

# Molecular profiling of post-menopausal women with breast cancer on Neoadjuvant Endocrine Therapy with tamoxifen or exemestane

<b>Submission date</b> 12/12/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 26/01/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 27/05/2014	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

<http://www.cancerhelp.org.uk/trials/trials-search/trial-tamoxifen-exemestane-postmenopausal-women-breast-cancer-monet>

## Contact information

### Type(s)

Scientific

### Contact name

Dr Helena Earl

### Contact details

Lecturer and Honorary Consultant  
Department of Oncology  
Box 193, Oncology Canter  
Addenbrooke's Hospital  
Hills Road  
Cambridge  
United Kingdom  
CB2 2QQ  
+44 (0)1223 336800

## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

## Secondary identifying numbers

2

# Study information

## Scientific Title

## Acronym

MoNET

## Study objectives

Neoadjuvant (or primary) endocrine therapy is an ideal platform for predictive or prognostic marker discovery. Although neoadjuvant and adjuvant endocrine therapy are both well-established treatments, their molecular basis remains incompletely understood. There are no predictive or prognostic markers except oestrogen receptor status that can be used to tailor treatment. This study will use neoadjuvant setting as a basis to identify molecular markers of sensitivity and resistance.

On 22/02/2011 the anticipated end date for this trial was updated from 01/01/2010 to 01/05/2011.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Cambridge Local Research Ethics Committee, 21/05/2006

## Study design

Randomised phase II open-label translational study

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

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

Localised or locally advanced early breast cancer

## Interventions

Patients will be given 16 weeks of neoadjuvant endocrine therapy with tamoxifen (20 mg orally [PO]) or exemestane (25 mg PO) and would have tumour biopsies taken pre-treatment, at the midpoint and a sample taken at the end of treatment for molecular marker studies.

## **Intervention Type**

Drug

## **Phase**

Phase II

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

Tamoxifen, exemestane

## **Primary outcome measure**

Identify molecular markers that would predict the response or resistance to endocrine therapy with exemestane or tamoxifen.

## **Secondary outcome measures**

1. Clinical Response Rate (cRR)
2. Radiological Response Rate (rRR)
3. Changes in Ki67 counts in response to therapy
4. Clinical/radiological response among patients over-expressing Epidermal Growth Factor Receptor (EGFR)/Human Epidermal growth factor Receptor 2 (HER-2)
5. Serum levels of Vascular Endothelial Growth Factor Receptors (VEGF-R) and Vascular Endothelial Growth Factor (VEGF) before, during and after treatment
6. Serum circulatory HER-2 Extracellular Domain (ECD) and Circulating Endothelial Cells (CEC) changes during treatment
7. Vascular Endothelial Growth Factor A (VEGFA), Vascular Endothelial Growth Factor Receptor-1 (VEGFR-1) and Vascular Endothelial Growth Factor Receptor-2 (VEGFR-2) expression and correlation with clinical outcomes
8. Cadherin-11, transcription factor (Activating Protein1 [AP-1], Ets-2, cyclin D1)
9. Gene profiling to identify molecular markers of response or resistance

## **Overall study start date**

01/01/2007

## **Completion date**

01/05/2011

## **Eligibility**

### **Key inclusion criteria**

1. Women with histological diagnosis of primary invasive breast cancer on core biopsy
2. Not a candidate for chemotherapy
3. Localised or locally advanced breast cancer
4. Ultrasound size at least 2 cm:
  - a. unifocal tumour:
    - i. T2 or T3 tumours (radiological size more than 20 mm)
    - ii. T4 tumour of any size with direct extension to either chest wall or skin

iii. inflammatory carcinoma with tumour of any size

OR

b. other locally advanced disease:

i. clinical and radiological involvement of axillary lymph node (radiological diameter more than 20 mm) and primary breast tumour of any diameter

ii. where no primary breast tumour was found, the presence of breast cancer in a Lymph Node (LN) must be histopathologically confirmed by LN biopsy (Tru-cut or whole LN)

OR

c. multifocal tumour:

i. the sum of the tumour diameters must be more than 20 mm (radiological size more than 20 mm)

ii. patients with bilateral disease are eligible to enter the trial

iii. no previous treatment for breast cancer

5. Oestrogen Receptor (ER) positive (Allred score more than or equal to four)

6. Palpable and measurable disease in the breast or axilla

7. Post-menopausal defined by following criteria: cessation of menstrual periods for at least 1 year or bilateral surgical oophorectomy or Follicular Stimulating Hormone (FSH) and oestradiol in the post-menopausal range

8. At least 2 weeks since prior hormone replacement therapy or phyto-oestrogens herbal, alternative, or Over-The Counter (OTC) sex hormone remedies and not on concomitant hormonal therapy with these agents

9. Eastern Cooperative Oncology Group (ECOG) performance status zero, one or two

10. Randomisation and treatment within 4 weeks of biopsy

11. Patient must have adequate bone marrow, hepatic and renal function

12. Absence of any psychological, familial, sociological or geographical condition potentially hampering compliance with the study protocol and follow-up schedule; those conditions should be discussed with the patient before registration in the trial

13. Written consent for the trial

### **Participant type(s)**

Patient

### **Age group**

Not Specified

### **Sex**

Female

### **Target number of participants**

100

### **Key exclusion criteria**

1. Patient unfit to receive endocrine-based therapy

2. Previous history of cancer excluding basal cell carcinoma, cervical carcinoma in-situ, or ductal carcinoma in situ of the breast

3. Previous deep vein thrombosis or pulmonary embolism

### **Date of first enrolment**

01/01/2007

### **Date of final enrolment**

01/05/2011

## Locations

### Countries of recruitment

England

United Kingdom

### Study participating centre

#### Lecturer and Honorary Consultant

Cambridge

United Kingdom

CB2 2QQ

## Sponsor information

### Organisation

Cambridge University Hospitals NHS Trust (UK)

### Sponsor details

Addenbrooke's Hospital

Hills Road

Cambridge

England

United Kingdom

CB2 2QQ

### Sponsor type

Hospital/treatment centre

### ROR

<https://ror.org/04v54gj93>

## Funder(s)

### Funder type

Industry

### Funder Name

Cambridge University Hospitals NHS Foundation Trust (UK)

**Funder Name**

Pfizer Limited (UK)

## **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