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Recurrent cutaneous squamous cell carcinoma under Rapamune®

Submission date	Recruitment status	[_] Prospectively registered
19/12/2005	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
19/12/2005	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
28/05/2013	Cancer	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
NTR388

Study information

Scientific Title
A randomised, prospective, open-label, multi-centre study comparing the efficacy and safety of conversion to sirolimus in stable renal or liver transplant recipients with a cutaneous squamous cell carcinoma

Acronym
RESCUE

Study objectives
It is hypothesised that conversion to a regimen with Rapamune® (sirolimus), an effective immunosuppressive drug with antiproliferative properties, could diminish the recurrence rate of cutaneous squamous cell carcinoma (SCC). The potential usefulness of sirolimus in the prevention of (recurrent) skin carcinoma is suggested not only by in vitro and pre-clinical studies, but also by preliminary results from studies in renal transplant recipients.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approval received from the local medical ethics committee

Study design
Multicentre, randomised, double blind, active controlled, parallel group trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet

Health condition(s) or problem(s) studied
Squamous cell carcinoma (SCC)

Interventions
Sirolimus treatment arm: conversion to sirolimus:
1. At the time of randomisation the patient stops the purine antagonist (azathioprine or mycophenolate mofetil) or the calcineurin inhibitor (cyclosporine or tacrolimus) on day zero and starts the same day with sirolimus (day zero: loading dose; day one: maintenance dose). Between days five and seven a sirolimus trough level is measured and the dose adjusted to maintain /reach the defined range (see below).

2. Sirolimus will be given as a loading dose of 8 mg, followed by a maintenance dose of 4 mg. The dose of sirolimus will be adjusted to achieve and maintain a whole blood trough concentration in the range of 5 - 10 ng/ml.

Intervention Type
Drug

Phase
Not Specified

Drug/device/biological/vaccine name(s)
Sirolimus (Rapamune®)

Primary outcome measure
To determine the recurrence rate of biopsy-confirmed cutaneous SCC with sirolimus (SRL)-based immunosuppression over a two year period of follow-up.

Secondary outcome measures
1. Number of hyperkeratotic skin lesions, located on: the dorsum of the hands, the forearms, the head.

Secondary safety:
2. Incidence and severity of biopsy-confirmed acute rejection
3. Treatment failure, defined as the occurrence of acute rejection or premature withdrawal from study medication for any reason
4. Differences in renal function as estimated by the Cockcroft-Gault equation in both renal and liver transplant recipients
5. Patient and graft survival

Overall study start date
01/01/2004

Completion date
01/01/2007

Eligibility

Key inclusion criteria
1. Organ (kidney or liver) transplant recipient with biopsy-confirmed cutaneous SCC
2. Aged over 18 years and at least 12 months post-transplantation
3. Stable graft function (estimated glomerular filtration rate [GFR] more than 20 ml/min) while on a maintenance regimen with a calcineurin inhibitor, azathioprine, mycophenolate mofetil or steroids for at least 12 weeks before randomisation
4. No acute rejection episode within 12 weeks prior to randomisation
5. All female patients at risk for pregnancy must have a negative serum pregnancy test before randomisation. Female patients at risk for pregnancy must agree to use a medically acceptable method of contraception throughout the treatment period and for 12 weeks after discontinuation of study medication
6. Total white blood cell count more than 3000/mm^3, platelet count more than 75,000/mm^3
7. Fasting triglycerides less than 3.95mmol/l, cholesterol less than 7.8 mmol/l, with or without

statins
8. Signed, dated and witnessed (Institutional Review Board [IRB] or Independent Ethics Committee [IEC] approved) informed consent before screening and before any tests are performed that are specific to the protocol

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
180

Key exclusion criteria
1. Metastatic cutaneous SCC
2. Other malignancies (except for other skin cancers), documented after transplantation
3. Serum creatinine (for renal allograft recipient) or bilirubin level (for liver allograft recipient) at screening that has increased by more than 30% above the last value obtained at least 12 weeks earlier
4. Evidence of systemic infection at the time of randomisation
5. Prior or current use of SRL or any of its derivatives
6. Use of investigational agents for less than four weeks before randomisation, except for topical dermatological products as Aldara® (imiquimod) or Efudix® (5-fluoro-uracil)
7. Use of immunosuppressive agents (at the time of randomisation) other than calcineurin inhibitor, azathioprine, mycophenolate mofetil or prednisone
8. Current use of terfenadine, cisapride, astemizole, pimozide, or cimetidine; these drugs must be discontinued before randomisation
9. Positive past medical history for documented human immunodeficiency virus (HIV) infection

Date of first enrolment
01/01/2004

Date of final enrolment
01/01/2007

Locations

Countries of recruitment
Netherlands

Study participating centre

Leiden University Medical Centrw
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2300 RC

Sponsor information

Organisation
Wyeth Pharmaceuticals B.V. (The Netherlands)

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Sponsor type
Not defined

ROR
https://ror.org/02bzf1224

Funder(s)

Funder type
Not defined

Funder Name
Not provided at time of registration

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	01/04/2013		Yes	No