

# TroVax® and cyclophosphamide treatment in colorectal cancer

<b>Submission date</b> 10/12/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 05/04/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 25/10/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-at-vaccine-trovax-after-treatment-for-bowel-cancer-that-has-spread-tacticc>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### Protocol serial number

SPON868-10

## Study information

### Scientific Title

A pilot study to assess the effect of regulatory T cell depletion on 5T4-containing MVA (TROVAX®) vaccination in patients with INOPERABLE metastatic colorectal cancer

## Acronym

TaCTiCC

## Study objectives

This study will assess the efficacy of using either cyclophosphamide, or a pox virus based vaccine containing the tumour antigen 5T4 called TroVax® (Oxford BioMedica), or both, to deplete T-regs and enhance an immune response following completion of an initial 12 weeks of palliative chemotherapy. Patients who have inoperable metastatic disease will be recruited.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Primary study design

Interventional

## Study design

Interventional multicentre randomised 2 x 2 factorial design pilot study

## Study type(s)

Treatment

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

Colorectal cancer

## Interventions

1. Group 1: Control. No additional treatment unless clinically indicated.
2. Group 2: Metronomic cyclophosphamide 50mg bd (oral) as single agent on weeks 1 (14 doses) and on week 3 (12 doses)
3. Group 3: Vaccination (i.m.) TroVax® (1 x 10<sup>9</sup> TCID<sub>50</sub>/mL) at week 1, 3, 5, 7, 9 and 13
4. Group 4: Metronomic cyclophosphamide 50 mg bd (oral) on weeks 1 (14 doses) and week 3 (12 doses), followed by i.m. TroVax® (1 x 10<sup>9</sup> TCID<sub>50</sub>/mL) on weeks 4, 6, 8, 10, 12 and 16

## Intervention Type

Drug

## Phase

Phase I/II

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

TroVax®

## Primary outcome(s)

1. Reduction in the frequency and/or function of Tregs measured in blood samples in patients treated with metronomic cyclophosphamide and/or TroVax® compared to patients not receiving cyclophosphamide
2. Development or increase in T cell responses in patients treated with cyclophosphamide and/or TroVax® versus untreated patients

3. Increase in anti-tumour immune responses measured in blood samples in patients treated with the vaccine TroVax® plus metronomic cyclophosphamide compared to TroVax® alone or no TroVax® group

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

1. Overall Survival as the time in days from randomisation until death of any cause censoring at date of last follow up
2. Time To Progression with death as a competing risk will be measured as the time in days from randomisation until disease progression as determined by RECIST criteria for radiological imaging and clinical assessment
3. Progression Free Survival will be measured as the time in days from randomisation until progression or death of any cause censoring at date of last follow up

### **Completion date**

23/06/2016

## **Eligibility**

### **Key inclusion criteria**

1. Patient able to give informed consent personally or through a legal representative
2. Signed and dated written informed consent
3. Aged greater than or equal to 18 years, either sex
4. Clinical diagnosis of inoperable colorectal cancer
5. World Health Organization (WHO) performance status 0 - 2
6. Responding or stable disease as defined by oncologist following 12 weeks of chemotherapy as demonstrated on computed tomography (CT) scan in comparison with pre-treatment CT scan (Response Evaluation Criteria in Solid Tumours [RECIST])
7. Subject is clinically immunocompetent
8. Any cancer related symptoms are under control with standard non-chemotherapy medications
9. Subject has adequate bone marrow function as defined by an absolute lymphocyte count greater than or equal to 500/ $\mu$ L, absolute neutrophil count greater than 1200/ $\mu$ L and platelet count greater than 100,000/ $\mu$ L

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

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

All

### **Total final enrolment**

52

## **Key exclusion criteria**

1. Patient unable to give informed consent personally or through a legal representative
2. Creatinine level greater than 1.5 x upper limit of normal (ULN)
3. Bilirubin level greater than 50 µmol/l
4. Alkaline phosphatase greater than 3 x ULN
5. Aspartate aminotransferase (AST) and alanine aminotransferase (ALT) greater than 2 x ULN
6. Prothrombin time greater than 18 seconds
7. Prior exposure to TroVax®
8. Life expectancy of less than 3 months
9. Diagnosed as being immunosuppressed, receiving oral steroids (nasal sprays and inhalers are permitted) or receiving immunosuppressive therapy for oncology disorders, or following transplant
10. Patient has completed chemotherapy more than 2 weeks from the start of the treatment
11. Subject has clinically apparent/active autoimmune disease (prior confirmed diagnosis or treatment for autoimmune disease including Systemic Lupus Erythematosus, Grave's disease, Hashimoto's thyroiditis, multiple sclerosis, insulin dependent diabetes mellitus and rheumatoid arthritis). Note: subjects with non-insulin dependent diabetes mellitus can be included, as can subjects with controlled and rarely flaring rheumatoid disease.
12. Subject has a platelet count prior to start of chemotherapy greater than 400,000/µL; monocytes greater than 80,000/ µL; haemoglobin less than 9 g/dL
13. Significant cancer related symptoms requiring immediate treatment with chemotherapy
14. "Currently active" second malignancy, other than non-melanoma skin cancer. Subjects are not considered to have a "currently active" malignancy if they have completed therapy more than 5 years previously and have no known evidence of residual or recurrent disease.
15. Evidence of significant clinical disorder or laboratory finding which in the opinion of the investigating physician makes it undesirable for the patient to participate in the trial. No participant should have a serious or uncontrolled intercurrent infection (including those positive for HIV).
16. Psychiatric illnesses/social situations that limit compliance with protocol requirements
17. Allergy to egg proteins, cyclophosphamide, neomycin or allergic response to vaccinia vaccines
18. Known cerebral metastases (known from previous investigations or clinically detectable)
19. Haemorrhagic cystitis
20. Severe infection

## **Date of first enrolment**

01/04/2011

## **Date of final enrolment**

31/03/2014

## **Locations**

### **Countries of recruitment**

United Kingdom

Wales

### **Study participating centre**

**Henry Wellcome Building**  
Cardiff  
United Kingdom  
CF14 4XN

## Sponsor information

**Organisation**  
Cardiff University (UK)

**ROR**  
<https://ror.org/03kk7td41>

## Funder(s)

**Funder type**  
Charity

**Funder Name**  
Cancer Research Wales

**Alternative Name(s)**  
Ymchwil Canser Cymru, CRW

**Funding Body Type**  
Government organisation

**Funding Body Subtype**  
Trusts, charities, foundations (both public and private)

**Location**  
United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan**  
Not provided at time of registration

**IPD sharing plan summary**  
Not provided at time of registration

**Study outputs**

<b>Output type</b>	<b>Details</b>	<b>Date created</b>	<b>Date added</b>	<b>Peer reviewed?</b>	<b>Patient-facing?</b>
<a href="#">Results article</a>	results	12/10/2017		Yes	No
<a href="#">Plain English results</a>			25/10/2022	No	Yes