten, Vincristine 1.5 mg/m² (max 2 mg) intravenous (iv) day one)

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Procarbazine, CCNU, vincristine, bis-chloronitrosourea, temozolomide

Primary outcome measure

The primary objective of the trial is to evaluate, in a group of patients representative of those who are considered for chemotherapy outside of trials, the potential benefit of temozolomide compared to PCV with respect to survival in patients with recurrent malignant glioma.

Secondary outcome measures

In addition, the treatments will be compared with respect to the following secondary outcome measures: survival free from progression (confirmed radiologically), and health-related quality of life. A further objective is to evaluate the comparative efficacy (progression-free survival) and toxicity of the two different temozolomide schedules.

Overall study start date

03/01/2003

Completion date

01/01/2008

Eligibility**Key inclusion criteria**

1. Patients with histologically verified anaplastic astrocytoma, glioblastoma multiforme or gliosarcoma (WHO grade III/IV at diagnosis or relapse) who have undergone primary treatment

which must include radiotherapy

2. Evidence of first progression confirmed by imaging (Computed Tomography [CT] or Magnetic Resonance Imaging [MRI])

3. Evaluable enhancing recurrent tumour on contrast enhanced MRI/CT scan (within 14 days prior to start of treatment)

4. Life expectancy more than or equal to one month (based on age, performance status)

5. Considered fit for chemotherapy

6. More than or equal to two months from completion of radiotherapy

7. No previous chemotherapy, radiosurgery or interstitial radiotherapy (brachytherapy) for glioma; debulking surgery on relapse is permissible

8. Adequate hepatic, renal and haematological function (within 14 days prior to entry). Absolute Neutrophil Count (ANC) more than or equal to $1500/\text{mm}^3$; platelet count more than or equal to $100,000/\text{mm}^3$; Blood Urea Nitrogen (BUN) and serum creatinine less than 1.5 x Upper Limit of local laboratory Normal range (ULN); Total and direct serum bilirubin less than 1.5 x ULN; Serum Glutamic-Oxaloacetic Transaminase (SGOT) or Serum Glutamic Pyruvic Transaminase (SGPT) less than 3 x ULN; Alkaline phosphatase less than 2 x ULN

9. Written informed consent given

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

500

Key exclusion criteria

Age less than 18 years

WHO performance status grade 4

Previous recurrence

Pregnancy, breast feeding, patient or partner not using adequate contraception

Concomitant serious illness

Patients diagnosed with Oligodendroglioma

Date of first enrolment

03/01/2003

Date of final enrolment

01/01/2008

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) (UK)

Sponsor details

20 Park Crescent
London
United Kingdom
W1B 1AL
+44 (0)20 7636 5422
clinical.trial@headoffice.mrc.ac.uk

Sponsor type

Research council

Website

<http://www.mrc.ac.uk>

Funder(s)

Funder type

Research council

Funder Name

Medical Research Council (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	20/10/2010		Yes	No