ISRCTN93375053 https://doi.org/10.1186/ISRCTN93375053

Evaluating sorafenib in combination with transarterial chemoembolisation (TACE) in patients with unresectable hepatocellular carcinoma (HCC)

Submission date
18/06/2010

Recruitment status
No longer recruiting

Registration date
18/06/2010

Overall study status
Completed

Last Edited
26/10/2022

Condition category
Cancer

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-combining-two-treatments-for-cancer-liver-TACE-2

Study website
http://www.tace-2.bham.ac.uk

Contact information

Type(s)
Scientific

Contact name
Mrs Sonia Fox

Contact details
University of Birmingham
Edgbaston
Birmingham
United Kingdom
B15 2TT
-
TACE2@trials.bham.ac.uk

Additional identifiers

EudraCT/CTIS number
2008-005073-36

IRAS number

ClinicalTrials.gov number
NCT01324076

Secondary identifying numbers
5347

Study information

Scientific Title
TACE-2: a randomised placebo-controlled, double blinded, phase III trial evaluating sorafenib in combination with transarterial chemoembolisation (TACE) in patients with unresectable hepatocellular carcinoma (HCC)

Acronym
TACE-2

Study objectives
The aim of this study is to determine whether the addition of sorafenib to transarterial chemoembolisation (TACE) (performed according to a standardised protocol with doxorubicin eluting beads) is superior to TACE alone in the treatment of hepatocellular carcinoma (HCC).

Ethics approval required
Old ethics approval format

Ethics approval(s)
South East Research Ethics Committee, 18/03/2010, ref: 09/H1102/114

Study design
Multicentre randomised interventional treatment trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
GP practice

Study type(s)
Treatment

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

Health condition(s) or problem(s) studied

Topic: National Cancer Research Network; Subtopic: Upper Gastro-Intestinal Cancer; Disease: Liver

Interventions
TACE using DC Bead loaded with doxorubicin plus sorafenib. Patient will commence oral sorafenib (400 mg twice daily) on the day of randomisation and transarterial chemoembolisation (TACE) will be performed between 2 - 5 weeks post-randomisation using DC Bead loaded with Doxorubicin-HCL (150 mg).

The control group will receive TACE plus matching placebo, as per protocol above.

The patient will continue to take sorafenib/placebo until progression according to RECIST has been externally verified. Patients will be followed up for 1 year from the last administration of sorafenib/placebo. They will be unblinded upon progression.

Follow-up length: 12 months
Study entry: single randomisation only

Intervention Type
Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Sorafenib, doxorubicin

Primary outcome measure
Progression free survival (PFS)

Secondary outcome measures
Overall survival - the time between the date of randomisation and death from any cause

Overall study start date
01/08/2010

Completion date
31/08/2016

Eligibility

Key inclusion criteria
1. Histological or cytological diagnosis or meet the American Association for the Study of Liver Diseases (AASLD) criteria for diagnosis of HCC and at least one uni-dimensional lesion measurable according to the Response Evaluation Criteria in Solid Tumours (RECIST) criteria by computed tomography (CT) scan or magnetic resonance imaging (MRI)
2. Not a candidate for surgical resection
3. Aged greater than or equal to 18 years and estimated life expectancy greater than 3 months
4. Eastern Cooperative Oncology Group (ECOG) performance status greater than or equal to 1
5. Adequate haematological function Hb greater than or equal to 9 g/L, absolute neutrophil

count greater than or equal to 1.5 x 10^9/L, platelet count greater than or equal to 60 x 10^9/L
6. Bilirubin greater than or equal to 50 µmol/L, asparate aminotransferase (AST) and alanine aminotransferase (ALT) less than or equal to 5 x upper limit of normal (ULN), alkaline phosphatase (ALP) less than 4 x ULN
7. Adequate renal function; creatinine less than or equal to 1.5 x ULN
8. International normalised ratio (INR) greater than or equal to 1.5
9. Amylase and lipase less than 2 x ULN
10. Child-Pugh A (score less than or equal to 6)
11. Left ventricular ejection fraction greater than or equal to 45%
12. Women of child-bearing potential should have a negative pregnancy test prior to study entry. Both men and women must be using an adequate contraception method, which must be continued for 3 months after completion of treatment.
13. Written informed consent
14. Male and female, lower age limit of 18 years

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
Planned sample size: 412; UK sample size: 300

Total final enrolment
313

Key exclusion criteria
1. Extrahepatic metastasis
2. Prior embolisation, systemic or radiation therapy for HCC
3. Any contraindications for hepatic embolisation procedures procedures including portosystemic shunt, hepatofugal blood flow, known severe atheromatosis
4. Investigational therapy or major surgery within 4 weeks of trial entry
5. Any ablative therapy (radiofrequency ablation [RFA] or percutaneous ethanol injection [PEI]) for HCC (this should not exclude patients if target lesion(s) have not been treated and occurred greater than 6 weeks prior study entry)
6. History of bleeding within the past 4 weeks
7. Child-Pugh cirrhosis C or B (score greater than or equal to 7)
8. Hepatic encephalopathy
9. Ascites refractory to diuretic therapy
10. Documented occlusion of the hepatic artery or main portal vein
11. Hypersensitivity to intravenous contrast agents
12. Active clinically serious infection greater than grade 2 National Cancer Institute Common Toxicity Criteria (NCI-CTC) version 4.0
13. Pregnant or lactating women

14. Known history of human immunodeficiency virus (HIV) infection
15. History of second malignancy except those treated with curative intent more than three years preciously without relapse and non-melanotic skin cancer or cervical carcinoma in situ
16. Evidence of severe or uncontrolled systemic diseases, cardiac arrhythmias (requiring anti-arrhythmic therapy or pace maker), uncontrolled hypertension, congestive cardiac failure greater than New York Heart Association (NYHA) class 2, myocardial infarction (MI) within 6 months or laboratory finding that in the view of the Investigator makes it undesirable for the patient to participate in the trial
17. Psychiatric or other disorder likely to impact on informed consent
18. Patient is unable and/or unwilling to comply with treatment and study instructions
19. Patient unable to swallow oral medications

Date of first enrolment
04/11/2010

Date of final enrolment
07/12/2015

Locations

Countries of recruitment
France

Ireland

Italy

United Kingdom

Study participating centre
Beatson West of Scotland Cancer Centre
Glasgow
United Kingdom
G12 0YN

Study participating centre
Bristol Royal Infirmary
United Kingdom
BS2 8HW

Study participating centre
Castle Hill Hospital
Hull
United Kingdom
HU16 5JQ

Study participating centre
Christie Hospital
Manchester
United Kingdom
M20 4BX

Study participating centre
Derriford Hospital
United Kingdom
PL6 8DH

Study participating centre
Freeman Hospital
Newcastle
United Kingdom
NE7 7DN

Study participating centre
Hammersmith Hospital
London
United Kingdom
W12 0HS

Study participating centre
King's College Hospital
London
United Kingdom
SE5 9RS

Study participating centre
Manchester Royal Infirmary
United Kingdom
M13 9WL

Study participating centre

Ninewells Hospital
Dundee
United Kingdom
DD2 1UB

Study participating centre
Norfolk and Norwich University Hospital
United Kingdom
NR4 7UY

Study participating centre
Queen's Medical Centre
Nottingham
United Kingdom
NG7 2UH

Study participating centre
Royal Devon and Exeter Hospital
United Kingdom
EX2 5DW

Study participating centre
Royal Gwent Hospital
United Kingdom
NP20 2UB

Study participating centre
Royal Infirmary of Edinburgh
United Kingdom
EH16 4SA

Study participating centre
Royal Liverpool University Hospital
United Kingdom
L7 8XP

Study participating centre

Royal Marsden Hospital
London
United Kingdom
SW3 6JJ

Study participating centre
Royal Marsden Hospital
Sutton
United Kingdom
SM2 5PT

Study participating centre
Southampton General Hospital
United Kingdom
SO16 6YD

Study participating centre
St Bartholomew's Hospital
United Kingdom
EC1A 7BE

Study participating centre
St James's University Hospital
Leeds
United Kingdom
LS9 7TF

Study participating centre
St Vincent's University Hospital
Dublin
Ireland
D04 Y8V0

Study participating centre
The Queen Elizabeth Hospital
Birmingham
United Kingdom
B15 2TH

Study participating centre
University Hospital Aintree
United Kingdom
L9 7AL

Sponsor information

Organisation
University College London (UCL) (UK)

Sponsor details
UCL Biomedicine Research & Development Unit
Maple House
149 Tottenham Court Road
London
England
United Kingdom
W1T 7NF

Sponsor type
University/education

Website
http://www.ucl.ac.uk/

ROR
https://ror.org/02jx3x895

Funder(s)

Funder type
Industry

Funder Name
Bayer PLC (UK)

Funder Name
Biocompatibles Ltd (UK)

Funder Name
Cancer Research UK (CRUK) (UK) (ref: C12125/A10051)

Alternative Name(s)
CR_UK, Cancer Research UK - London, CRUK

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
United Kingdom

Results and Publications

Publication and dissemination plan
1. Abstract submitted to ASCO 2016
2. Final publication in June 2017

Intention to publish date
30/06/2017

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are/will be available upon request, and subsequent approval by the Trial Management Group, from TACE2@trials.bham.ac.uk

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/08/2017		Yes	No
Plain English results			26/10/2022	No	Yes
HRA research summary			28/06/2023	No	No