

# MARKERS OF RESPONSE TO CHEMORADIATION IN ESOPHAGEAL CANCER

## Selection and validation of a panel of markers (MORE-1 and MORE-2)

Published: 30-07-2015

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The objective of the MORE studies is to select and validate a biomarker profile predictive for the response to weekly paclitaxel and carboplatin chemotherapy concomitant with radiotherapy in patients with esophageal cancer. In the MORE-1 pilot study...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Gastrointestinal neoplasms malignant and unspecified
<b>Study type</b>	Observational invasive

### Summary

#### ID

NL-OMON42549

#### Source

ToetsingOnline

#### Brief title

MORE

#### Condition

- Gastrointestinal neoplasms malignant and unspecified

#### Synonym

esophageal cancer

#### Research involving

Human

## Sponsors and support

**Primary sponsor:** Medisch Centrum Leeuwarden

**Source(s) of monetary or material Support:** Stichting De Friesland

## Intervention

**Keyword:** Biomarker, Esophageal cancer

## Outcome measures

### Primary outcome

The main study parameters are differences in kinetic profile and/or genetic profile between patients with and without a pathologic complete response after chemo radiation.

Primary endpoint for evaluation in the MORE-1 study is pathologic complete response in the resected material.

Primary endpoint for evaluation in the MORE-2 study is survival

### Secondary outcome

Secondary endpoints for evaluation in the MORE-1 study are pathological response, locoregional disease free survival, distant metastasis free survival, disease free survival and survival.

Secondary endpoints for evaluation in the MORE-2 study are locoregional disease free survival, distant metastasis free survival and disease free survival.

## Study description

### Background summary

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In the Netherlands chemo radiation followed by surgery is the standard treatment regimen for patients with resectable esophageal cancer. The addition of chemo radiation does improve the median 5 year survival with absolute 13% to 47%. Thirty percent of patients has a pathological complete response after chemo radiation. This observation implies that avoiding surgery can become an option in those patients whose tumor responds very well to chemo radiation. There is a need for adequate prognostic and predictive information available before start of treatment in order to tailor treatment modalities (personalized medicine).

Besides from morphological type (squamous cell carcinomas have a better response than adeno carcinomas), there are no validated clinical markers, pathological markers or biomarkers available that adequately predict the response to chemo radiation. A multimodal approach, combining genomics and proteomics will probably improve the possibilities to define and validate a set of predictive biomarkers successfully.

### **Study objective**

The objective of the MORE studies is to select and validate a biomarker profile predictive for the response to weekly paclitaxel and carboplatin chemotherapy concomitant with radiotherapy in patients with esophageal cancer.

In the MORE-1 pilot study candidate biomarkers are selected using a multimodal approach combining genomics (next generation sequencing) and proteonomics/kinomics (kinase activity profiling). The first cohort of 30 patients is used for the selection of biomarkers, the second cohort of 30 patients for validation.

The objective of the MORE-2 study is to validate the classifier that is developed in the MORE-1 study in patients treated with definitive chemo radiation (without surgery).

### **Study design**

A prospective, single-center pilot study, performed in Leeuwarden Medical Center (MCL).

### **Study burden and risks**

Extra biopsies will be taken from the esophageal tumor by endoscopy. The endoscopic procedure is combined with the regular endoscopic ultrasonography procedure. Diagnostic upper gastrointestinal endoscopy is a safe procedure. The estimated overall complication rate (including biopsies) is 0,13% with an associated mortality of 0,004%. One extra blood sample will be taken from the patient combined with a routine blood collection.

## 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

Esophageal cancer with an indication for chemotherapie, radiotherapie with or without surgery with curative intention

### Exclusion criteria

Metastatic disease

## 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): 27-05-2016

Enrollment: 85

Type: Actual

## Ethics review

Approved WMO

Date: 30-07-2015

Application type: First submission

Review commission: RTPO, Regionale Toetsingscommissie Patientgebonden Onderzoek (Leeuwarden)

## 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: 23044

Source: NTR

Title:

## In other registers

Register	ID
Other	22490
CCMO	NL53633.099.15
OMON	NL-OMON23044