

# Feasibility of standard therapy with temozolomide and radiotherapy combined with ketogenic diet in patients with glioblastoma multiforme

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Primary objective: To assess the feasibility of KD in patients with glioblastoma multiforme during standard treatment. Secondary objectives: - To determine number of patients not being able to start protocol treatment (i.e. not able to reach ketosis,...

|                              |  |
|------------------------------|--|
| <b>Ethical review</b>        | Approved WMO   |
| <b>Status</b>                | Recruitment stopped                                    |
| <b>Health condition type</b> | Nervous system neoplasms malignant and unspecified NEC |
| <b>Study type</b>            | Interventional   |

## Summary

### ID

NL-OMON40862

### Source

ToetsingOnline

### Brief title

Ketogenic therapy in patients with glioblastoma multiforme

### Condition

- Nervous system neoplasms malignant and unspecified NEC

### Synonym

Glioblastoma Multiforme

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Erasmus MC, Universitair Medisch Centrum Rotterdam

**Source(s) of monetary or material Support:** Abbott,KWF: Alpe d'Huzes,Nutricia

## Intervention

**Keyword:** Glioblastoma Multiforme, Ketogenic Diet

## Outcome measures

### Primary outcome

Feasibility of KD during standard treatment with RT and CT defined as successfully following the KD for 14 weeks after start of protocol treatment.

So a patient is considered a failure for the primary endpoint if the KD is followed for less than 14 weeks from start of protocol treatment.

### Secondary outcome

- Number of days on KD after start protocol treatment
- Compliance to the KD reflected in adequate and stable ketosis (3-4 mmol/l).
- Number of withdrawals or not reaching ketosis  $<3$  mmol/L during the first 10 days of the KD
- Overall survival (OS) defined as time from diagnosis till date of death
- Progression free survival (PFS) defined as time from diagnosis till tumor progression or death (whichever comes first).
- Evaluation of neurological functioning will be evaluated by using the Vineland behavior scale (Appendix X) at baseline, after 8 weeks and at end of protocol treatment.
- Toxicity (i.e. adverse events CTCAE grade  $\geq 2$ ).

## Study description

## **Background summary**

Previous research has shown that the use of ketogenic diet has two potentially beneficial effects in the treatment of cancer; the sensitization of tumor cells to the toxic effects of radiation and protection of normal tissues from the toxic side effects of chemotherapy.

## **Study objective**

Primary objective:

To assess the feasibility of KD in patients with glioblastoma multiforme during standard treatment.

Secondary objectives:

- To determine number of patients not being able to start protocol treatment (i.e. not able to reach ketosis, or not being able to follow the KD for the first 10 days.
- To evaluate treatment effects in terms of overall survival (OS) and Progression free survival (PFS)
- To investigate the neurologic condition (on Vineland adaptive scale)

## **Study design**

Phase I, open label, single center, non-randomized prospective feasibility study

## **Intervention**

Addition of KD to standard treatment.

## **Study burden and risks**

The standard treatment of GBM patients consists of tumor resection followed by combined RT and chemotherapy (CT) for a period of six weeks after surgery and subsequent monthly cycles of chemotherapy mostly during six months. During standard treatment the patient will receive KD during the study period of 14 weeks. The patient follows a strict diet with high fat and low carbohydrate content which induces ketosis. The patient will be closely monitored by a specialized dietitian and nurse practitioner. The patient related possible risks of the combination of standard treatment and KD are classified as low based on a previous explorative study performed elsewhere. During the 14weeks study period, safety and feasibility will be assessed by registering the adverse effects of standard treatment and KD, quality of life, protocol compliance and neurological functioning.

## Contacts

### Public

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### 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

Part A:

- Histologically proven GBM (Astrocytoma WHO grade 4) after surgical resection
- Age  $\geq$  18 years.
- Not dexamethasone dependent after surgery
- Amenable and planned for standard RT and CT and starting within 6 weeks after enrolment.
- Supportive partner or family member who can and is willing to help calculating, preparing and providing the meals.
- KPS  $\geq$  70.
- Written informed consent
- Able and willing to complete study specific diaries and questionnaires.
- Able to understand the procedures and instructions and able to give informed consent;

Part B:

- Able to reach 3+ mmol/L ketosis within one week on the KD
- Able to follow the KD during ketosis, for at least 3 days

## Exclusion criteria

- Neurological deficit in language or cognitive functions causing inability to fully understand the study protocol and requirements
- Dementia or amnesia
- History of psychiatric disorder that would prohibit the understanding and giving of informed consent.
- The use of dexamethasone at time of registration
- Fatty acid disorders (like Medium Chain triglycerides disorders)
- Hypertriglyceridemia ( $> 10$  mmol/L) despite treatment
- Hypercholesterolemia ( $> 7.5$  mmol/L) despite treatment
- Alanine aminotransferase (ALAT) and aspartate aminotransferase (ASAT)  $> 2.5 \times$  ULN
- (History of) Kidney stones
- Diabetes mellitus
- (History of) Pancreatitis
- Acute/chronic gastro-intestinal disease(s) such as persistent diarrhea, colitis ulcerosa and M. Crohn
- Underweight (BMI  $< 16$ )
- Overweight (BMI  $> 30$ )
- Untreated or uncontrolled hypertension
- Any other chronic or systemic disease or serious medical condition (other than related to GBM), that may influence protocol compliance or outcomes of the study significantly

## Study design

### Design

**Study type:** Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 22-03-2015

Enrollment: 15  
Type: Actual

## Ethics review

Approved WMO  
Date: 19-01-2015  
Application type: First submission  
Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

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

ID: 19917  
Source: Nationaal Trial Register  
Title:

### In other registers

| Register | ID             |
|----------|----------------|
| CCMO     | NL50625.078.14 |
| OMON     | NL-OMON19917   |