

# PACT (Patient Preferences in Adjuvant Colorectal Cancer Therapy): a randomised crossover clinical trial comparing bolus fluorouracil/leucovorin to capecitabine as treatment for moderate to high risk resected colorectal cancer

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 19/04/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 26/10/2018	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-trial-different-ways-having-chemotherapy-after-surgery-for-bowel-cancer-pact>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### Protocol serial number

MO05/6844

# Study information

## Scientific Title

PACT (Patient Preferences in Adjuvant Colorectal Cancer Therapy): a randomised crossover clinical trial comparing bolus fluorouracil/leucovorin to capecitabine as treatment for moderate to high risk resected colorectal cancer

## Acronym

PACT

## Study objectives

Adjuvant drug therapy reduces the risk of recurrence and death after resection of colorectal cancer, and is recommended routinely for all fit patients if at moderate-to-high risk of recurrence. Standard therapy is intravenous 5-fluorouracil and leucovorin (FU/LV). Large randomised controlled trials have already established that: a. 6 months' FU/LV is as effective as longer courses, and b. Once-weekly treatment is as effective as, but less toxic than, 5 consecutive days repeated monthly.

A recent trial (X-ACT) showed with high statistical confidence that oral capecitabine is as effective as intravenous FU/LV, so it presents an attractive alternative option. Capecitabine gave an acceptable toxicity profile in comparison with the FU/LV regimen used in that trial, although that was the 5-days monthly regimen which is known to be more toxic than weekly treatment.

Capecitabine is likely to become available for adjuvant use during 2005. Its equivalence of efficacy is not in doubt, but in order to advise patients we will require direct comparative data for the toxicity and acceptability to patients of capecitabine in comparison with the current commonly-used UK standard of weekly bolus FU/LV. The PACT trial will provide that comparison.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Randomised active controlled crossover group trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Colorectal cancer

## Interventions

A randomised crossover clinical trial comparing bolus fluorouracil/leucovorin to capecitabine

## Intervention Type

Drug

**Phase**

Not Specified

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

5-fluorouracil/leucovorin, capecitabine

**Primary outcome(s)**

Patient preference for one of two regimens 12 weeks after randomisation, when the patient will have experienced both regimens

**Key secondary outcome(s)**

1. Patient preference at 12 weeks, after experiencing both regimens, according to treatment sequence
2. Toxicity - maximum NCIC grade toxicity experienced within first cycle of regimen
3. Quality of Life (QoL) - assessed at baseline, 6, 12 and 24 weeks post-randomisation. Assessed using EORTC QLQ-C30.
4. Dose intensity (DI) - delivered DI as a percentage of planned DI
5. Safety - comparison of rates of SAEs and SUSARS between the two regimens

**Completion date**

31/03/2006

## Eligibility

**Key inclusion criteria**

Patients aged 18 years or above with Dukes stage C or B colonic or rectal carcinoma, primary fully macroscopically resected (R0 or R1 resection), with no radiological or clinical evidence of metastatic disease (for Dukes B patients there must be a clinical indication for adjuvant chemotherapy, based on histological risk factors and patient factors) OR full resection of recurrent/metastatic colorectal cancer, if the patient was not previously treated with adjuvant chemotherapy.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

Does not meet inclusion criteria

**Date of first enrolment**

01/04/2005

**Date of final enrolment**

31/03/2006

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Academic Unit of Oncology & Haematology**

Leeds

United Kingdom

LS16 6QB

## Sponsor information

**Organisation**

University of Leeds (UK)

**ROR**

<https://ror.org/024mrx33>

## Funder(s)

**Funder type**

Industry

**Funder Name**

Roche Products Ltd (UK) (Unconditional pharmaceutical study grant)

## Results and Publications

**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?
<a href="#">Results article</a>	results	10/07/2008		Yes	No
<a href="#">Plain English results</a>				No	Yes