# Oral bioavailability of docetaxel in combination with cyclosporin A and activity of the combination in advance breast cancer

| Submission date   | Recruitment status   | <ul><li>Prospectively registered</li></ul> |
|-------------------|----------------------|--|
| 25/08/2010        | No longer recruiting | Protocol                                   |
| Registration date | Overall study status | Statistical analysis plan                  |
| 10/11/2010        | Completed            | Results                                    |
| Last Edited       |                      | [] Individual participant data             |
| 10/11/2010        |                      | Record updated in last year                |
| Last Edited       | Condition category   | Individual participant data                |

# Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

#### Contact name

Prof Jan Schellens

#### Contact details

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# Additional identifiers

EudraCT/CTIS number

**IRAS** number

ClinicalTrials.gov number

Secondary identifying numbers N98ODO

# Study information

#### Scientific Title

Oral bioavailability of docetaxel in combination with cyclosporin A and activity of the combination in advance breast cancer: A randomised controlled trial

#### Acronym

N98ODO

#### **Study objectives**

- 1. The systemic exposure of docetaxel after oral administration of docetaxel in combination with cyclosporin A (CsA) is on average at least 50% of the systemic exposure after intravenous administration of the same dose-equivalent.
- 2. The combination of a single oral dose of docetaxel and CsA is well tolerated by the patients.
- 3. Oral docetaxel without CsA results in a low systemic exposure (<5% of a dose normalized i.v. administration)
- 4. Weekly oral docetaxel + CsA at a dose equivalent of 30-35mg/m2 i.v. is active in advanced anthracycline pre-treated breast cancer

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

The institutional review board (Protocol Toetsingscommissie [PTC]), Dutch Cancer Institute, Antonie von Leeuwenhoek Hospital (NKI-AVL) approved on 4th of November 1998 (ref: EV98330)

#### Study design

Randomised controlled proof of concept study

#### Primary study design

Interventional

## Secondary study design

Randomised controlled trial

#### Study setting(s)

Hospital

#### Study type(s)

Treatment

#### Participant information sheet

Not available in web format, please use contact details below to request a patient information sheet

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

Cancer, advanced breast cancer

#### **Interventions**

The study consist of two parts.

- 1. Part I is Proof of concept study. It consist of two groups of patients:
- 1.1. Group I is treated in the course 1 with a single oral dose of docetaxel with CsA and 3 weeks later course 2 and all subsequent courses (6 max) consist of a single agent docetaxel i.v., 3 weekly schedule
- 1.2. Group II is treated in the course 1 with a single oral dose of docetaxel (no CsA) and 3 weeks later course 2 and all subsequent courses (6 max) consist of a single agent docetaxel i.v., 3 weekly schedule
- 2. Part II Anti-tumour activity is given weekly oral docetaxel with CsA, (q week 8) to patients with measurable disease according to WHO criteria, after 1 prior anthracycline containing pretretment regimen for advanced disease.

Safety Assessments are performed during the baseline, every course/weekly and at the end of the treatment - medical history, physical examination, performance status WHO, Hb, Wbc+diff, platelets, chemistry, chest X-ray, tumour evaluation.

PK analyses are determined on the first 2 occasions of drug administration

Efficacy is estimated during the tumour evaluation (CT, X-rays and US) during the baseline and every second course according to WHO criteria.

In amendment 2 the mass balance part of the study has been added. Three evaluable patients who are enrolled in the part II study were asked to collect their urine and faeces up to 48 hours which will be further analyzed for docetaxel and metabolites using validated analytical assays.

#### **Intervention Type**

Drug

#### Phase

Phase I/II

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

Docetaxel, cyclosporin A (CsA)

#### Primary outcome measure

- 1. Safety Assessments are performed during the baseline, every course/weekly and at the end of the treatment
- 1.1. Medical history
- 1.2. Physical examination
- 1.3. Performance status WHO
- 1.4. Haemoglobin (Hb)
- 1.5. White blood count (WBC) differential platelets
- 1.6. Chemistry
- 1.7. Chest X-ray
- 1.8. Tumour evaluation
- 2. Pharmakinetic (PK) analyses are determined on the first 2 occasions of drug administration

#### Secondary outcome measures

- 1. Efficacy is estimated during the tumour evaluation (CT, X-rays and US) during the baseline and every second course according to WHO criteria.
- 2. In amendment 2 the mass balance part of the study has been added. Three evaluable patients who are enrolled in the part II study were asked to collect their urine and faeces up to 48 hours which will be further analyzed for docetaxel and metabolites using validated analytical assays.

#### Overall study start date

27/10/1998

#### Completion date

01/06/2001

# **Eligibility**

#### Key inclusion criteria

Patients must have:

- 1. Advanced breast cancer, measurable disease according to WHO criteria
- 2. Treatment with one anthracycline containing regimen, prior adjuvant chemotherapy is allowed
- 3. > 18 years
- 4. Life expectancy >3 months
- 5. No radiotherapy for at least 4 weeks prior to entry on study
- 6. WBC >  $3.0x10^9/l$ , platelets >  $100x10^9/l$
- 7. WHO performance status 0-2
- 8. Written informed consent
- 9. Previous hormonal therapy, immunotherapy, or local radiotherapy (without compromising the indicator lesions is allowed)
- 10. No history of other neoplasm, except curatively treated nonmelanoma skin cancer and curatively treated carcinoma in situ of the cervix

#### Participant type(s)

Patient

# Age group

Adult

## Lower age limit

18 Years

#### Sex

**Female** 

## Target number of participants

25

#### Key exclusion criteria

- 1. Concomitant use of MDR converting drugs, such as Ca+ entry blockers (verapamil, dihydropyridines), cyclosporine, quinidine, quinine, tamoxifen, megestrol
- 2. Uncontrolled infectious disease
- 3. Unresolved (> grade 1) toxicities of previous chemotherapy
- 4. Impaired renal function (serum creatinine > 160:mol/l, or clearance < 50ml/min)
- 5. Serum bilirubin > 20:mol/l
- 6. Serum albumin < 25g/l
- 7. Bowel obstruction or motility disorders that may influence the reabsorption of drugs
- 8. Use of H2-receptors antagonist or proton pump inhibitors
- 9. Childbearing or no adequate contraception
- 10. Neurologic disease that may render a patient at increased risk for peripheral or central

#### neurotoxicity

- 11. Symptomatic cerebral or leptomeningeal metastases
- 12. Unable to give written informed consent
- 13. Unwilling or unable to undergo blood sampling for pharmacokinetics
- 14. No prior taxane therapy

#### Date of first enrolment

27/10/1998

#### Date of final enrolment

01/06/2001

# Locations

#### Countries of recruitment

Netherlands

# Study participating centre

Plesmanlaan 121

Amsterdam Netherlands 1066CX

# Sponsor information

### Organisation

The Netherlands Cancer Institute/Antoni van Leeuwenhoek Hospital (NKI/AVL) (Netherlands)

## Sponsor details

Plesmanlaan 121 Amsterdam Netherlands 1066 CX j.slijkerman@nki.nl

## Sponsor type

Research organisation

#### **ROR**

https://ror.org/03xqtf034

# Funder(s)

## Funder type

Research organisation

#### Funder Name

The Netherlands Cancer Institute/ Antoni van Leeuwenhoek Hospital (NKI/ALH) (Netherlands)

# **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