Phase III Randomized clinical trial for stage III epithelial ovarian cancer randomizing between primary cytoreductive surgery with or without hyperthermic intraperitoneal chemotherapy: OVHIPEC-2

Published: 12-04-2019
Last updated: 25-09-2024

This study has been transitioned to CTIS with ID 2023-509049-11-00 check the CTIS register for the current data. The primary objective of this study is to evaluate the effect of HIPEC on overall survival when added to primary cytoreductive surgery...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Reproductive neoplasms female malignant and unspecified
Study type	Interventional

Summary

ID

NL-OMON55839

Source
ToetsingOnline

Brief title
OVHIPEC-2

Condition

- Reproductive neoplasms female malignant and unspecified

Synonym
ovarian cancer

Research involving

Human

Sponsors and support

Primary sponsor: Antoni van Leeuwenhoek Ziekenhuis
Source(s) of monetary or material Support: KWF;ZonMW en zorginstituut NL (zorgverzekeraars)

Intervention

Keyword: HIPEC, ovarium cancer, primary cytoreductive surgery

Outcome measures

Primary outcome

The primary endpoint is overall survival, defined as the time from randomization to the date of death from any cause. For subjects that are alive, their survival time will be censored at the date of last contact (*last known alive date*). Overall survival will be censored for subjects at the date of randomization if they were randomized but had no follow-up.

Secondary outcome

In addition, we will also investigate whether HIPEC influences disease-free survival, the time until the next treatment after the first recurrence, the side effects and quality of life. We will also investigate whether the treatment is cost effective. We will also do additional biomarker research of mutations in the tissue and blood.

Study description

Background summary

More than 75% of patients with ovarian cancer are diagnosed with an advanced disease that has spread beyond the ovaries to the peritoneal surface. Optimal

treatment for advanced disease includes cytoreductive surgery (CRS) followed by six cycles of intravenous (IV) chemotherapy with carboplatin and paclitaxel or interval CRS after three cycles of chemotherapy. The 5-year survival of patients with FIGO stage IIb-IV disease is 20-60%. The chance of recurrent disease within 2 years is 80%. In order to reduce the recurrence rates, additional strategies for these patients have been indicated. The OVHIPEC-1 study shows that the addition of hyperthermic intraperitoneal chemotherapy (HIPEC) to interval-cytoreductive surgery significantly improves recurrence-free and overall survival for patients with stage III epithelial ovarian cancer. For patients with stage III epithelial ovarian cancer, for which primary CRS seems feasible, it is still uncertain whether HIPEC has a similar benefit.

Study objective

This study has been transitioned to CTIS with ID 2023-509049-11-00 check the CTIS register for the current data.

The primary objective of this study is to evaluate the effect of HIPEC on overall survival when added to primary cytoreductive surgery in patients with FIGO stage III ovarian cancer who are eligible for primary cytoreductive surgery resulting in no residual disease, or residual disease up to 2.5 mm.

Study design

We propose a randomized, controlled, open label, multicenter phase III trial to evaluate whether the addition of HIPEC procedure increases overall survival in patients with stage III epithelial ovarian cancer in whom primary cytoreductive surgery resulting in no residual disease, or residual disease up to 2.5 mm is reached.

Intervention

Patients in the control arm are treated by primary cytoreductive surgery with no more than 2.5 mm residual disease, and 6 cycles of adjuvant chemotherapy as is routinely administered for stage III epithelial ovarian cancer. Patients in the treatment arm are treated in the same way as the control arm, with the addition of hyperthermic intra-abdominal perfusion of cisplatin 100 mg/m2 at the end of the primary cytoreductive surgery (residual disease < 2.5 mm).

Study burden and risks

There is a chance that due to HIPEC during the operation the ovarian cancer is less likely to come back. The quality of your life may improve in the longer term.
Participation in this study provides information that could possibly help

cancer patients in the future.

Disadvantages that must be taken into account when participating are:
• Longer operating time in the case of HIPEC
• Longer hospital stay of about 1-2 days in the case of HIPEC
• 1 day stay on medium care / intensive care in case of HIPEC
• possibly a longer hospital stay or extra surgery in case of complications
• additional questionnaires
• extra blood samples and other extra tests such as CT scans, which would otherwise not be done
• possible side effects and / or adverse effects of HIPEC
*

Contacts

Public
Antoni van Leeuwenhoek Ziekenhuis

Plesmanlaan 121
Amsterdam 1066CX
NL
Scientific
Antoni van Leeuwenhoek Ziekenhuis

Plesmanlaan 121
Amsterdam 1066CX
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

1. signed and written informed consent
2. age >=18
3. histological proven FIGO stage III primary epithelial ovarian, fallopian tube, or extra-ovarian
cancer, treated with primary complete cytoreduction, or primary cytoreduction with no more than
2.5 mm residual disease
a. in case of extra-abdominal enlarged lymph nodes, representative cytology/histology or FDG-
PET scan must be negative;
b. resectable, local bowel involvement, iatrogenic abdominal wall metastases or umbilical lesions are allowed;
c. in case no histological proof is available before surgery, patients can be randomized during
surgery based on histological proof on intraoperative frozen section material
4. fit for major surgery, WHO performance status 0-2
5. adequate bone marrow function, hepatic function and renal function
6. baseline health-outcome questionnaire should be completed before randomization
7. able to understand the patient information and questionnaires.

Exclusion criteria

1. history of previous malignancy treated with chemotherapy
2. history of previous malignancy within five years prior to inclusion, with the exception of carcinoma
in situ, radically excised basal cell or squamous cell cancer of the skin or synchronal
endometrial carcinoma FIGO IA G1/2
3. if complete primary cytoreduction is not feasible
4. in case of a known psychiatric disorder, substance abuse disorder, or high suspicion of a mental disorder that could interfere with cooperation or compliance with the requirements of the trial
5. when opting for fertility sparing surgery, or when breastfeeding
6. in case of a known history of Human Immunodeficiency Virus (HIV, or HIV 1/2 antibodies)
7. in case of known active Hepatitis B (e.g., HBsAg reactive) or Hepatitis C (e.g., HCV RNA
[qualitative])
8. patients who received prior treatment for the current malignancy.

Study design

Design

Study phase:	3
Study type:	Interventional
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):	16-01-2020
Enrollment:	400
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	cisplatin
Generic name:	cisplatin
Registration:	Yes - NL outside intended use
Product type:	Medicine
Brand name:	paclitaxel
Generic name:	paclitaxel
Registration:	Yes - NL outside intended use

Ethics review

Approved WMO

Date:	12-04-2019
Application type:	First submission

Review commission:	METC NedMec
Approved WMO Date:	18-04-2019
Application type:	First submission
Review commission:	METC NedMec
Approved WMO Date:	12-07-2019
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	03-09-2019
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	04-12-2019
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	14-01-2020
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	18-02-2020
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	27-02-2020
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	05-06-2020
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	14-08-2020
Application type:	Amendment

Review commission:	METC NedMec
Approved WMO Date:	31-08-2020
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	04-05-2021
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	30-06-2021
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	28-10-2021
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	23-06-2023
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)
Approved WMO Date:	04-07-2023
Application type:	Amendment
Review commission:	METC NedMec

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	CTIS2023-509049-11-00
EudraCT	EUCTR2018-003346-17-NL
ClinicalTrials.gov	NCT03772028
CCMO	NL63742.031.18