

Neoadjuvant study of sequential epirubicin /cyclophosphamide and paclitaxel ± gemcitabine in the treatment of high risk early breast cancer with molecular profiling, proteomics and candidate gene analysis

Submission date 25/11/2004	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 20/12/2004	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 19/10/2018	Condition category Cancer	☐ Individual participant data

Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-trial-looking-at-chemotherapy-before-surgery-for-breast-cancer>

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

ClinicalTrials.gov (NCT)

NCT00070278

Clinical Trials Information System (CTIS)

2004-002356-34

Protocol serial number

N0544160589

Study information

Scientific Title

Neoadjuvant study of sequential epirubicin/cyclophosphamide and paclitaxel $\pm$ gemcitabine in the treatment of high risk early breast cancer with molecular profiling, proteomics and candidate gene analysis

Acronym

Neo-tAnGo

Study objectives

Added 12/08/09:

Some women diagnosed with early breast cancer are advised to have chemotherapy before surgery (neoadjuvant chemotherapy). The aim of this neoadjuvant breast cancer study is to determine the benefit of adding gemcitabine (a newer anticancer chemotherapy drug) to epirubicin, cyclophosphamide and paclitaxel (standard chemotherapy treatment) in the neoadjuvant setting.

As of 12/08/09 this record has been extensively updated. All updates can be found in the relevant field with the above update date.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Primary study design

Interventional

Study design

Multicentre randomised controlled trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Early breast cancer

Interventions

Current information as of 12/08/09:

This is a randomised, multicenter study. Patients are stratified according to estrogen-receptor status (negative vs greater than 10% positive cells), HER-2 status (positive vs negative), tumor size (30-50 mm vs greater than 50 mm), and clinical involvement of axillary nodes (yes vs no).

Patients are randomized to 1 of 4 treatment arms.

1. Neoadjuvant sequential chemotherapy:

1.1. Arm 1: Patients receive epirubicin IV and cyclophosphamide IV on day 1. Treatment repeats every 21 days for 4 courses. Patients then receive paclitaxel IV over 3 hours on day one.

Treatment repeats every 21 days for 4 courses.

1.2. Arm 2: Patients receive paclitaxel as in arm I followed by epirubicin and cyclophosphamide as in arm I.

1.3. Arm 3: Patients receive epirubicin and cyclophosphamide as in arm I followed by paclitaxel as in arm I and gemcitabine IV over 30 minutes on days 1 and 8. Treatment repeats every 21 days for 4 courses.

1.4 Arm 4: Patients receive paclitaxel as in arm I and gemcitabine as in arm III followed by epirubicin and cyclophosphamide as in arm I.

2. Surgery: After completion of neoadjuvant chemotherapy, patients in all arms undergo definitive surgery.

3. Radiotherapy: Radiotherapy will be given as appropriate

4. Tumor tissue is removed from a subset of patients during serial biopsies. Molecular and genetic profiling, mutation analysis, and comparative genomic analysis is performed on the tissue samples.

5. Quality of life is assessed at baseline, after 4 courses of chemotherapy, after the completion of chemotherapy, after surgery, and then every 6 months for 2 years.

6. Patients are followed every 2 months for 2 years and then every 3 months for 3 years.

Initial information at time of registration:

Phase III, multi-centre, prospective, randomised trial of neoadjuvant chemotherapy involving recruitment of 800 patient volunteers. All patients will receive four cycles of Epirubicin (E) (90 mg/m², every three weeks) and Cyclophosphamide (C) (600 mg/m², every three weeks) and either four cycles of paclitaxel (T) (175 mg/m², every two weeks) alone, or four cycles paclitaxel in combination with Gemcitabine (G) (2000 mg/m², day one and then every two weeks), according to randomisation. A further sub-randomisation will be conducted to assess the effect of treatment sequence (i.e. EC followed by T ± G versus T ± G followed by EC).

Intervention Type

Other

Phase

Phase III

Primary outcome(s)

Added 12/08/09:

Complete pathological response after 4 courses

Key secondary outcome(s)

Added 12/08/09:

1. Overall survival

2. Disease-free survival

3. Effect of prognostic factors

Completion date

31/05/2005

Eligibility

Key inclusion criteria

1. Women with histological diagnosis of invasive breast cancer
2. T2 tumour or above (ultrasound size more than 20 mm)
3. Any hormone receptor status
4. Patient fit to receive any of the trial chemotherapy regimens
5. Patient must have adequate bone marrow, hepatic, renal, and cardiac function
6. Eastern Cooperative Oncology Group (ECOG) performance status of zero, one, or two
7. No previous chemotherapy or radiotherapy
8. No previous malignancy except basal cell carcinoma or cervical carcinoma in situ, unless disease-free for ten years, after surgical treatment only
9. Chemotherapy should start as soon as possible but must commence within four weeks of biopsy
10. Randomisation needs to take place within three weeks of biopsy
11. Non-pregnant and non-lactating
12. No concomitant medical or psychiatric problems that might prevent completion of treatment or follow-up
13. 18 years or older
14. Written informed consent for the study

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Sex

Female

Key exclusion criteria

1. Previous treatment with irinotecan
2. Any condition requiring ongoing ciclosporin treatment
3. Ongoing treatment with cetuximab (NB previous cetuximab is not an exclusion criterion, provided it has stopped more than three weeks before randomisation)
4. If a female of child-bearing age, a positive pregnancy test, or not using adequate contraception
5. Concurrent or previous other cancer (excluding non-melanomatous skin cancer)
6. Known Central Nervous System (CNS) metastases, carcinomatous meningitis or recent history of seizures
7. Major thoracic or abdominal surgery within preceding four weeks
8. Chronic enteropathy (e.g. Crohn's disease, ulcerative colitis)
9. Chronic diarrhoea of any cause, whether or not related to the colorectal cancer or surgery
10. Unresolved bowel obstruction
11. Uncontrolled infection

12. Incapable of reliable oral self-medication

13. Any other condition, which, in the investigator's opinion would make the patient unsuitable for participation in the trial

Date of first enrolment

01/04/2000

Date of final enrolment

31/05/2005

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Department of Oncology

Cambridge

United Kingdom

CB2 2TT

Sponsor information

Organisation

Cambridge University Hospitals NHS Foundation Trust (UK)

ROR

<https://ror.org/04v54gj93>

Funder(s)

Funder type

Charity

Funder Name

Cancer Research UK (CRUK) (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

Eli Lilly & Company Limited (UK)

Funder Name

Bristol Myers-Squibb (UK)

Alternative Name(s)

Bristol-Myers Squibb Company, Bristol Myers Squibb, Bristol-Myers Company, BMS

Funding Body Type

Government organisation

Funding Body Subtype

For-profit companies (industry)

Location

United States of America

Results and Publications

Individual participant data (IPD) sharing plan**IPD sharing plan summary****Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	sub-study results	19/08/2008		Yes	No
Results article	results	01/02/2014		Yes	No
Plain English results				No	Yes