A prospective, randomised, controlled, open-label, multicentre phase III study to evaluate efficacy and safety of Peptide Receptor Radionuclide Therapy (PRRT) with 177Lu-Edotreotide compared to targeted molecular therapy with Everolimus in patients with inoperable, progressive, somatostatin receptor-positive (SSTR+), neuroendocrine tumours of gastroenteric or pancreatic origin (GEP-NET).

Published: 05-09-2017
Last updated: 07-09-2024

This study has been transitioned to CTIS with ID 2023-510444-21-00 check the CTIS register for the current data. The primary objective is to demonstrate the efficacy of Peptide Receptor Radionuclide Therapy with 177Lu-edotreotide to prolong...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Gastrointestinal neoplasms malignant and unspecified
Study type	Observational invasive

Summary

ID

NL-OMON52990

Source
ToetsingOnline

Brief title
The COMPETE Study

Condition

- Gastrointestinal neoplasms malignant and unspecified

Synonym
Neuroendocrine tumor - NET

Research involving
Human

Sponsors and support

Primary sponsor: ITM Solucin GmbH
Source(s) of monetary or material Support: Sponsor van het onderzoek (ITM Solucin)

Intervention

Keyword: 177Lu-Edotreotide, Everolimus, GEP-NET, Phase III

Outcome measures

Primary outcome

The primary endpoint is progression-free survival (PFS). Diagnosis of progression and liver tumour burden will be established based on radiological information from morphological imaging (MRI and/or CT) according to RECIST 1.1. Stratification will be made for primary tumour origin (GE-NET vs. P-NET) and prior medical therapy (1st line vs. 2nd line). Tumour grade (G1, G2), and baseline Karnofsky score will be used for further statistical subgroup analyses.

Secondary outcome

Secondary endpoints include parameters of morphological and biomarker tumour response such as objective response rate (ORR), overall survival (OS), disease control rates (DCR), as well as duration of disease control (DDC), safety, health-related quality of life (HRQL). Furthermore, exploratory

analyses will be performed on patient and tumour characteristics, as well as

the degree of 177Lu-edotreotide uptake for traits predicting PRRT efficacy.

Study description

Background summary

PRRT is a treatment option that is highly effective in controlling advanced, progressive neuroendocrine tumours. PRRT has been shown to help relieve symptoms and slow the progression of the disease. PRRT is an option for patients who are not candidates for surgery and who have advanced and/or progressive neuroendocrine tumours. Main goals of PRRT are to provide symptom relief, to stop or slow tumour progression and to improve overall survival.

So far only one randomised prospective evaluation of PRRT has been performed with 177Lu-DOTATATE. The NETTER-1 study only enrolled patients with midgut neuroendocrine tumors. The academic study, conducted at the ENETS centre in Germany showed for inoperable GEP-NETs treated with two or more cycles of 177Lu-edotreotide an unprecedented objective response rate of 54%.

In this study the efficacy and safety of PRRT with 177Lu-edotreotide in patients with metastatic GEP-NET, in comparison to established medical therapy is investigated, using a prospective randomised controlled trial. Everolimus has been selected as comparator drug. Everolimus has an innovative mode of action, high clinical acceptance, and a well-documented evidence of efficacy.

Study objective

This study has been transitioned to CTIS with ID 2023-510444-21-00 check the CTIS register for the current data.

The primary objective is to demonstrate the efficacy of Peptide Receptor Radionuclide Therapy with 177Lu-edotreotide to prolong progression free survival in patients with inoperable, progressive, somatostatin receptor-positive (SSTR+), neuroendocrine tumours of gastroenteric or pancreatic origin (GEP-NET), compared to Everolimus.

Study design

A prospective, randomised, controlled, open-label, multicentre phase III study

Study burden and risks

* Side effects associated with 177Lu-edotreotide PRRT:
Potential risks caused by 177Lu-edotreotide PRRT may arise from side effects associated with radiation exposure and somatostatin-related side effects: damage to (healthy) cells. One common side effect is the reduction of blood cells that leads to an increased risk of bleeding, faster exhaustion, shortness of breath and infections. The subject will have to discontinue from the study in case the decrease in number of blood cells last for a long period. Further side effects may be sickness, vomiting and abdominal pain during drug administration, fatigue, changes in appetite afterwards, constipation, diarrhea and dizziness.

* Side effects associated with everolimus treatment
Everolimus (Afinitor®) can cause serious side effects including lung or breathing problems, infections and kidney failure which can lead to death. Everolimus can cause incisions to heal slowly or not heal well. Mouth ulcers and mouth sores are common side effects, occurring in up to 78% of patients taking everolimus. Everolimus can affect blood cell counts, kidney and liver function, and blood sugar and cholesterol levels.

* Side effects associated with study procedures
There are certain risks and discomforts associated with study procedures.There can be pain, swelling, and/or bruising at the site where blood is drawn for lab assessments, as well as possible inflammation of the vein or an infection at this site. Mild skin rash (irritation, reddening or itching) can occur during an ECG at places where electrodes are placed. An imaging procedure may be uncomfotable and/or giving a claustrophobic sensation and an injection with intravenous contrast may give itching, a rash, hives, or a feeling of warmth throughout the body.

Contacts

Public
ITM Solucin GmbH

Lichtenbergstrasse 1
Garching D-85748
DE
Scientific
ITM Solucin GmbH

Lichtenbergstrasse 1
Garching D-85748

DE

Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

1. Written informed consent
2. Male or female >=18 years of age
3. Histologically and clinically confirmed diagnosis of well-differentiated neuroendocrine tumour of non-functional gastroenteric origin (GE-NET) or both functional or non-functional pancreatic origin P-NET), grade G1 or G2 (Ki-67 < 20%), unresectable or metastatic, in a patient who is either treatment-naïve (1st line) or who has progressed under prior therapy (2nd line)

Exclusion criteria

1. Known hypersensitivity to edotreotide or everolimus
2. Known hypersensitivity to DOTA, lutetium-177, or any excipient of edotreotide or everolimus
3. Known hypersensitivity to lysin, arginin, or any excipient of the nephroprotective amino acid solution

Study design

Design

Study phase: 3

Study type:	Observational invasive
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	16-04-2019
Enrollment:	20
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Afinitor
Generic name:	Everolimus
Product type:	Medicine
Brand name:	NVT
Generic name:	177Lu-Edotreotide
Registration:	Yes - NL intended use

Ethics review

Approved WMO Date:	05-09-2017
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	18-12-2017
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	07-12-2018

Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	24-01-2019
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	15-07-2019
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	29-07-2019
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	18-05-2020
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	03-07-2020
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	01-10-2020
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	29-10-2020
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	17-04-2021
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	23-04-2021

Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	14-05-2021
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	09-07-2021
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	20-08-2021
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	31-10-2021
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	15-11-2021
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	18-03-2022
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	14-04-2022
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	13-11-2023
Application type:	Amendment
Review commission:	MEC Academisch Medisch Centrum (Amsterdam) Kamer G4-214

	Postbus 22660 1100 DD Amsterdam 020 566 7389 mecamc@amsterdamumc.nl
Approved WMO Date:	19-01-2024
Application type:	Amendment
Review commission:	MEC Academisch Medisch Centrum (Amsterdam) Kamer G4-214 Postbus 22660 1100 DD Amsterdam 020 566 7389 mecamc@amsterdamumc.nl

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
EU-CTR	CTIS2023-510444-21-00
EudraCT	EUCTR2016-001897-13-NL
CCMO	NL60840.018.17