

# The Pharmacokinetics of an oral uracil dose in patients with colorectal carcinoma.

No registrations found.

|                              |                            |
|------------------------------|----------------------------|
| <b>Ethical review</b>        | Positive opinion           |
| <b>Status</b>                | Recruiting                 |
| <b>Health condition type</b> | -                          |
| <b>Study type</b>            | Observational non invasive |

## Summary

### ID

NL-OMON28016

### Source

Nationaal Trial Register

### Brief title

KINURA-2

### Health condition

DPD deficiency  
Pharmacokinetics  
colorectal  
DPD deficiëntie  
kinetiek  
uracil  
colorectaal

## Sponsors and support

**Primary sponsor:** Leveste Scheper ziekenhuis  
Leids Universitair medische Centrum  
Leveste Scheper Ziekenhuis  
Boermarkeweg 60  
7824 AA Emmen

Postadres

Postbus 30.002  
7800 RA Emmen

**Source(s) of monetary or material Support:** fund = initiator = sponsor

## Intervention

## Outcome measures

### Primary outcome

Compare the AUC of uracil in patients with metastatic colorectal disease and patients with adjuvant treatment.

### Secondary outcome

The second objective of the study is to determine if there is a interpatient correlation between uracil levels determined in blood sampled with a newly developed bloodspot method and venapunction. AUC of uracil.

## Study description

### Background summary

Background of the study:

Dihydropyrimidine Dehydrogenase (DPD) is the initial and rate-limiting enzyme in the metabolism of 5-fluorouracil (5-FU).

Patients with a partial or complete DPD deficiency are at risk to develop severe toxicity after 5-FU administration. Uracil is degraded in dihydrouracil in a similar way as 5-FU. Hypothetically, DPD deficiency may cause higher uracil levels and a reduced turnover of uracil into dihydrouracil. An oral uracil test dose might be useful to determine the systemic DPD activity by measuring uracil and its metabolite dihydrouracil in plasma.

Objective of the study:

To compare the pharmacokinetic profile of uracil in cancer patients and healthy volunteers.

Study design:

Case control PK study with 24 patients diagnosed with colorectal cancer.

Study population:

Cancer patients with or without metastasis, age > 18 jaar, DPD activity in PBMC ? 6 nmol/mg/hour treated with 5-FU or capecitabine.

Intervention:

An oral dose of 500 mg/m<sup>2</sup> is administered to patients. Bloodsamples are obtained just before and on several timepoints after dosage.

Primary study parameters/outcome of the study:

AUC of uracil. The second objective of the study is to determine if there is a interpatient correlation between uracil levels determined in blood sampled with a newly developed bloodspot method and venapunction.

## **Study objective**

Dihydropyrimidine Dehydrogenase (DPD) is the initial and rate-limiting enzyme in the metabolism of 5-fluorouracil (5-FU). Patients with a partial or complete DPD deficiency are at risk to develop severe toxicity after 5-FU administration. Uracil is degraded in dihydrouracil in a similar way as 5-FU. Hypothetically, DPD deficiency may cause higher uracil levels and a reduced turnover of uracil into dihydrouracil. An oral uracil test dose might be useful to determine the systemic DPD activity by measuring uracil and its metabolite dihydrouracil in plasma.

## **Study design**

t = 0, 15, 30, 45, 60, 80, 100, 120, 150, 180 en 240 minutes after intake of uracil.

## **Intervention**

An oral dose of 500 mg/m<sup>2</sup> is administered to patients. Bloodsamples are obtained just before and on several timepoints after dosage.

## Contacts

### Public

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## Eligibility criteria

### Inclusion criteria

1. Age > 18 year;
2. Metastatic disease or adjuvant treatment;
3. Signed informed consent;
4. DPD activity in PBMCs  $\geq 6$  nmol/mg/hr;
5. Live expectation > 3 months.

### Exclusion criteria

1. DPD activity in PBMCs < 6 nmol/mg/hr;
2. Pregnancy;
3. Breastfeeding;
4. The use of Cimetidine (regarding drug interactions with 5-fluorouracil and capecitabine);

5. Reduced renal function (creatinine clearance <50 ml/min, calculated with the Cockcroft&Gault formula).

## Study design

### Design

|                     |                            |
|---------------------|----------------------------|
| Study type:         | Observational non invasive |
| Intervention model: | Parallel                   |
| Allocation:         | Non controlled trial       |
| Masking:            | Open (masking not used)    |
| Control:            | N/A , unknown              |

### Recruitment

|                           |             |
|---------------------------|-------------|
| NL                        |             |
| Recruitment status:       | Recruiting  |
| Start date (anticipated): | 05-08-2011  |
| Enrollment:               | 24          |
| Type:                     | Anticipated |

## Ethics review

|                   |                  |
|-------------------|------------------|
| Positive opinion  |                  |
| Date:             | 12-04-2012       |
| 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  | NL3243                              |
| NTR-old  | NTR3395                             |
| Other    | EudraCT : EudraCT2009-017620-11     |
| ISRCTN   | ISRCTN wordt niet meer aangevraagd. |

## Study results

### Summary results

N/A