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Triple Negative Trial: a randomised phase III trial of carboplatin compared to docetaxel for patients with advanced oestrogen receptor-progesterone receptor-human epidermal growth factor receptor two-breast cancer

Submission date 26/01/2007	**Recruitment status** No longer recruiting	[X] Prospectively registered [_] Protocol
Registration date 20/03/2007	**Overall study status** Completed	[_] Statistical analysis plan [X] Results
Last Edited 18/02/2019	**Condition category** Cancer	[_] Individual participant data

Plain English summary of protocol
http://www.cancerhelp.org.uk/trials/a-trial-comparing-different-chemotherapy-drugs-for-advanced-triple-negative-breast-cancer

Contact information

Type(s)
Scientific

Contact name
Dr Andrew Tutt

Contact details
Guy's & St Thomas' Hospital NHS Foundation Trust
Breast Unit
St Thomas Street
London
United Kingdom
SE1 9RT
+44 (0)20 7188 4237
andrew.tutt@icr.ac.uk

Additional identifiers

ClinicalTrials.gov (NCT)
NCT00532727

Clinical Trials Information System (CTIS)
2006-004470-26

Protocol serial number
ICR-CTSU/2006/10003

Study information

Scientific Title
Triple Negative Trial: a randomised phase III trial of carboplatin compared to docetaxel for patients with advanced oestrogen receptor-progesterone receptor-human epidermal growth factor receptor two-breast cancer

Acronym
TNT

Study objectives
To determine whether there is greater activity for carboplatin than a taxane standard of care (docetaxel) in women with oEstrogen Receptor-Progesterone Receptor-Human Epidermal growth factor Receptor 2 (ER-PR-HER2) breast cancer. The trial aims to recruit between 350 and 450 patients.

Ethics approval required
Old ethics approval format

Ethics approval(s)
East London and the City Research Ethics Committee 1, 11/06/2007

Study design
Phase III multicentre randomised trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Metastatic or recurrent locally advanced disease

Interventions
Arm A: Carboplatin area under the concentrationtime curve (AUC) six, every three weeks for six cycles (18 weeks)
Arm B: Docetaxel 100 mg/m^2, every three weeks for six cycles (18 weeks)

Cross over to alternative treatment on progression.

Intervention Type
Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Carboplatin, docetaxel

Primary outcome(s)
Response will be evaluated after three and six cycles of chemotherapy using modified Response Evaluation Criteria in Solid Tumors (RECIST) criteria, with appropriate clinical assessment and radiological investigations.

Key secondary outcome(s))
1. Time to progression: this will be defined according to RECIST criteria and will be measured from the start of treatment until the confirmation of progression
2. Progression free survival: this will be defined according to RECIST criteria and will be measured from the start of treatment until the confirmation of progression or death. Response to second line therapy on progression will be assessed using RECIST criteria as described for the primary endpoint
3. Time to treatment failure: this will be defined as time from randomisation to discontinuation of protocol treatment for any reason, or progression of disease as defined by RECIST
4. Overall survival: this will be defined as time from randomisation until death from any cause in the intention to treat population
5. Toxicity will be assessed throughout the treatment period using the National Cancer Institute Common Terminology Criteria for Adverse Events version three (NCI CTCAE v3.0).

Completion date
31/03/2020

Eligibility

Key inclusion criteria
1. Histologically confirmed ER-, PR-, primary breast cancer (Allred less than three or H score less than ten or ER- and PR- negative, if other cut-offs used [e.g., 1%, 5% or 10%])
2. Histologically confirmed HER2- primary breast cancer (ImmunoHistoChemistry [IHC] scoring 0 or 1+ for HER2 or non-amplified for HER2 [Fluorescence In Situ Hybridisation {FISH}])
3. Measurable confirmed metastatic or recurrent locally advanced disease unsuitable for local therapy
4. Patients with stable, treated brain metastases will be eligible providing informed consent can be given and that other sites of measurable disease are present
5. Eastern Cooperative Oncology Group (ECOG) performance status zero, one or two
6. Adequate haematology, biochemical indices (Full Blood Count [FBC], Urea and Electrolytes [U & Es])
7. Liver Function Tests (LFTs): normal bilirubin, Aspartate Aminotransferase (AST) and/or Alanine Aminotransferase (ALT) less than or equal to 3 x Upper Limit of Normal (ULN) if Alkaline Phosphatase is greater than 5 x ULN (or an isolated elevation AST/ALT of less than or equal to 5 x ULN)
8. Adequate renal function
9. Written informed consent, able to comply with treatment and follow-up

Participant type(s)

Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
Female

Key exclusion criteria
1. Original primary tumour or subsequent relapse known to be positive for any of ER, PR, or HER2 receptors
2. Patients with inoperable locally advanced disease suitable for local radiotherapy or an anthracycline containing regimen
3. Patients unfit for chemotherapy or those with neuropathy greater than grade one (sensory or motor)
4. Known allergy to platinum compounds or to mannitol
5. Known sensitivity to taxanes
6. Previous exposure to a taxane in adjuvant chemotherapy within 12 months of trial entry
7. Previous treatment with a taxane for recurrent/metastatic disease
8. Previous treatment with a platinum chemotherapy drug
9. LFTs: abnormal bilirubin (greater than ULN), AST and/or ALT greater than 3 x ULN and Alkaline Phosphatase greater than 5 x ULN (or an isolated elevation AST/ALT of greater than or equal to 5 x ULN)
10. Patients with a life expectancy of less than three months
11. Previous malignancies other than adequately treated in situ carcinoma of the uterine cervix or basal or squamous cell carcinoma of the skin, unless there has been a disease free interval of at least ten years
12. Patients with bone limited disease
13. Other serious uncontrolled medical conditions or concurrent medical illness likely to compromise life expectancy and/or the completion of trial therapy
14. Pregnant, lactating or potentially childbearing women not using adequate contraception (documentation of a negative serum Human Choronic Gonadotropin [HCG] pregnancy test should be available for pre-menopausal women with intact reproductive organs, or women less than two years after the menopause. Fertile women and their partners must use a medically acceptable contraceptive throughout the treatment period and for six months following cessation of treatment. Subjects must be made aware before entering the trial of the risk in becoming pregnant)

Date of first enrolment
16/01/2008

Date of final enrolment
21/03/2014

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Guy's & St Thomas' Hospital NHS Foundation Trust
London
United Kingdom
SE1 9RT

Sponsor information

Organisation
Institute of Cancer Research and King's College London (UK)

ROR
https://ror.org/0220mzb33

Funder(s)

Funder type
Charity

Funder Name
Cancer Research UK (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
Breakthrough Breast Cancer (UK)

Alternative Name(s)

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
United Kingdom

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	results	01/05/2018		Yes	No