Simply Capecitabine in rectal cancer after irradiation plus TME.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON20322

Source
NTR

Brief title
SCRIPT

Health condition

Rectal cancer, tumor

Sponsors and support

Primary sponsor: Dutch Colorectal Cancer Group
Source(s) of monetary or material Support: Roche, Koningin Wilhelmina Fonds (KWF)

Intervention

Outcome measures

Primary outcome

To investigate in rectal cancer patients, in a randomised fashion, whether post-operative chemotherapy leads to a substantial improvement in overall survival, when standardised TME-surgery and pre-operative radiotherapy and pathology are applied.

Secondary outcome

1. To investigate in a randomised fashion whether post-operative chemotherapy leads to a substantial improvement in local and distant tumour control, when standardised TME-surgery, pre-operative radiotherapy and pathology are applied;

2. Standardisation and quality control of TME-surgery and pathology.

Study description

Background summary

Background:

Of major concern in the treatment of rectal cancer is the development of local and distant recurrences. Local recurrence rates have been reduced by both TME-surgery and pre-operative hypofractioned radiotherapy. So far, chemotherapy has shown little or no effect in combination with conventional surgery in the prevention of distant recurrences and improvement of survival. This may in part be explained by the high rate of local recurrence, which might have masked the beneficial effect of chemotherapy. The role of adjuvant chemotherapy has never been tested in combination with standardised TME-surgery. In the CKVO 95-04 trial, the beneficial role of pre-operative, short-term radiotherapy has been confirmed in combination with standardised and quality-controlled TME-surgery and pathology. In this successor trial, the additional value of post-operative chemotherapy will be evaluated in the same setting.

Study objectives:

Main objective: To investigate in a randomised fashion whether chemotherapy after standardised TME-surgery with pre-operative radiotherapy, leads to a substantial improvement in overall survival.
Secondary objective: To investigate in a randomised fashion whether post-operative chemotherapy leads to a substantial improvement in local and distant tumour control, when standardised TME-surgery with pre-operative radiotherapy and pathology are applied.

Selection criteria:

The issue of this trial will be studied through randomisation for yes/no post-operative chemotherapy; only patients with a TNM-stage II or III rectal adenocarcinoma without any macroscopical residual tumour are eligible for this randomisation. The lower margin of the tumour must have been located within 15 cm of the anal verge. TME-surgery must have been performed and all patients must have received preoperative radiotherapy with 5x5 Gy. Only

patients with WHO performance status 2 or less and without contraindications to chemotherapy are eligible.

Study design:

Pathological examination of the resected specimen must have been done according to the protocol of Quirke. If a patient is randomised for chemotherapy, 8 courses of capecitabine are given. Primary end-point will be overall survival and secondary endpoints will be overall recurrence rate (local + distant recurrence) and local and distant recurrence separately. All randomised patients will be followed for the end-points.

Statistical considerations:

The overall survival in the arm treated without chemotherapy (TNM-stage II or III tumours) is expected to be approximately 60%. Assuming an improvement in overall survival from 60% to 70% in the arm treated with chemotherapy (TNM-stage II or III tumours), 840 patients are needed; 420 in each arm (alpha 0.05, two sided; power 0.90).

Study objective

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Study design

N/A

Intervention

Subjects will be randomised 1:1 to receive either 24 weeks of post-operative treat-ment (8 courses) with oral capecitabine twice daily, given on days 1-14 every 21 days versus no post-operative treatment (observation).

Contacts

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Eligibility criteria

Inclusion criteria

1. Rectal adenocarcinoma confirmed by histological examination of the biopsy specimen, located below the level of S1/S2 on a barium enema, CT scan or MRI scan, or either located within 15 cm of the anal verge, measured during withdrawal of the flexible scope;

2. Preoperative short term hypofractioned radiotherapy (5x5 Gy);

3. TME-surgery performed;

4. TNM-stage II (T3-T4, N0) or III (any T, N+) as defined by postoperative examina-tion of the resected specimen;

5. Start of chemotherapy treatment is possible within 6 weeks after surgery;

6. WHO performance score <= 2;

7. Patient is considered to be mentally and physically fit for chemotherapy as judged by the medical oncologist;

8. Age ≥ 18 years;

9. Written informed consent;

10. Adequate potential for follow-up.

Exclusion criteria

1. Evidence of macroscopic residual disease (R2);

2. T1 or T2 tumour with the presence of micrometastasis without the presence of macrometastasis;

3. Contraindications to chemotherapy, including adequate blood counts (measured after recovery from surgery)

- white blood count ≥ 4.0 x 10x9/L

- platelet count ≥ 100 x 10x9/L

- clinically acceptable haemoglobin levels

- creatinine levels indicating renal clea- rance of ≥ 60 ml/min

- bilirubin < 25 µmol/l;

4. Familial Adenomatosis Polyposis coli (FAP), Hereditary Non-Polyposis Colorectal Cancer (HNPCC), active Crohn’s disease or active Ulcerative colitis;

5. Concomitant malignancies, except for adequately treated basocellular carcinoma of the skin or in situ carcinoma of the cervix uteri. Subjects with prior malignancies must be disease-free for at least 10 years;

6. Known DPD deficiency.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-10-2004
Enrollment:	840
Type:	Actual

Ethics review

Positive opinion

Date:	23-12-2005
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL510
NTR-old	NTR552
Other	CKTO : 2003 – 16
ISRCTN	ISRCTN36266738

Study results

Summary results

N/A