

# CIRCCa (Cediranib In Recurrent Cervical Cancer): a trial of carboplatin-paclitaxel plus cediranib versus carboplatin-paclitaxel plus placebo in metastatic/recurrent cervical cancer

<b>Submission date</b> 17/09/2009	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 13/11/2009	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 29/03/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://www.cancerhelp.org.uk/trials/a-trial-cediranib-advanced-cervical-cancer>

## Contact information

### Type(s)

Scientific

### Contact name

Dr Paul Symonds

### Contact details

Reader in Oncology  
Department of Cancer Studies and Molecular Medicine  
University of Leicester  
Level 2 - Osborne Building  
Leicester Royal Infirmary  
Leicester  
United Kingdom  
LE19 4LF  
+44 (0)116 258 6294  
[paul.symonds@uhl-tr.nhs.uk](mailto:paul.symonds@uhl-tr.nhs.uk)

## Additional identifiers

ClinicalTrials.gov (NCT)

NCT01229930

**Protocol serial number**

C-2009-01

## Study information

**Scientific Title**

CIRCCa (Cediranib In Recurrent Cervical Cancer): a randomised double-blind phase II trial of carboplatin-paclitaxel plus cediranib versus carboplatin-paclitaxel plus placebo in metastatic /recurrent cervical cancer

**Acronym**

CIRCCa (Cediranib In Recurrent Cervical Cancer)

**Study objectives**

To provide preliminary evidence regarding whether the addition of cediranib to a combination of carboplatin and paclitaxel will increase progression free survival by 50% in patients with metastatic recurrent cervical carcinoma.

On 01/03/2011 the overall trial end date was updated from 01/06/2011 to 31/12/2012.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Leicestershire, Northamptonshire & Rutland Research Ethics Committee 1, 07/01/2010, ref: 09 /H0406/120

**Study design**

Late phase II randomised placebo-controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Cervical cancer

**Interventions**

The control arm (Arm A) is carboplatin AUC 5 and paclitaxel 175 mg/m<sup>2</sup> infused intravenously over 3 hours, repeated every 3 weeks for a maximum of 6 cycles, plus 20 mg placebo orally once daily.

The trial arm (Arm B) is carboplatin AUC 5 and paclitaxel 175 mg/m<sup>2</sup> infused intravenously over 3 hours, repeated every 3 weeks for a maximum of 6 cycles, plus 20 mg cediranib orally once daily.

Patients will be randomised in a double blind fashion to receive either Arm A or Arm B, and treatment with placebo or cediranib will be continued until patient progresses or toxicity

becomes unacceptable. Neither the patient nor the Investigator will be aware of whether the patient's trial drug is cediranib or placebo tablets.

Prior to progression patients will be followed up 2 monthly until end of year 2, every 6 months during years 3, 4 and 5 and yearly thereafter. After disease progression is documented, patients should be followed up 6-monthly during the first 5 years after randomisation and yearly thereafter.

### **Intervention Type**

Drug

### **Phase**

Phase II

### **Drug/device/biological/vaccine name(s)**

Cediranib, carboplatin, paclitaxel

### **Primary outcome(s)**

Progression free survival

Prior to progression patients will be followed up 2 monthly until end of year 2, every 6 months during years 3, 4 and 5 and yearly thereafter. After disease progression is documented, patients should be followed up 6 monthly during the first 5 years after randomisation and yearly thereafter. All primary and secondary outcomes will be assessed at all follow up visits until progression confirmed, after progression confirmed only applicable for overall survival to be assessed.

### **Key secondary outcome(s)**

1. Overall survival
2. Response rate
3. Toxicity
4. Quality of life, assessed by the European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaires modules C30 and CX26

Prior to progression patients will be followed up 2 monthly until end of year 2, every 6 months during years 3, 4 and 5 and yearly thereafter. After disease progression is documented, patients should be followed up 6 monthly during the first 5 years after randomisation and yearly thereafter. All primary and secondary outcomes will be assessed at all follow up visits until progression confirmed, after progression confirmed only applicable for overall survival to be assessed.

### **Completion date**

31/12/2012

## **Eligibility**

### **Key inclusion criteria**

1. Female and over 18 years of age
2. Eastern Cooperative Oncology Group (ECOG) performance status 0 or 1
3. Histologically proven carcinoma of the cervix (squamous, adenocarcinoma, adenosquamous mixed or small cell)

#### 4. Either:

- 4.1. Persistent or relapsed inoperable disease after radical radiotherapy within the irradiated pelvis OR
  - 4.2. Relapse after radical hysterectomy (after radical radiotherapy to pelvis if appropriate) OR
  - 4.3. Extra pelvic metastases OR
  - 4.4. Stage IVb disease at diagnosis
5. Patient not suitable for potentially curative surgical procedure
  6. Measurable disease in at least one marker site
  7. Adequate haematological function, as follows:
    - 7.1. Haemoglobin greater than or equal to 10 g/dl
    - 7.2. Neutrophils greater than or equal to  $1.5 \times 10^9/l$
    - 7.3. Platelets greater than or equal to  $100 \times 10^9/l$
    - 7.4. Calculated creatinine clearance greater than or equal to 35 ml/min (measured by EDTA)
  8. Adequate biochemical function, as follows:
    - 8.1. Bilirubin less than or equal to 1.5 x upper limit of normal (ULN)
    - 8.2. Alanine amino-transferase (ALT) or aspartate amino-transferase (AST) less than or equal to 2.5 x ULN (or less than or equal to 5 x ULN if hepatic metastases)
  9. Adequate coagulation as follows:
    - 9.1.1. Prothrombin time ratio (PTR)/international normalised ratio (INR) less than or equal to 1.5 OR
    - 9.1.2. PTR/INR between 2.0 and 3.0 for patients on stable doses of anticoagulants
    - 9.2. Partial thromboplastin time less than 1.2 x control
  10. Life expectancy greater than 12 weeks

#### **Participant type(s)**

Patient

#### **Healthy volunteers allowed**

No

#### **Age group**

Adult

#### **Lower age limit**

18 years

#### **Sex**

Female

#### **Total final enrolment**

69

#### **Key exclusion criteria**

1. They have received prior chemotherapy, except cisplatin administered along with radiotherapy as primary treatment
2. Relapse is confined to the pelvis after radical surgery in circumstance where radiotherapy or chemoradiotherapy would be appropriate
3. Relapse is potentially treatable with exenterative surgery
4. History of nervous or psychiatric disorder that would prevent informed consent and compliance
5. History of prior malignancy within the previous 5 years except for successfully treated basal

cell skin cancer or in-situ breast cancer

6. Pregnant or lactating women

7. Fertile woman of childbearing potential not willing to use adequate contraception (oral contraceptives, intrauterine device or barrier method of contraception in conjunction with spermicidal jelly or surgically sterile) for the study duration and at least six months afterwards

8. Evidence of uncontrolled infection

9. Tumour involvement of bowel wall

10. History of pelvic fistulae

11. Sub-acute or acute intestinal obstruction

12. Major surgery within 28 days or anticipated while on study

13. Significant traumatic injury during 4 weeks preceding the potential first dose of cediranib

14. Non-healing wound, ulcer or bone fracture

15. Active bleeding

16. History or evidence of thrombotic or haemorrhagic disorders

17. History of inflammatory bowel disease

18. Proteinuria greater than 1+ on dipstick on two consecutive dipsticks taken no less than 1 week apart, unless urinary protein is less than 1.5 g in a 24-hour period

19. Significant cardiovascular disease (arterial thrombotic event within 12 months, uncontrolled hypertension or angina within 6 months, New York Heart Association (NYHA) grade 2 congestive cardiac failure, grade greater than or equal to 3 peripheral vascular disease or cardiac arrhythmia requiring medication). Patients with rate-controlled atrial fibrillation are eligible.

20. Prolonged QTc (corrected) interval of greater than 470 ms on electrocardiogram (ECG) or a family history of long QT syndrome

21. Central nervous system (CNS) disease (brain metastases, uncontrolled seizures or cerebrovascular accident/transient ischaemic attack/subarachnoid haemorrhage within 6 months)

22. History or clinical suspicion of spinal cord compression

23. Pre-existing sensory or motor neuropathy greater than or equal to grade 2

24. Known hypersensitivity to carboplatin or paclitaxel

25. Evidence of any other disease, metabolic dysfunction, physical examination finding or laboratory finding giving reasonable suspicion of a disease or condition that contra-indicates the use of an investigational drug or puts the patient at high risk for treatment-related complications

#### **Date of first enrolment**

02/06/2010

#### **Date of final enrolment**

31/07/2012

## **Locations**

#### **Countries of recruitment**

United Kingdom

England

#### **Study participating centre**

**University of Leicester**

Leicester

United Kingdom  
LE19 4LF

## Sponsor information

### Organisation

NHS Greater Glasgow and Clyde

### ROR

<https://ror.org/05kdz4d87>

### Organisation

University of Glasgow (UK)

## Funder(s)

### Funder type

Charity

### Funder Name

Cancer Research UK (CRUK) (UK) (ref: CRUK/10/001)

### Alternative Name(s)

CR\_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

### Funding Body Type

Private sector organisation

### Funding Body Subtype

Other non-profit organizations

### Location

United Kingdom

### Funder Name

Educational Grant from Astra Zeneca (UK)

## Results and Publications

## Individual participant data (IPD) sharing plan

Not provided at time of registration

### IPD sharing plan summary

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/11/2015		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Plain English results</a>		28/01/2016	29/03/2022	No	Yes