ISRCTN55984729 https://doi.org/10.1186/ISRCTN55984729

Inovatyon second-line chemotherapy ovarian cancer

Submission date	Recruitment status	[_] Prospectively registered
31/10/2011	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
31/10/2011	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
08/03/2023	Cancer	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Miss Sam Ballantyne

Contact details
Guy's and St Thomas' Hospital
Great Maze Pond
London
United Kingdom
SE1 9RT
-
samb@oclinical.com

Additional identifiers

ClinicalTrials.gov (NCT)
NCT01379989

Clinical Trials Information System (CTIS)
2010-022949-17

Protocol serial number
10836

Study information

Scientific Title
Phase III international, randomized study of Trabectedin plus Pegylated Liposomal Doxorubicin (PLD) versus Carboplatin plus PLD in patients with ovarian cancer progressing within 6-12 months of last platinum

Acronym
INOVATYON

Study objectives
No data are available comparing trabectedin + PLD to a platinum-based regimen. Based on data from OVA-301 and CALYPSO the proposed INOVATYON trial will investigate the role of a non-platinum combination for the treatment of ovarian cancer patients relapsing between six and 12 months after last platinum-based chemotherapy
1. Does the combination of trabectedin and PLD prolong overall survival over carboplatin + PLD?
2. Progression Free Survival, response rate, safety profile, quality of life,Time from randomization to subsequent chemotherapy, response rate and progression free survival after subsequent therapies, overall survival counted from the administration of subsequent chemotherapy

Sub study (Italy Only)
Pharmacokinetic analyses in plasma and ascites in a subset of patients receiving trabectedin and PLD
1. To demonstrate that the combination of trabectedin (Yondelis®) and pegylated liposomal doxorubicin (PLD) prolongs overall survival (OS) over carboplatin and PLD in patients with relapsed ovarian cancer progressing within 6-12 months after end of last platinum.
2. To evaluate the time from randomization to subsequent chemotherapy and the overall survival counted from the administration of subsequent chemotherapy.
2.1. To evaluate serological response of CA-125 in each arm.
2.2. To compare the quality of life (QoL) in each arm using the European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire-C30 (QLQ-C30) and the Quality of Life Questionnaire-OV28 (QLQ-OV28).
2.3. To compare safety profile, progression free survival (PFS), objective response rate (ORR), the type and length of remission (response rate and PFS) after subsequent therapies following each of the two combinations.
2.4. Sub-study in selected centers (ITALY ONLY): To perform pharmacokinetic (PK) analyses in both plasma and ascites in a subset of patients receiving trabectedin and PLD

Ethics approval required
Old ethics approval format

Ethics approval(s)
First MREC, 04/10/2011, ref: 11/LO/1261

Primary study design
Interventional

Study design
Randomised interventional treatment

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Gynaecological cancer, ovarian cancer

Interventions
Yondelis & PLD versus Carboplatin & PLD

Patients are either given trabectedin (Yondelis®) and pegylated liposomal doxorubicin (PLD) or carboplatin and PLD

Intervention Type
Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Carboplatin, Pegylated Liposomal Doxorubicin (PLD), Trabectedin (Yondelis®)

Primary outcome(s)
Demonstrate that the combination of trabectedin (Yondelis®) and pegylated liposomal doxorubicin

Key secondary outcome(s)
1. CA-125 response
2. To evaluate serological response of CA-125 in each arm
3. Quality of life
4. To compare the quality of life (QoL) in each arm using the European Organization for Research
5. Safety Profile
6. To compare safety profile, progression free survival (PFS), objective response rate (ORR)

Sub study (Italy only):
1. To perform pharmacokinetic (PK) analyses in both plasma
2. Time to subsequent chemotherapy
3. To evaluate the time from randomization to subsequent chemotherapy and the overall survival counted

Completion date
01/12/2013

Eligibility

Key inclusion criteria
1. Female, aged = 18 years
2. Histologically and/or cytologically proven epithelial ovarian, epithelial fallopian tube cancer or primary peritoneal cancer
3. Progression-free interval between six and twelve (6-12) months (calculated from the first day of the last cycle of the last platinum-based chemotherapy until the date of progression

confirmation through radiologic imagery). Patients may have received up to two platinum-based chemotherapy lines, of which at least one must have contained a taxane
4. Measurable or evaluable disease confirmed by radiological imaging, such as magnetic resonance imaging (MRI), computed tomography (CT) scan, or PET/CT scan at study entry. CA-125 rise not supported by radiological evidence of disease is not accepted as criteria for defining progression) or histological proven recurrent ovarian cancer even in the absence of postoperatively measurable or evaluable lesions
5. Eastern Cooperative Oncology Group (ECOG) performance status (PS) = 2
6. Estimated life expectancy = 12 weeks
7. Patients must be accessible for treatment and follow-up
8. Adequate organ function within 14 days prior to first cycle as evidenced by:
8.1. Peripheral blood counts and serum chemistry values:
8.1.1. Hemoglobin ³ 9 g/dl
8.1.2. Absolute neutrophil count (ANC) ³ 1,500/ml
8.1.3. Platelet count ³ 100,000/ml
8.1.4. Estimated glomerular filtration rate > 60 ml/min according to the Cockroft-Gault formula
8.1.5. Creatine phosphokinase (CPK) = 2.5 x ULN
8.2. Hepatic function variables:
8.2.1. Total bilirubinULN
8.2.2. Total alkaline phosphatase 2.5 ULN (consider hepatic isoenzymes 5-nucleotidase if the elevation could be osseous in origin)
8.2.3. Aspartate aminotransferase (AST) and alanine aminotransferase (ALT) must be £ 2.5 x ULN
9. Patients must be able to receive dexamethasone or its equivalent, which is required if randomly assigned to treatment with trabectedin plus PLD
10. Informed consent of the patient

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
Female

Total final enrolment
617

Key exclusion criteria
1. Non-epithelial ovarian or mixed epithelial/non epithelial tumors (e.g., Mullerian tumors)
2. Patients who did not respond to last platinum-based therapy or in whom last relapse occurred < 6 months or > 12 months from the last dose of platinum
3. Bowel obstruction, sub-occlusive disease or the presence of symptomatic brain metastases
4. Pre-existing grade > 1 motor or sensory neuropathy according to the National Cancer Institute Common Toxicity Criteria Adverse Event (NCI-CTCAE) version 4.0

5. Myocardial infarct within six months before enrolment, New YorkHeart Association (NYHA) Class II or worse heart failure, uncontrolled angina, severe uncontrolled ventricular arrythmias, clinically significant pericardial disease, or electrocardiographic evidence of acute ischemic or active conduction system abnormalities
6. History of liver disease
7. Concurrent severe medical problems or any unstable medical condition unrelated to malignancy, which would significantly limit full compliance with the study or expose the patient to extreme risk or decreased life expectancy
8. Breastfeeding women and women of child bearing potential must use effective contraception during treatment and 3 months thereafter, which may include prescription contraceptives (oral, injection, or patch), intrauterine device, double-barrier method or male partner sterilization (not applicable to patients that are surgically sterile)
9. Prior exposure to trabectedin
10. Prior resistance to anthracyclines or PLD defined as a progression during anthracycline-based chemotherapy or a recurrence within 6 months from its ending
11. Prior severe PLD related toxicity
12. Prior exposure to cumulative doses of doxorubicin >400mg/m2 or epirubicin >720mg/m2
13. Treatment with any investigational product within 30 days prior to inclusion in the study
14. Patients with known hypersensitivity to Trabectedin and any of its excipients or yellow fever vaccine
15. Patients with concurrent serious or uncontrolled infection
16. Patients in need of yellow fever vaccine while on study chemotherapy

Date of first enrolment
01/05/2011

Date of final enrolment
01/12/2013

Locations

Countries of recruitment
United Kingdom

England

Denmark

Finland

Germany

Italy

Spain

Study participating centre
Guy's and St Thomas' Hospital
London

United Kingdom
SE1 9RT

Sponsor information

Organisation
Mario Negri Gynecological Oncology Group - MaNGO (Italy)

ROR
https://ror.org/01qd3xc93

Funder(s)

Funder type
Industry

Funder Name
Pharma Mar (Spain)

Results and Publications

Individual participant data (IPD) sharing plan
The data-sharing plans for the current study are unknown and will be made available later

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	outcome results	09/02/2023	08/03/2023	Yes	No
HRA research summary			28/06/2023	No	No
Plain English results		16/07/2021	20/07/2021	No	Yes