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Zoledronic acid in the management of malignant pleural mesothelioma

Submission date 27/07/2016	**Recruitment status** No longer recruiting	[X] Prospectively registered [X] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 09/08/2016	**Overall study status** Completed	
Last Edited 21/04/2020	**Condition category** Cancer	

Plain English summary of protocol
https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-zoledronic-acid-and-chemotherapy-for-people-with-mesothelioma-zol-a

Contact information

Type(s)
Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
2015-004433-26

Protocol serial number
30497

Study information

Scientific Title
A double-blind randomised controlled trial (RCT) to assess the feasibility of giving Zoledronic acid alongside chemotherapy in patients with mesothelioma to design a larger trial to assess the efficacy of Zoledronic acid alongside first line chemotherapy

Acronym
ZOL-A

Study objectives
The aim of this study is to investigate the feasibility of running a trial to establish the role of zoledronic acid (ZA) in patients who have mesothelioma and are undergoing or eligible for chemotherapy.

Ethics approval required
Old ethics approval format

Ethics approval(s)
East of England - Cambridge East Research Ethics Committee, 10/05/2016, ref: 16/EE/0105

Primary study design
Interventional

Study design
Randomised; Interventional; Design type: Treatment, Drug, Imaging

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Specialty: Respiratory disorders, Primary sub-specialty: Respiratory disorders; UKCRC code/ Disease: Cancer/ Malignant neoplasms of respiratory and intrathoracic organs

Interventions
Patients will be randomised using varying block sizes on a 1:1 to one of two groups using web based software developed by Sealed Envelope. Randomisation will be stratified according to histological subtype. Participants will be allocated to either the IMP (Zoledronic acid) or placebo arms.

Participants in both arms of the trial will receive the infusion on the day of their chemotherapy, just prior to start of their chemotherapy treatment. They will have the same number of cycles of the IMP/placebo, as chemotherapy. Those who stop chemotherapy treatment early will stop IMP /placebo treatment too.

A renally adjusted dose of Zoledronic acid or placebo will be administered in 100ml of 0.9% saline via an intravenous cannula over 15 minutes alongside each session of chemotherapy (every 3 weeks, up to a maximum of 6 cycles). Randomised patients will be stratified by histological subtype and allocated to either Zoledronic acid or placebo. A third non-randomised arm of the trial is available to patients who decline chemotherapy but would like an opportunity to have Zoledronic acid on its own (every 3 weeks, up to a maximum of 6 cycles).

Follow up will occur after each cycle, at end of treatment and at 6 months, and involves information gathering on any AEs or SAEs relating to the IMP. Participants will also have blood tests at their follow-up appointments to ensure they are able to continue with the next cycle of chemotherapy treatment/IMP or placebo.

Intervention Type
Other

Primary outcome(s)
1. Recruitment rate is recorded as the number of eligible participant who consent to participate in the study by 6 months
2. Acceptability of recruitment procedures, consent and randomisation, and data collection methods are measured through patient interviews conducted at 6 months
3. Tolerance of the IMP treatment will be measured by the proportion of patients who complete the full 6 cycles of treatment
4. Intolerance will be recorded for those who are unable to continue to with the IMP due to electrolyte disturbances or AEs relating to the IMP and come off treatment before completing 6 cycles
5. Efficacy data will be measured using CT scans, PET-CT scans and Mesothelin bloods tests. On CT a > 15% reduction in the modified RECIST score would be classed as a disease response. CT will be performed at post 3 cycles and at 6 months from enrolment

Key secondary outcome(s)
No secondary outcome measures

Completion date
24/07/2018

Eligibility

Key inclusion criteria

1. Histologically confirmed diagnosis of MPM
2. WHO performance status 0-1
3. Eligible for first line chemotherapy treatment Measurable disease on CT as per modified RECIST criteria (tumour thickness > 5mm)
4. Ability to give informed consent
5. Aged 18 years and over

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Total final enrolment
22

Key exclusion criteria
1. Not fit for chemotherapy due to performance status or other comorbidities Previous chemotherapy for MPM
2. IV bisphosphonates in the 3 months preceding randomisation
3. Significant renal disease (eGFR < 30ml/min in the last 4 weeks)
4. Hypocalcaemia (current hypocalcaemia on treatment, evidence of hypocalcaemia on most recent blood tests - should be within last 6 weeks)
5. Pregnancy or lactation Age
6. Age < 18 years
7. Known allergy to bisphosphonates or excipients of its preparation
8. Severe untreated dental caries
9. Concomitant participation in another drug trial for mesothelioma

Date of first enrolment
01/09/2016

Date of final enrolment
31/08/2017

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Clinical Research Centre - Respiratory
Southmead Hospital
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Sponsor information

Organisation
North Bristol NHS Trust

ROR
https://ror.org/036x6gt55

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	29/08/2018		Yes	No
Basic results		22/07/2019	22/07/2019	No	No
Basic results			21/04/2020	No	No
HRA research summary			28/06/2023	No	No