

# A randomised trial assessing the role of two new agents in the management of advanced colorectal cancer

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|----------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Submission date</b><br>06/04/2000   | <b>Recruitment status</b><br>No longer recruiting | <input checked="" type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol |
| <b>Registration date</b><br>06/04/2000 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>15/10/2018       | <b>Condition category</b><br>Cancer               | <input type="checkbox"/> Individual participant data                                              |

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### ClinicalTrials.gov (NCT)

NCT00008060

### Protocol serial number

E164/3; CR08

## Study information

**Scientific Title**

A randomised trial assessing the role of two new agents in the management of advanced colorectal cancer

**Acronym**

MRC FOCUS (Fluorouracil, Oxaliplatin, CPT-11, Use and Sequencing)

**Study objectives**

1. The principal objective is to determine whether there is an advantage for patients for the use of combination chemotherapy for colorectal cancer compared with the standard approach of sequential single-agent therapies.
2. In addition the trial will determine whether combination therapy is best used in first-line management of advanced disease, or reserved for second-line treatment following standard first-line single-agent modified de Gramont (MdG).
3. Finally, the trial will compare the efficacy and toxicity of an irinotecan-containing combination versus the equivalent oxaliplatin-containing combination.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Added 17/07/2007: Northern and Yorkshire Medical Research Ethics Committee, approval given on 12/11/1999.

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Colorectal cancer

**Interventions**

This is a five-arm trial in which patients will be randomly allocated to one of five 'treatment plans'. These plans comprise first-line and, in some cases, a second-line chemotherapy treatment plan. The five plans are:

Plan A: First-line Modified de Gramont (MdG) regimen. In the event of radiological or clinical disease progression, MdG will be stopped, and, if appropriate, patients will receive second-line therapy with single-agent irinotecan.

Plan B: First-line MdG. In the event of radiological or clinical progression patients will, if appropriate, receive second-line therapy with MdG-plus-Irinotecan (IrMdG).

Plan C: First-line treatment with IrMdG.

Plan D: First-line MdG. In the event of radiological or clinical progression patients will, if appropriate, receive second-line therapy with MdG-plus-Oxaliplatin (OxMdG).

Plan E: First-line treatment with OxMdG.

The chemotherapy schedules employed in the plans are as follows:

MdG: l-folinic acid 175 mg iv infusion over two hours

5-fluorouracil 400 mg/m<sup>2</sup> intravenous bolus over five minutes

5-fluorouracil 2800 mg/m<sup>2</sup> intravenous infusion over 46 hours

Cycle repeat: 14 days

Irinotecan (single agent):

Irinotecan 300-350 mg/m<sup>2</sup> intravenous infusion over 30 minutes

Cycle repeat: 21 days

IrMdG: Irinotecan 180 mg/m<sup>2</sup> intravenous infusion over 30 minutes

l-folinic acid 175 mg/m<sup>2</sup> intravenous infusion over two hours

5-fluorouracil 400 mg/m<sup>2</sup> intravenous bolus over five minutes

5-fluorouracil 2400 mg/m<sup>2</sup> intravenous infusion over 46 hours

Cycle repeat: 14 days

OxMdG: Oxaliplatin 80 mg/m<sup>2</sup> intravenous infusion over two hours concurrent with

l-folinic acid 175 mg intravenous infusion over two hours

5-fluorouracil 400 mg/m<sup>2</sup> intravenous bolus over five minutes

5-fluorouracil 2400 mg/m<sup>2</sup> intravenous infusion over 46 hours

Cycle repeat: 14 days

In every case, chemotherapy schedules are continued for at least 24 weeks unless disease progression or unacceptable toxicity occurs. Dose reductions or delays for toxicity are defined in the full protocol.

## **Intervention Type**

Drug

## **Phase**

Not Specified

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

Fluorouracil, Oxaliplatin, CPT-11

## **Primary outcome(s)**

Survival from randomisation

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

1. Time to failure of first-line treatment
2. Time to failure of protocol treatment plan
3. Objective response rate
4. Patient assessment of quality of life and acceptability of treatment, health economics

## **Completion date**

31/12/2003

# Eligibility

## Key inclusion criteria

1. Histologically confirmed adenocarcinoma of the colon or rectum
2. Inoperable disease (either locally advanced, recurrent or metastatic and not suitable for curative surgery or radiotherapy)
3. Measurable or evaluable disease
4. World Health Organization (WHO) performance status zero to two
5. Fit, able and willing to undergo any of the possible trial treatments and to comply with the quality of life questionnaires

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Not Specified

## Sex

Not Specified

## Key exclusion criteria

1. White Blood Cells (WBC) less than  $4 \times 10^9/l$
2. Platelets less than  $150 \times 10^9/l$
3. Bilirubin more than 1.25 x Upper Limit of Normal (ULN)
4. Alkaline phosphatase more than 3 x ULN
5. Aspartate aminotransferase (AST) or Alanine aminotransferase (ALT) more than 3 x ULN
6. Renal impairment (calculated Creatinine Clearance [CrCl] less than 60 ml/min, or measured Glomerular Filtration Rate [GFR] below normal range)
7. Serious uncontrolled medical co-morbidity

## Date of first enrolment

12/05/2000

## Date of final enrolment

31/12/2003

# Locations

## Countries of recruitment

United Kingdom

England

## Study participating centre

**MRC Clinical Trials Unit**  
London  
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## Sponsor information

### Organisation

Medical Research Council (MRC) Clinical Trials Unit (UK)

### ROR

<https://ror.org/03x94j517>

## Funder(s)

### Funder type

Research council

### Funder Name

Medical Research Council (MRC) (UK)

### Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

### 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

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                                                                          | 14/07/2007   |            | Yes            | No              |
| <a href="#">Results article</a>       | results                                                                          | 01/06/2008   |            | Yes            | No              |
| <a href="#">Results article</a>       | results on the association of molecular markers with toxicity outcomes           | 20/11/2009   |            | Yes            | No              |
| <a href="#">Results article</a>       | results on the effect of KRAS and BRAF mutations on efficacy of treatment agents | 10/12/2009   |            | Yes            | No              |
| <a href="#">Plain English results</a> |                                                                                  |              |            | No             | Yes             |