ISRCTN34129115 https://doi.org/10.1186/ISRCTN34129115

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	[X] Prospectively registered [ ] Protocol [ ] Statistical analysis plan [ ] Results [ ] Individual participant data [ ] Record updated in last year
Registration date 05/05/2017	**Overall study status** Stopped	
Last Edited 10/04/2024	**Condition category** Cancer	

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

Contact name
Ms Sarah Bradley

Contact details
University of Glasgow
Clinical Trials Unit, Level 0
Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
United Kingdom
G12 0YN
+44 (0)141 301 7540
sarah.bradley@glasgow.ac.uk

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

Primary study design
Interventional

Study design
Integrated interventional open-label non-randomized Phase II study

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, fluouracil), 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 cloncal 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 montlhy 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 montlhy 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 adenocarcinome (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 ≥ 1.5 x 109/l
9.2. Platelets ≥ 100 x 109/l
9.3. Haemoglobin ≥ 9.0g/dL
9.4. WBC ≥ 3 x 109/l
9.5. Total bilirubin ≤ 1.5 x institutional upper limit of normal (ULN) unless bilirubin rise is due to Gilbert's syndrome
9.6. Aspartate transaminase (AST) and alanine aminotransferase (ALT) ≤ 2.5 x ULN (and <5 x 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 basil 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