

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

<b>Submission date</b> 25/08/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 10/11/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 10/11/2010	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
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/m<sup>2</sup> 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

## Study type(s)

Treatment

## 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 pretreatment 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(s)**

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. Pharmacokinetic (PK) analyses are determined on the first 2 occasions of drug administration

## **Key secondary outcome(s)**

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.

## **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 >  $3.0 \times 10^9/l$ , platelets >  $100 \times 10^9/l$

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

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

Female

**Key exclusion criteria**

1. Concomitant use of MDR converting drugs, such as Ca<sup>+</sup> - 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:μmol/l, or clearance < 50ml/min)
5. Serum bilirubin > 20:μmol/l
6. Serum albumin < 25g/l
7. Bowel obstruction or motility disorders that may influence the reabsorption of drugs
8. Use of H<sub>2</sub>-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**  
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1066CX

## **Sponsor information**

### **Organisation**

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

### **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**

### **Individual participant data (IPD) sharing plan**

### **IPD sharing plan summary**

Not provided at time of registration