

# A phase I/II randomised study of Tarceva® (erlotinib), used concurrently with thoracic radiation in patients with advanced non-small cell lung cancer

<b>Submission date</b> 13/10/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 16/01/2009	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 13/10/2017	<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**  
MAST1006

## Study information

**Scientific Title**

Tarceva® (erlotinib), used concurrently with thoracic radiation in patients with advanced non-small cell lung cancer: a phase I/II open-label randomised controlled trial

**Acronym**  
TACTICAL

**Study objectives**

To explore the use of concurrent radiotherapy and an oral tablet called erlotinib (an epidermal growth factor inhibitor) for the treatment of advanced non-small cell lung cancer and assess whether combination therapy improves response and overall survival compared to radiotherapy alone.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

West Midlands Research Ethics Committee, approval pending as of 13/10/2008, ref: 08/H1208/41

**Study design**

Phase I: Interventional open-label single-centre trial

Phase II: Open-label randomised controlled multi-centre trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Non-small cell lung cancer (NSCLC)

**Interventions**

Phase I: All 18 patients will receive erlotinib 150 mg orally (po) once daily. This will be combined with radiotherapy consisting of an initial radiation dose of 30 Gy/10 fractions (3 Gy, 5 days per week, 2 weeks) for the first 6 patients, with a view to dose escalation to 36 Gy/12 fractions with two further groups of 6 patients depending on observed dose limiting toxicity levels.

Phase II: Radiotherapy will be administered to all patients at the optimal dose determined in Phase 1 - either 30 Gy/10 fractions or 36 Gy/12 fractions. Half of patients will also receive erlotinib 150 mg po, once daily. Erlotinib and follow-up will continue after the radiotherapy until disease progression or the development of grade 3 or 4 toxicity despite dose reduction.

Follow-up: Each subject is followed for 12 weeks including pre-treatment and treatment visits, then monthly for 6 months if there is no progression and then annually until progression.

**Intervention Type**

Drug

**Phase**

Not Applicable

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

Erlotinib (Tarceva®)

**Primary outcome(s)**

Phase I: Evaluation of early safety and efficacy of erlotinib by determining the maximum tolerated dose in combination with external beam radiotherapy

Phase II: Evaluation of disease control rate at 6 months

**Key secondary outcome(s)**

1. Objective response rate, assessed by Response Evaluation Criteria in Solid Tumors (RECIST) at baseline, 6 weeks after radiotherapy treatment (Visit 9, Week 9) and 6 months.
2. Duration of response
3. Time to progression
4. Time to distant failure
5. Overall survival
6. Safety

**Completion date**

31/12/2010

**Eligibility****Key inclusion criteria**

Patients (both males and females) with non-small cell lung cancer (NSCLC) with:

1. Histologically or cytologically confirmed non-small cell lung cancer
2. Unresectable stage III or metastatic disease suitable for fractionated palliative radiotherapy
3. One dimensionally measurable disease
4. No prior radiotherapy for this cancer
5. Forced expiratory volume in 1 second (FEV1) >1
6. Performance status less or equal to 2
7. Adequate haematologic function
8. Serum creatinine concentration >1.5 x upper limit or normal (ULN) and /or EDTA clearance >60 ml/min
9. Bilirubin level <1.5 x ULN
10. Age 18-80 years
11. Females of child bearing potential must agree to comply with effective contraceptive measures

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

80 years

**Sex**

All

**Key exclusion criteria**

Patients with non-small cell lung cancer must not meet any of the following:

1. Previous radiotherapy for non-small cell lung cancer
2. Concurrent treatment with other experimental drugs
3. Past or current history of other neoplasms, except a) curatively treated non-melanoma skin cancer or b) adequately treated in-situ cancer of the cervix or c) other cancer curatively treated and with no evidence of disease for at least 5 years
4. Significant cardiac disease, clinical congestive cardiac failure, cardiac arrhythmia, uncontrolled hypertension or recent history of myocardial infarction/ischaemia
5. Serious intercurrent medical or psychiatric illness, including serious active infection
6. Pregnant or nursing women

**Date of first enrolment**

01/01/2009

**Date of final enrolment**

31/12/2010

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Hammersmith Hospital**

London

United Kingdom

W12 0HS

**Sponsor information****Organisation**

Imperial College Healthcare NHS Trust (UK)

**ROR**

<https://ror.org/056ffv270>

# Funder(s)

## Funder type

Industry

## Funder Name

Roche Products Limited (UK) (ref: MO21781)

# Results and Publications

## 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?
<a href="#">HRA research summary</a>			28/06/2023	No	No