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

Submission date 12/12/2006	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 26/01/2007	**Overall study status** Completed	
Last Edited 27/05/2014	**Condition category** Cancer	

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

Protocol serial number
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

Study type(s)
Treatment

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(s)

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

Key secondary outcome(s))
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

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

Healthy volunteers allowed
No

Age group
Not Specified

Sex
Female

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
United Kingdom

England

Study participating centre
Lecturer and Honorary Consultant
Cambridge
United Kingdom
CB2 2QQ

Sponsor information

Organisation
Cambridge University Hospitals NHS Trust (UK)

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

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration