

PRIMUS002: A study looking at two neo-adjuvant chemotherapy treatments for pancreatic cancer in patients whose cancer is able to be operated on

Submission date 05/05/2017	Recruitment status Stopped	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 05/05/2017	Overall study status Stopped	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 10/04/2024	Condition category Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-2-different-combinations-chemotherapy-before-surgery-for-cancer-pancreas-primus-002>

Contact information

Type(s)

Public

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Additional identifiers

Clinical Trials Information System (CTIS)

2016-004156-29

Protocol serial number

PRIMUS0022016

Study information

Scientific Title

PRIMUS 002: An umbrella phase II study examining two neo-adjuvant regimens (FOLFOX-A and AG) in resectable and borderline resectable Pancreatic Ductal AdenoCarcinoma (PDAC), focusing on biomarker and liquid biopsy development

Acronym

PRIMUS 002

Study objectives

That biomarker positive patients will respond better to FOLFOX-A treatment than biomarker negative patients in the neo-adjuvant setting.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 14/08/2018, Approved 14/08/2018, NHS Lothian, Edinburgh Committee, Scotland A (NHS Lothian, Waverley Gate, 2 - 4 Waterloo Place, Edinburgh,, EH1 3EG, United Kingdom; +44 (0) 131 465 5473; Manx.Neill@nhslothian.scot.nhs.uk), ref: 18/SS/0076

Study design

Integrated interventional open-label non-randomized Phase II study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Pancreatic cancer

Interventions

Patients will be registered according to their performance status and age (younger patients with better performance status will be registered to receive FOLFOX-A, with older patients with worse performance status will be registered to receive AG)

FOLFOX-A arm (14-day cycle)

1. nab-paclitaxel: 150mg/m² IV over 30 minutes, day 1 (administered first).
2. Oxaliplatin: 85mg/m², IV over 2 hours, day 1.
3. Folinic acid: 350 mg flat dose or 400mg/m², IV over 2 hours, day 1 (as per standard of care for folinic acid dosing. Please inform CRUK CTU if not using 350mg flat dose).
4. Fluouracil infusion: 1200mg/m²/day, as a continuous IV infusion over 2 days, day 1 and day 2 (for a total dose of 2400mg/m² over 46 hours.)

Patients will receive 6 cycles in total.

Or:

Nab-Paclitaxel + Gemcitabine (AG) arm (28-day cycle)

1. nab-paclitaxel: 125 mg/m² IV over 30 minutes, day 1,8,15 (administered first).
 2. Gemcitabine 1000 mg/m² on days 1, 8, and 15 (immediately following nab-paclitaxel).
- Patients will receive 3 cycles in total.

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

FOLFOX-A (nab-paclitaxel, oxaliplatin, folinic acid, fluorouracil), AG (nab-paclitaxel, gemcitabine)

Primary outcome(s)

1. Time to progression following FOLFOX-A treatment is assessed through CT scans at baseline, prior to radiotherapy and prior to surgery. Further scans will be performed as per standard of care to progression.
2. Efficacy of proposed biomarkers in predicting disease progression rates in FOLFOX-A arm. Tissue samples will be collected from the patients at baseline (under the Precision Panc Master Protocol), prior to radiotherapy and at surgery/progression.

Key secondary outcome(s)

1. Translational research assessment of clonal evolution and acquired resistance mechanisms due to treatment, Response based on RECIST 1.1 post neo-adjuvant chemotherapy. The patient will have a CT scan at baseline, prior to radiotherapy and prior to surgery. Further scans will be performed as per standard of care to progression.
2. CAP tumour regression grade post surgery, this will be assessed by MDT after surgery
3. R0 rate post surgery, this will be assessed by MDT after surgery
4. Overall survival, this will be assessed at every chemotherapy visit, radiotherapy planning, radiotherapy, surgery and at every follow up visit (6, 9, 12, 18, 24, 36, 48, 60 months post registration)
5. Disease free survival, this will be assessed at every chemotherapy visit, radiotherapy planning, radiotherapy, surgery and at every follow up visit (6, 9, 12, 18, 24, 36, 48, 60 months post registration)
6. Safety and tolerability as assessed by NCI CTC 4.03, this will be assessed at every chemotherapy visit, radiotherapy planning, radiotherapy, surgery and at every follow up visit (6, 9, 12, 18, 24, 36, 48, 60 months post registration)
7. Neurotoxicity as assessed by GOG NTx4, this will be assessed monthly while on chemotherapy, prior to surgery and at follow-up visits
8. Quality of life as assessed by EORTC QLQ-C30 version 3 and the pancreatic-specific QLQ-PAN26 QOL module, this will be assessed monthly while on chemotherapy, prior to surgery and at follow-up visits

Completion date

01/03/2022

Reason abandoned (if study stopped)

Lack of funding/sponsorship

Eligibility

Key inclusion criteria

1. Patient has provided written informed consent and is registered to the PRECISION PANC master protocol
2. Signed informed consent given for PRIMUS 002 study
3. Age ≥ 16 years
4. Resectable or borderline resectable pancreatic cancer as defined by RECIST v1.1 criteria following discussion at the MDT
5. Measurable Disease as per RECIST 1.1
6. Histological or cytologically proven pancreatic ductal adenocarcinoma (including variants)
7. Able to undergo biliary drainage using a covered or partially covered self-expanding metal stent if jaundiced
8. ECOG performance status 0 and 1
9. Adequate liver/bone marrow function as defined by:
 - 9.1. Neutrophils $\geq 1.5 \times 10^9/l$
 - 9.2. Platelets $\geq 100 \times 10^9/l$
 - 9.3. Haemoglobin $\geq 9.0g/dL$
 - 9.4. WBC $\geq 3 \times 10^9/l$
 - 9.5. Total bilirubin $\leq 1.5 \times$ institutional upper limit of normal (ULN) unless bilirubin rise is due to Gilbert's syndrome
 - 9.6. Aspartate transaminase (AST) and alanine aminotransferase (ALT) $\leq 2.5 \times$ ULN (and $<5 \times$ ULN in the presence of liver metastases)
 - 9.7. Estimated creatinine clearance > 60 mL/min
10. Negative serum Human Chorionic Gonadotropin (HCG) test for females with child bearing potential. Postmenopausal women must have been amenorrhoeic for at least 12 months to be considered of non-childbearing potential
11. Woman of child bearing potential, and men with female partners of child bearing potential, must agree to use adequate contraceptive measures (see section 8.1.8.1) for the duration of the study and for up to 6 months after the completion of study treatment.
12. Able to comply with protocol requirements and deemed fit for surgical resection, chemotherapy and radiotherapy

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

16 years

Upper age limit

99 years

Sex

All

Total final enrolment

31

Key exclusion criteria

1. Unable to obtain sufficient tissue for NGS analysis
2. Distant metastatic disease
3. History of previous or concurrent malignancy diagnosis (except curatively treated basal cell carcinoma of skin or carcinoma in situ of cervix)
4. Prior chemotherapy or chemoradiotherapy (exceptions may be given case by case by the Chief Investigator (CI), such as methotrexate for rheumatoid arthritis)
5. Known hypersensitivity for any component of any study drug
6. Active infection including Herpes Zoster and chickenpox
7. Uncontrolled congestive heart failure (CHF), or history of myocardial ischemia (MI), unstable angina, stroke, or transient ischemia within previous 6 months.
8. Serious medical or psychological condition precluding neoadjuvant treatment and surgical resection
9. New York Heart Association Classification Grade III or IV
10. Uncontrolled angina/ischaemic heart disease
11. Major surgery within 28 days prior to trial entry
12. Any patients receiving treatment with brivudin, sorivudin and analogues
13. Any patient with severe diarrhoea.
14. Patients with known malabsorption
15. Patients with known or suspected DPD (dihydropyrimidine dehydrogenase) deficiency.
16. Grade ≥ 2 peripheral neuropathy
17. Administration of any investigational drug within 28 days or 5 half-lives, whichever is longer, prior to receiving the first dose of trial treatment

Date of first enrolment

01/09/2018

Date of final enrolment

19/08/2021

Locations

Countries of recruitment

United Kingdom

England

Scotland

Study participating centre

Beatson West of Scotland Cancer Centre

1053 Great Western Road

Glasgow
United Kingdom
G12 0YN

Study participating centre
The Christie NHS Foundation Trust
550 Wilmslow Road
Manchester
United Kingdom
M20 4BX

Study participating centre
Western General Hospital
Crewe Road South
Edinburgh
United Kingdom
EH4 2XU

Study participating centre
Royal Free Hospital
Pond Street
London
United Kingdom
NW3 QG

Sponsor information

Organisation
NHS Greater Glasgow and Clyde

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

Funder(s)

Funder type
Charity

Funder Name

Cancer Research UK

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

Celgene

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Sarah Bradley (Sarah.Bradley@glasgow.ac.uk).

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No