Oral administration of S 78454 in combination with cisplatin in patients with advanced non-keratinising nasopharyngeal carcinoma

Submission date	Recruitment status	Prospectively registered
19/04/2012	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
08/06/2012	Completed	[X] Results
Last Edited	Condition category	[] Individual participant data
18/04/2018	Cancer	

Plain English summary of protocol

Not provided at time of registration and not expected to be available in the future

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

CL1-78454-009

Study information

Scientific Title

Phase I dose escalation study of oral administration of Pan-Histone Deacetylase (HDAC) inhibitor S 78454 given in combination with a fixed dose infusion of cisplatin in patients with advanced non-keratinising nasopharyngeal carcinoma.

Study objectives

Establish the safety and tolerability of S 78454 given in combination with a fixed dose infusion of cisplatin in patients with advanced non-keratinising nasopharyngeal carcinoma in terms of the maximum tolerated dose (MTD) and the dose-limiting toxicities (DLTs), and establish the recommended Phase II dose (RP2D).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval was obtained before recruitment of the first participants

Study design

Multicentre international non-randomised non-comparative open-label phase I study

Primary study design

Interventional

Secondary study design

Non randomised study

Study setting(s)

Hospital

Study type(s)

Screening

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

Advanced non-keratinising nasopharyngeal carcinoma

Interventions

S 78454 capsules 80 mg twice a day (b.i.d.) to 140mg b.i.d.

Cisplatin / 1 infusion per cycle / 75mg/m² maximum

- 1. At least 2 cycles of combination treatment.
- 2. Cisplatin limited to 6 cycles
- 3. S78454 as long as the disease does not progress and treatment sufficiently tolerated or consent withdrawal

Intervention Type

Drug

Phase

Phase I

Drug/device/biological/vaccine name(s)

Cisplatin

Primary outcome measure

- 1. MTD and DLTs of oral S 78454 capsules with a fixed dose infusion of cisplatin
- 2. Establish the recommended phase II dose

Secondary outcome measures

- 1. Safety profile (adverse events, laboratory tests, physical exam, ECOG, vital signs, ECG, clinical neurological examination, audiometric tests)
- 2. To determine pharmacokinetic (PK) profile
- 3. Measure Tumour response according to revised Response Evaluation Criteria In Solid Tumors (RECIST)_ and plasma Epstein-Barr Virus (EBV) DNA levels

Overall study start date

01/03/2012

Completion date

30/11/2013

Eligibility

Key inclusion criteria

- 1. Male or female patients aged ≥21 (Singapore) ≥20 (Taiwan)
- 2. Histologically documented, measurable or evaluable advanced non-keratinising nasopharyngeal carcinoma, that has relapsed or is refractory to conventional, standard forms of therapy.
- 3. Ability to swallow oral capsule(s) without difficulty
- 4. Eastern Cooperative Oncology Group (ECOG) performance status ≤ 1
- 5. Estimated life expectancy > 12 weeks
- 6. Adequate haematological, renal and hepatic functions-Serum albumin 30 g/L
- 7. Written informed consent

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

30 patients in the escalation part + 10 patients in the confirmatory part = 40 patients

Key exclusion criteria

- 1. Pregnant or breastfeeding women, women of childbearing potential or men without effective contraception
- 2. Involvement in another clinical trial at the same time or within 4 weeks prior to inclusion, or patient already enrolled in the study
- 3. Major surgery within previous 4 weeks
- 4. Chemotherapy within previous 3 weeks (6 weeks in case of nitroso-ureas)
- 5. Biologic/target therapy or immunologic agents within previous 3 weeks
- 6. Radiotherapy within previous 4 weeks (except for palliative radiotherapy at localised lesions)
- 7. Abnormal thyroid function (defined as thyroid-stimulating hormone or free T4) except for patients with hypothyroidism diagnosed prior to study entry and stable on thyroid replacement
- 8. Concurrent therapeutic anticoagulation by anti-vitamin K (AVK)
- 9. Uncontrolled diabetes mellitus
- 10. Concomitant uncontrolled infection or severe systemic disease
- 11. Symptomatic or progressive brain metastasis
- 12. Patients with pre-existing gastrointestinal disorders
- 13. Patient with impaired cardiac function
- 14. Prior exposure to any Histone deacetylase inhibitors (HDACi)
- 15. Known organ dysfunction
- 16. Peripheral neuropathy > grade 1
- 17. Hearing impairment/tinnitus > grade 2
- 18. Known hypersensitivity to cisplatin

Date of first enrolment

01/03/2012

Date of final enrolment

30/11/2013

Locations

Countries of recruitment

Singapore

Taiwan

Study participating centre National University Cancer Institute

Singapore 119074

Sponsor information

Organisation

Institut de Recherches Internationales Servier (France)

Sponsor details

50 rue Carnot Suresnes France 92284

Sponsor type

Industry

Website

http://www.servier.com/

ROR

https://ror.org/034e7c066

Funder(s)

Funder type

Industry

Funder Name

Institut de Recherches Internationales Servier (France)

Results and Publications

Publication and dissemination plan

Publication plan:

Summary results are published in https://clinicaltrials.servier.com.

Intention to publish date

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be available upon request from https://clinicaltrials.servier.com if a Marketing Authorisation has been granted after 1st January 2014.

IPD sharing plan summary

Available on request

Study outputs

Output type Details Date created Date added Peer reviewed? Patient-facing?

Basic results No No