De (kosten)effectiviteit van neoadjuvante FOLFIRINOX versus neoadjuvante chemoradiotherapie met gemcitabine en adjuvante gemcitabine voor patiënten met (borderline) resectabel pancreaskanker - PREOPANC-2 studie

Gepubliceerd: 19-06-2018 Laatst bijgewerkt: 15-05-2024

To investigate whether neoadjuvant chemotherapy with FOLFIRINOX (a combination of 5-fluorouracil, irinotecan, oxaliplatin, and leucovorin) improves overall survival compared to neoadjuvant gemcitabine based chemoradiotherapy with adjuvant...

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON28312

Bron
NTR

Verkorte titel
PREOPANC-2 trial

Aandoening

Resectable pancreatic ductal adenocarcinoma, Borderline resectable pancreatic ductal adenocarcinoma

Ondersteuning

Primaire sponsor: Erasmus MC University Medical Center, Department of Surgery
Overige ondersteuning: KWF Kankerbestrijding, ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Overall survival

Toelichting onderzoek

Achtergrond van het onderzoek

Pancreatic cancer has a dismal prognosis. In 2030, pancreatic cancer is expected to be the second leading cause of cancer death. (Rahib et al., Cancer Res 2014;74:2913-21) Upfront resection with adjuvant gemcitabine has long been the standard of care for patients with (borderline) resectable pancreatic cancer in the Netherlands as stated in the Dutch national guideline. However, multiple studies have shown a benefit of neoadjuvant Gemcitabine based chemoradiotherapy treatment, both in overall survival, progression free survival and R0-resection rates. (Versteijne et al., Br J Surg. 2018 Jul;105(8):946-958; Jang et al., Ann Surg. 2018 Feb 16; van Tienhoven et al., ASCO 2018).

Since FOLFIRINOX (a combination of 5-fluorouracil, irinotecan, oxaliplatin, and leucovorin) is a more potent chemotherapy compared to Gemcitabine, this treatment may further improve survival. Moreover, it is already the standard of care in patients with locally advanced and metastatic pancreatic cancer. A patient-level meta-analysis of FOLFIRINOX for patients with (borderline) resectable pancreatic cancer found a median overall survival of 24 months. (Janssen et al., in preparation)

This randomized phase III trial will investigate whether neoadjuvant chemotherapy with FOLFIRINOX (a combination of 5-fluorouracil, irinotecan, oxaliplatin, and leucovorin) improves overall survival compared to neoadjuvant gemcitabine based chemoradiotherapy with adjuvant gemcitabine in patients with (borderline) resectable pancreatic ductal adenocarcinoma.

A total of 252 events (deaths) are need to assess a difference of seven months in overall survival (from 17 months to 24 months).

Doel van het onderzoek

To investigate whether neoadjuvant chemotherapy with FOLFIRINOX (a combination of 5-fluorouracil, irinotecan, oxaliplatin, and leucovorin) improves overall survival compared to neoadjuvant gemcitabine based chemoradiotherapy with adjuvant gemcitabine in patients with (borderline) resectable pancreatic ductal adenocarcinoma.

Onderzoeksopzet

Final analysis will take place 1.5 years after full inclusion.

Onderzoeksproduct en/of interventie

Two arm, randomized trial for patients with resectable or borderline resectable pancreatic cancer.

- Standard arm: Neoadjuvant Gemcitabine based chemoradiotherapy followed by an evaluation with a CT-scan and tumor markers. If the tumor remains (borderline) resectable, patients will undergo explorative surgery, if possible resulting in pylorus preserving or classical pancreaticoduodenectomy. If patient is recovered within 12 weeks after surgery, this is followed by the remainder of adjuvant Gemcitabine chemotherapy.

Preoperative treatment (experimental arm) is Gemcitabine 1000 mg/m2 day 1,8, one week rest. Then Gemcitabine 1000 mg/m2 day 1,8,15, concomitant with radiotherapy: 36 Gy, 15 fractions of 2.4 Gy. Then Gemcitabine 1000 mg/m2 day 1,8 one week rest.
After surgery (standard arm) four (remaining) courses of Gemcitabine 1000 mg/m2 day 1,8,15, one week rest.

- Experimental arm:

4 cycles of chemotherapy with FOLFIRINOX, followed by an evaluation CT scan. In case of no disease progression after 4 cycles, the patient will receive an additional 4 cycles of FOLFIRINOX.
After completion of all neoadjuvant treatment evaluation with a CT-scan and tumor markers will be performed. If the tumor remains (borderline) resectable, patients will undergo explorative surgery, if possible resulting in pylorus preserving or classical pancreaticoduodenectomy. No adjuvant treatment will be given.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

• Histologically or cytologically confirmed pancreatic cancer (i.e. pancreatic ductal adenocarcinoma)

• (Borderline) resectable tumor without metastatic disease* (DPCG definitions of resectability)

• WHO performance status 0 or 1

• Ability to undergo surgery, chemoradiotherapy, and chemotherapy**

• Leucocytes (WBC) ≥ 3.0 X 109/l

• Platelets ≥ 100X 109 /l

• Hemoglobin ≥ 6 mmol/l

• Renal function: E-GFR > 50 ml/min

• Age ≥ 18 years

• Written informed consent

* Lesions on chest CT that are too small to characterize are not considered metastatic disease.

** In some patients this may require assessment by both a surgical and medical oncologist and radiotherapist prior to study inclusion.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

• Prior radiotherapy, chemotherapy, or resection for pancreatic cancer.

• Prior radiotherapy or chemotherapy precluding chemoradiotherapy or FOLFIRINOX.

• Previous malignancy (excluding non-melanoma skin cancer), unless no evidence of disease and diagnosed more than 5 years before diagnosis of pancreatic cancer.

• Pregnancy.

• Serious concomitant systemic disorders that would compromise the safety of the patient or his/her ability to complete the study, at the discretion of the investigator.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	01-06-2018

Aantal proefpersonen:	368
Type:	Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies

Datum:	19-06-2018
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 55463
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL7094
NTR-old	NTR7292
CCMO	NL61961.078.17
OMON	NL-OMON55463

Resultaten