# Prognostic value of Fluorine-18 3deoxy-3-fluorothymidine ([18F]FLT) uptake in resectable liver metastases of colorectal cancer

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1. to investigate the prognostic relevance of [18F]FLT uptake in resectable liver metastases of patients with colorectal cancer, in addition to existing prognostic indices with respect to disease-free survival; 2. in chemonaive patients, to validate...

Ethical review Approved WMO

**Status** Recruitment stopped

Health condition type Hepatobiliary neoplasms malignant and unspecified

**Study type** Observational invasive

# **Summary**

#### ID

NL-OMON36536

#### **Source**

ToetsingOnline

#### **Brief title**

[18F]FLT liver metastases of colorectal cancer

#### **Condition**

Hepatobiliary neoplasms malignant and unspecified

#### Synonym

bowel cancer, colorectalcancer

#### Research involving

Human

# **Sponsors and support**

**Primary sponsor:** Vrije Universiteit Medisch Centrum

1 - Prognostic value of Fluorine-18 3- deoxy-3-fluorothymidine ([18F]FLT) uptake in ... 13-05-2025

Source(s) of monetary or material Support: Center for Translational Molecular Medicine

#### Intervention

**Keyword:** [18F]FLT PET, colorectal cancer, liver metastases

#### **Outcome measures**

### **Primary outcome**

prognostic accuracy of [18F]FLT uptake in liver metastases with respect to patient outcomes (DFS),

### **Secondary outcome**

prognostic accuracy of [18F]FLT uptake vs. existing prognostic indices with respect to patient outcomes (DFS).

# **Study description**

#### **Background summary**

One-third of colorectal cancer patients have liver metastases at presentation, and 25% develop them after primary surgery. Patient management is dictated by technical resectability, residual liver function and absence of extrahepatic metastases. A Dutch multicentre ZON-MW study showed that preoperative [18F]FDG PET (by showing additional dissemination) reduces futile surgery by 38%. Still after surgery, outcome is highly variable (5 yrs survival 30-50%), and prognostic indicators beyond TNM staging are clearly needed. With new systemic therapies emerging, biomarkers are needed to adapt (multimodality) therapy to the biological tumour profile of individual patients. Proliferation markers are variably successful, perhaps due to heterogeneity (spatial [within tumours] and/or temporal [differences between primary vs. metastatic]). Conceptually, the S-phase fraction related Fluorine-18 3-deoxy-3-fluorothymidine ([18F]FLT) PET signal preoperatively adds these spatial and quantitative dimensions.

### Study objective

1. to investigate the prognostic relevance of [18F]FLT uptake in resectable liver metastases of patients with colorectal cancer, in addition to existing prognostic indices with respect to disease-free survival;

2. in chemonaive patients, to validate the association between standard histopathological proliferation markers in liver metastases and [18F]FLT uptake.

### Study design

observational multicentre cohort study

#### Intervention

[18F]FLT PET(-CT).

### Study burden and risks

benefit and group relatedness: single [18F]FLT PET- CT scan, yielding 4.4 mSv for a typical PET-CT acquisition. During the study, [18F]FLT PET studies will not be used for patient management.

# **Contacts**

#### **Public**

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De Boelelaan 1117 1081 HV Amsterdam NL

#### **Scientific**

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# **Trial sites**

### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

### Inclusion criteria

\*technically resectable liver metastases at the time of hepatic recurrence diagnosis

### **Exclusion criteria**

\*claustrophobia prohibiting PET-scanning

# Study design

# **Design**

**Study type:** Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 19-05-2011

Enrollment: 120

Type: Actual

# **Ethics review**

### Approved WMO

4 - Prognostic value of Fluorine-18 3- deoxy-3-fluorothymidine ([18F]FLT) uptake in ... 13-05-2025

<sup>\*</sup>written informed consent

<sup>\*</sup>systemic cancer therapy within 3 months prior to PET

<sup>\*</sup>largest liver metastasis <2 cm

Date: 05-07-2010

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 13-09-2010

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 12-09-2011

Application type: Amendment

Review commission: METC Amsterdam UMC

# **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

EudraCT EUCTR2009-017150-12-NL

CCMO NL29807.029.10