

T4 immunotherapy of head and neck cancer

| | | |
|----------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Submission date 15/07/2015 | Recruitment status No longer recruiting | <input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol |
| Registration date 15/07/2015 | Overall study status Completed | <input checked="" type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results |
| Last Edited 02/12/2025 | Condition category Cancer | <input type="checkbox"/> Individual participant data |

Plain English summary of protocol

<http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-t4-immunotherapy-for-people-with-head-and-neck-cancer>

Contact information

Type(s)

Public

Contact name

Dr John Maher

Contact details

Department of Research Oncology
Guy's Hospital
Great Maze Pond
London
United Kingdom
SE1 9RT

Additional identifiers

ClinicalTrials.gov (NCT)

NCT01818323

Clinical Trials Information System (CTIS)

2012-001654-25

Protocol serial number

19183

Study information

Scientific Title

Phase 1 trial: T4 immunotherapy of head and neck cancer

Study objectives

Intra-tumoural delivery of T4 immunotherapy will provide a safe and efficacious immunotherapy for locally advanced / recurrent squamous cell carcinoma of head and neck.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NRES committee west London, 20/11/2012, ref: 12/LO/1834

Study design

Non-randomised; Interventional; Design type: Treatment

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Topic: Cancer; Subtopic: Head and Neck Cancer; Disease: Head and Neck

Interventions

Intratumoural T4 immunotherapy, delivered at a single setting to multiple points in a locally advanced or recurrent tumour.

Study Entry : Registration only

Intervention Type

Biological/Vaccine

Phase

Phase I

Drug/device/biological/vaccine name(s)

T4

Primary outcome(s)

To define dose limiting toxicities for T4 immunotherapy in SCCHN.

Key secondary outcome(s)

1. To determine a safe and feasible recommended dose for phase II testing of intra-tumoural T4 Immunotherapy
2. To investigate serum cytokine levels after administration of T4 immunotherapy
3. To investigate persistence of T4+ T-cells at the site of administration and in the peripheral circulation
4. To achieve preliminary assessment of anti-tumour activity, using cross-sectional imaging to quantify objective responses

5. To investigate tumour ErbB receptor phenotype, before and after administration of T4 immunotherapy
6. To investigate immunomodulatory effects of low dose cyclophosphamide on T4 immunotherapy.
7. To investigate effect of T4 immunotherapy upon immune reactivity against endogenous tumour antigens

Completion date

31/12/2024

Eligibility

Key inclusion criteria

1. Histologically and/ or cytologically confirmed SCCHN
2. 18 years or older
3. Locally advanced and/ or recurrent head and neck cancer with or without metastatic disease (excluding brain metastases) for whom no standard therapy remains or is suitable
4. Regarding previous treatment, patients may have received prior systemic therapy, including platinum chemotherapy, at least one month earlier. In the presence of metastatic disease, recent short-course palliative radiotherapy to non-target site(s) is allowed
5. Those who refuse palliative treatment may be eligible for participation. However, their reasons for not opting for palliative treatment must be explored thoroughly
6. At least one loco-regional target lesion measurable by RECIST v1.1 criteria on CT or MRI scanning within four weeks of enrolment, and amenable to intra-tumoral injection
7. Eastern Co-operative Oncology Performance Status of 0-2
8. Normal cardiac function as assessed by electrocardiography and either echocardiography (ECHO), or multi-gated acquisition (MUGA) scanning. Left ventricular ejection fraction must be >50%. Assessment must take place within four weeks of enrolment
9. Haematology results within seven days of enrolment: neutrophils >1.5 x 10⁹/L, platelets >100 x 10⁹/L, haemoglobin >9g/dl, INR <1.5
10. Biochemistry results within seven days of enrolment:
 - 10.1. Serum creatinine <1.5 upper limit of normal
 - 10.2. Bilirubin <1.25 times normal
 - 10.3. ALT/ AST <2.5 times upper limit of normal (<5 times upper limit of normal if liver metastases present)
11. Female patients must be postmenopausal (12 months of amenorrhea), surgically sterile or they must agree to use a physical method of contraception. Oral or injectable contraceptive agents cannot be the sole method of contraception. Women of childbearing potential (WOCB) who receive cyclophosphamide must adhere to these contraceptive requirements during the trial and until 3 months after the last dose of cyclophosphamide. Male patients, even if sterilized, must agree to use a barrier method of contraception. Male subjects must also commit to use a barrier method of contraception until at least 3 months after the end of study treatment
12. Written informed consent prior to registration

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

18 years

Upper age limit

100 years

Sex

All

Total final enrolment

20

Key exclusion criteria

1. The presence of or imminent occurrence of airway obstruction, unless tracheostomy in place
2. The presence of or imminent occurrence of tumour-mediated infiltration of major blood vessels
3. Positive history of HIV-1, HIV-2, HTLV-1, HTLV-2, Hepatitis B, Hepatitis C or syphilis infection.
4. Prior splenectomy
5. Clinically active autoimmune disease. Sub-clinical or quiescent autoimmune disease does not exclude from participation
6. Treatment in the preceding week with systemic corticosteroids (> 20mg prednisolone/ day), any systemic immunomodulatory agent, radiotherapy, chemotherapy or investigational medicinal product
7. Concurrent use of anticoagulant therapy is not permissible
8. The presence of major co-morbidity likely to impair ability to undergo trial therapy, such as recent myocardial infraction, congestive cardiac failure or uncontrolled hypertension
9. The presence of any psychological, familial, sociological or geographical condition potentially hampering compliance with the study protocol and follow-up schedule
10. Cyclophosphamide allergy - Final (sixth) cohort only
11. Pregnancy
12. Prior T4 immunotherapy

Date of first enrolment

05/06/2015

Date of final enrolment

15/10/2024

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Department of Research Oncology, Guy's Hospital
Great Maze Pond
London
England
SE1 9RT

Sponsor information

Organisation

King's College London

ROR

<https://ror.org/0220mzb33>

Funder(s)

Funder type

Government

Funder Name

Jon Moulton Charitable Foundation

Funder Name

Wellcome Trust

Alternative Name(s)

Funding Body Type

Private sector organisation

Funding Body Subtype

International organizations

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|-------------------------------------------|-------------|--------------|------------|----------------|-----------------|
| Interim results article | | 15/06/2023 | 12/12/2023 | Yes | No |
| Other unpublished results | | 29/11/2025 | 02/12/2025 | No | No |
| Protocol file | version 2.5 | 31/05/2015 | 12/12/2023 | No | No |
| Protocol file | version 10 | 29/01/2024 | 24/11/2025 | No | No |
| Statistical Analysis Plan | version 5.0 | 20/05/2025 | 02/12/2025 | No | No |