A phase II/III study of high-dose, intermittent sunitinib in patients with recurrent glioblastoma multiforme: the STELLAR study

Gepubliceerd: 21-11-2016 Laatst bijgewerkt: 13-12-2022

Sunitinib, when given in a high-dose, intermittent schedule, may exhibit improved efficacy in patients with recurrent GBM with an acceptable toxicity profile, compared to lomustine.

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON21711

Bron
Nationaal Trial Register

Verkorte titel
the STELLAR study

Aandoening

Glioblastoma multiforme; GBM; Brain tumor; Brain cancer; Glioma; Glioblastoom; Hersentumor; Glioom;

Ondersteuning

Primaire sponsor: VU University Medical Center
Overige ondersteuning: VU University Medical Center

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

To determine the effect of high-dose sunitinib versus standard treatment with lomustine on six-month progression-free survival (PFS6) in patients with recurrent GBM, using the RANO criteria.

Toelichting onderzoek

Achtergrond van het onderzoek

Study design: Multicenter, phase II/III, randomized clinical trial with high-dose sunitinib versus lomustine (CCNU) in patients with recurrent GBM.

Hypothesis: Sunitinib, when given in a high-dose, intermittent schedule, may exhibit improved efficacy in patients with recurrent GBM with an acceptable toxicity profile, compared to lomustine.

Study population: Adult patients with recurrent GBM.

Primary objective:

 To determine the effect of high-dose sunitinib versus lomustine on six-month progression-free survival (PFS6) in patients with recurrent GBM, using the RANO criteria.

Secondary objectives:

 To determine the effect of high-dose sunitinib on overall survival (OS 9, OS 12) in patients with recurrent GBM.

 To assess the objective radiological response rate, using the RANO criteria.

 To assess toxicity, using the Common Toxicity Criteria for Adverse Events (CTCAE) version 4.0.

 To assess patient-oriented criteria: steroid use and health-related quality of life (reported by patients and caregivers/relatives).

 To explore the potential value of blood markers for molecular diagnostics, disease and response monitoring.

 To explore if MGMT promoter methylation status modulates the response to sunitinib.

Treatment: After randomization, 100 patients will be divided equally over two treatment groups and will receive:

• Group 1 (experimental arm): Sunitinib, 300 mg administered orally in a weekly schedule.

• Group 2 (control arm): Lomustine 110 mg/m2, taken orally on day 1 every 6 weeks.

Disease will be assessed by MRI according to an uniform neuro-oncology protocol every 6 weeks for the first 6 months and every 12 weeks until documented progression. Safety profile of both treatment strategies will be assessed separately for each cycle of therapy and every 12 weeks after the end of treatment if adverse effects have not resolved or are newly emerging. Furthermore, quality of life assessment takes place every 6 weeks using questionnaires.

Doel van het onderzoek

Sunitinib, when given in a high-dose, intermittent schedule, may exhibit improved efficacy in patients with recurrent GBM with an acceptable toxicity profile, compared to lomustine.

Onderzoeksopzet

Disease will be assessed by MRI according to an uniform neuro-oncology protocol every 6 weeks for the first 6 months and every 12 weeks until documented progression. Safety profile of both treatment strategies will be assessed separately for each cycle of therapy and every 12 weeks after the end of treatment if adverse effects have not resolved or are newly emerging. Furthermore, quality of life assessment takes place every 6 weeks using questionnaires.

Onderzoeksproduct en/of interventie

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Group 2 (control arm): Lomustine 110 mg/m2, taken orally on day 1 every 6 weeks.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Signed (by the patient or legally acceptable representative) and dated Informed Consent Form

2. Histologically confirmed de novo or secondary glioblastoma with unequivocal first progression, at least 3 months off radiotherapy.

3. No more than one line of chemotherapy (concurrent and adjuvant temozolomide based chemotherapy including in combination with another investigational agent is considered one line of chemotherapy). Chemotherapy must have been completed at least 4 weeks prior to randomization.

4. Patients may have undergone surgery for recurrence. If operated, residual and measurable

disease after surgery is not required but surgery must have confirmed the recurrence.

5. No radiotherapy, stereotactic radiosurgery or brachytherapy as treatment for recurrence.

6. Patients must have a Karnofsky Performance Score ¡Ý 70%

7. Patients need to have adequate hematological, renal and hepatic function as assessed by the following laboratory requirements to be conducted within seven days prior to start study treatment:

a. Hemoglobin ¡Ý 7.0 mmol/L

b. Absolute neutrophil count (ANC) ¡Ý 1.5 x 109/L

c. Platelet count ¡Ý 100 x 109/L

d. ALAT and ASAT ¡Ü 2.5 x ULN

e. Serum creatinine eGFR ¡Ý 50 ml/min

f. Albumin ¡Ý 25 g/L

8. Age ¡Ý 18 years

9. Male and female patients with reproductive potential must use an approved contraceptive method during and for three months after discontinuation of study treatment.

10. Patients must be able to swallow oral medication.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Evidence of a significant uncontrolled concomitant disease, such as cardiovascular disease (including stroke, New York Heart Association Class III or IV cardiac disease or myocardial infarction within 6 months prior to screening, unstable arrhythmia, clinically significant valvular heart disease and unstable angina); nervous system, pulmonary (including obstructive pulmonary disease and history of symptomatic bronchospasm), renal, hepatic, endocrine, or gastrointestinal disorders; or a serious non-healing wound or fracture.

2. Patients with a prior (< 5 years) or concomitant second malignancy.

3. Prior radiotherapy in the abdomen or in the lungs or in more than 3 vertebrae in the spine (Less than 3 vertebrae are considered a small radiation field and eligibility will be decided on an individual basis from the PI)

4. Poorly controlled hypertension despite adequate blood pressure medication. Blood pressure must be ¡Ü 160/95 mmHg at the time of screening on a stable antihypertensive regimen. Blood pressure must be stable on at least 2 separate measurements.

5. Known active bacterial, viral, fungal, mycobacterial, or other infection (including HIV and atypical mycobacterial disease, but excluding fungal infection of the nail beds.)

6. Initial MR-scan of the brain showing intratumoral hemorrhage, except for stable post-operative grade 1 hemorrhage.

7. Known hypersensitivity to sunitinib or to its excipients.

8. Presence of any significant central nervous system or psychiatric disorder(s) that would interfere with the patient¡¯s compliance.

9. Use of full-dose oral or parenteral anticoagulants or thrombolytic agent for therapeutic (as opposed to prophylactic) purposes.

10. Drug or alcohol abuse.

11. Females who are pregnant or breast-feeding.

12. Any evidence of a disease or condition that might affect compliance with the protocol or interpretation of the study results or render the patient at high risk from treatment complications.

13. Unwillingness or inability to comply with study and follow-up procedures.

14. Clinically significant history of liver disease, including viral or other hepatitis, current alcohol abuse, or cirrhosis.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Actieve controle groep

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-12-2016
Aantal proefpersonen:	100
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	21-11-2016
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL6161
NTR-old	NTR6308
Ander register	METC VUMC : 2016.221

Resultaten