A trial comparing gemcitabine alone with gemcitabine and capecitabine together after surgery to remove cancer of the pancreas

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
07/08/2007		<pre>Protocol</pre>		
Registration date	Overall study status	Statistical analysis plan		
08/02/2008	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
31/03/2025	Cancer			

Plain English summary of protocol

https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-chemotherapy-after-surgery-to-remove-cancer-of-the-pancreas-espac-4

Contact information

Type(s)

Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)

2007-004299-38

ClinicalTrials.gov (NCT)

NCT00058201

Protocol serial number

ESPAC-4

Study information

Scientific Title

European Study Group for Pancreatic Cancer (ESPAC) - Trial 4: combination versus single agent adjuvant chemotherapy in resectable pancreatic cancer

Acronym

ESPAC-4

Study objectives

To investigate if combination chemotherapy (gemcitabine and capecitabine), when used as adjuvant therapy in patients following resection for pancreatic adenocarcinoma, improves survival over adjuvant therapy using gemcitabine alone.

Ethics approval required

Old ethics approval format

Ethics approval(s)

- 1. Liverpool Adult Research Multi-centre Research Ethics Committee (MREC), 04/03/2008, ref: 08/H1005/1
- 2. MHRA acceptance also received on 20/02/2008, ref: 04196/0009/001

Study design

Phase III international randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Resectable pancreatic cancer

Interventions

Gemcitabine and capecitabine versus gemcitabine alone

Gemcitabine administration:

1,000 mg/m² gemcitabine must be given as an intravenous infusion, the lyophilised powder being diluted in normal saline, over 30 minutes unless haematological toxicity occurs requiring dose adjustment. Administer on day 1, 8 and 15 (one cycle) for six cycles i.e. 24 weeks.

Capecitabine administration:

830 mg/m^2 capecitabine must be administered orally morning and evening daily (total daily dose of 1,660 mg/m^2) unless toxicity occurs requiring dose adjustment. The gemcitabine and capecitabine combination schedule used in this study originates from phase I data published by Schilsky et al. In this study the maximum tolerated dose was defined at gemcitabine 1 g/m^2 on days 1, 8 and 15, and capecitabine 1,660 mg/m^2/day given on days 1 - 21 every 28 days.

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

Gemcitabine, capecitabine

Primary outcome(s)

Current primary outcome measure as of 31/05/2011:

Length of survival. Duration of follow-up: 60 months from randomisation.

Previous primary outcome measure:

Length of survival. Duration of follow-up: 60 months from the date of surgery.

Key secondary outcome(s))

- 1. Toxicity. Duration of follow-up: 60 months from the date of surgery.
- 2. Quality of life, assessed by the European Organisation for Research and Treatment of Cancer, Quality of Life Questionnaires (EORTC C-30 QLQ) at baseline, 3, 6, 12, 16 and 24 months and annually thereafter up to 60 months
- 3. Two-vear survival
- 4. Five-year survival
- 5. Relapse free survival (RFS). Duration of follow-up: 60 months from the date of surgery.

Completion date

31/10/2017

Eligibility

Kev inclusion criteria

- 1. Patients who have undergone complete macroscopic resection for ductal adenocarcinoma of the pancreas (R0 or R1 resection)
- 2. Completion of all pre-operative investigations
- 3. Histological confirmation of the primary diagnosis

- 4. Histological examination of all resection margins
- 5. No evidence of malignant ascites, liver metastasis, spread to other distant abdominal organs, peritoneal metastasis, spread to extra-abdominal organs CT scan within 3 months prior to randomisation
- 6. A World Health Organization performance status less than 2
- 7. Fully recovered from the operation and fit to take part in the trial
- 8. Able to attend for administration of the adjuvant therapy
- 9. Able to attend for long-term follow-up
- 10. Life expectancy greater than 3 months
- 11. No previous or concurrent malignancy diagnoses (except curatively-treated basal cell carcinoma of skin, carcinoma in situ of cervix)
- 12. No serious medical or psychological condition precluding adjuvant treatment
- 13. Fully informed written consent given

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

730

Key exclusion criteria

- 1. Use of neo-adjuvant chemotherapy or other concomitant chemotherapy
- 2. Patients with pancreatic lymphoma
- 3. Macroscopically remaining tumour (R2 resection)
- 4. Patients with Tumor-Node-Metastasis (TNM) Stage IVb disease
- 5. Patients younger than 18 years
- 6. Pregnancy
- 7. New York Heart Association Classification Grade III or IV
- 8. Previous chemotherapy
- 9. All men or women of reproductive potential, unless using at least two contraceptive precautions, one of which must be a condom
- 10. Patients with known malabsorption

Date of first enrolment

13/10/2008

Date of final enrolment

31/10/2017

Locations

Study participating centre 106 hospitals United Kingdom Sponsor information Organisation University of Liverpool and the Royal Liverpool and Broadgreen University Hospital NHS Trust (UK) ROR https://ror.org/009sa0g06 Funder(s) Funder type

Funder Name

Funder Name

Charity

Countries of recruitment

United Kingdom

France

Germany

National Cancer Research Network (NCRN) nurse support at UK sites. Non-UK sites will be required to secure their own funding for participating in the trial.

Cancer Research UK (CRUK) (UK) - funding the central co-ordination of the trial (the Liverpool

Results and Publications

Individual participant data (IPD) sharing plan

Cancer Trials Unit) (grant ref: C245/A8968)

The datasets generated during and/or analysed during the current study are/will be available upon request

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	11/03/2017		Yes	No
Results article	Participant information sheet	05/12/2024			No
Participant information sheet		11/11/2025	11/11/2025	No	Yes
Plain English results			26/10/2022	No	Yes