

A Phase III Study of Radiotherapy or ABVD Plus Radiotherapy Versus ABVD Alone in the Treatment of Early Stage Hodgkin's Disease

Submission date 19/08/2002	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 19/08/2002	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 17/05/2019	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number
NCT00002561

Secondary identifying numbers
HD305

Study information

Scientific Title

A Phase III Study of Radiotherapy or ABVD Plus Radiotherapy Versus ABVD Alone in the Treatment of Early Stage Hodgkin's Disease

Study objectives

Not provided at time of registration.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration.

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Not Specified

Participant information sheet

Health condition(s) or problem(s) studied

Lymphoma (Hodgkin's)

Interventions

Patients are divided into two cohorts based on risk factors and randomised to receive either standard treatment (radiation or combined modality therapy according to cohort assignment) or experimental treatment (ABVD):

1. STANDARD ARM:

A. Cohort 1: Radiotherapy only.

B. Cohort 2: Chemotherapy, adriamycin, bleomycin, vinblastine and decarbazine (ABVD) given intravenously on days 1 and 15 of a 28 day cycle. Two cycles of ABVD to be followed by radiotherapy.

2. EXPERIMENTAL ARM:

Chemotherapy, ABVD given intravenously on days 1 and 15 of a 28 day cycle. Patients initially

receive two cycles of ABVD followed by restaging. Patients in complete remission receive a further two cycles of ABVD, and those patients assessed as achieving a partial remission and not demonstrating progressive disease receive a further four cycles of ABVD.

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

Not provided at time of registration.

Secondary outcome measures

Not provided at time of registration.

Overall study start date

22/07/1994

Completion date

22/07/1999

Eligibility**Key inclusion criteria**

1. Histologically proven Hodgkin's disease
2. Ann Arbor stage I-IIa disease
3. Age between 16 and 70 years
4. No prior chemotherapy or radiotherapy
5. No prior or concurrent malignancies, except treated basal cell carcinoma
6. No cardiac disease
7. No stage Ia disease which is treatable with involved field only irradiation
8. No interabdominal disease
9. No B symptoms
10. No known Human Immunodeficiency Virus (HIV) infection

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

Not provided at time of registration.

Total final enrolment

405

Key exclusion criteria

Not provided at time of registration.

Date of first enrolment

22/07/1994

Date of final enrolment

22/07/1999

Locations**Countries of recruitment**

Canada

England

United Kingdom

Study participating centre

UKCCCR Register Co-ordinator

London

United Kingdom

NW1 2DA

Sponsor information**Organisation**

National Cancer Institute of Canada Clinical Trials Group (NCIC CTG)

Sponsor details

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+1 416 9617223

webadmin@cancer.ca

Sponsor type

Government

Website

<http://www.ncic.cancer.ca>

Funder(s)

Funder type

Government

Funder Name

National Cancer Institute of Canada Clinical Trials Group

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

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	02/02/2012	17/05/2019	Yes	No