CLINICAL TRIALS

Open clinical uro-oncology trials in Canada

George Rodrigues, MD, Eric Winquist, MD, Mary J. Mackenzie, MD
London Health Sciences Centre, London, Ontario, Canada

BLADDER CANCER

A MULTICENTRE, RANDOMIZED PLACEBO-CONTROLLED, DOUBLE-BLIND PHASE III TRIAL OF SINGLE-DOSE INTRAVESICAL EOQUIN (APAZIQUONE) AS A SURGICAL ADJUVANT INSTILLED IN THE EARLY POST-OPERATIVE PERIOD IN PATIENTS UNDERGOING TRANSURETRHAL RESECTION FOR NONINVASIVE BLADDER CANCER

Trial ID: SPI-612
Coordination: Spectrum Pharmaceuticals
Trial design: Phase III, blinded.
Patient population: Patients with resected bladder carcinoma TA, G1/G2.
Sample size & primary endpoint: n = 674, local recurrence at 2 years

PHASE III, OPEN-LABEL, MULTICENTER STUDY OF THE EFFICACY AND SAFETY OF MCC IN THE TREATMENT OF PATIENTS WITH NON-MUSCLE INVASIVE (SUPERFICIAL) BLADDER CANCER AT HIG RISK OF PROGRESSION AND WHO ARE REFRACTORY TO BCG

Trial ID: HIS-0611-0602
Coordination: Bioniche Therapeutics Limited
Trial design: Open-label phase III.
Patient population: Patients with superficial bladder cancer at high risk of progression who have failed prior BCG.
Sample size & primary endpoint: n = 105, one-year disease-free survival

RANDOMIZED STUDY OF LAROTAXEL + CISPLATIN (LC) VS. GEMCITABINE + CISPLATIN (GC) IN THE FIRST LINE TREATMENT OF LOCALLY ADVANCED/METASTATIC UROTHELIAL TRACT OR BLADDER CANCER

Trial ID: NCT00625664, EFC6668, XRP9881
Coordination: sanofi-aventis
Trial design: Randomized, open-label, multi-center study comparing the efficacy and safety of XRP9881 plus cisplatin to gemcitabine plus cisplatin.
Patient population: First line treatment of locally advanced/metastatic urothelial tract or bladder cancer.
Sample size & primary endpoint: n = 900, overall survival

A RANDOMIZED, PLACEBO-CONTROLLED PHASE II STUDY TO COMPARE THE EFFICACY AND SAFETY OF SU011248 PLUS BEST SUPPORTIVE CARE (BSC) VERSUS PLACEBO PLUS BSC IN PATIENTS WITH ADVANCED UROTHELIAL TRANSITIONAL CELL CARCINOMA WHO HAVE FAILED OR ARE INTOLERANT TO CISPLATIN CONTAINING CHEMOTHERAPY

Trial ID: SPRUCE
Coordination: Canadian Urologic Oncology Group (CUOG)
Trial design: A randomized phase II study comparing sunitinib to placebo.
Patient population: Recurrent or metastatic transitional cell carcinoma failed, intolerant of, or ineligible for first-line cisplatin-based combination chemotherapy.
Sample size & primary endpoint: n = 58, progression-free survival

A MULTI-INSTITUTIONAL PHASE II STUDY OF SINGLE AGENT ABI-007 AS SECOND LINE THERAPY IN PATIENTS WITH ADVANCED TRANSITIONAL CELL CARCINOMA OF THE UROTHELIUM

Coordination: Canadian Urologic Oncology Group (CUOG)
Trial design: A phase II study investigating ABI-007 (Abraxane®).
Patient population: Recurrent or metastatic transitional cell carcinoma failed first-line cisplatin-based combination chemotherapy.
Sample size & primary endpoint: n = 22, objective response rate

PROSTATE ADENOCARCINOMA

LOCALIZED PROSTATE CANCER

Low Risk

A PHASE III STUDY OF ACTIVE SURVEILLANCE THERAPY AGAINST RADICAL TREATMENT IN PATIENTS DIAGNOSED WITH FAVORABLE RISK PROSTATE CANCER (START)

Trial ID: NCIC CTG PR11
Coordination: National Cancer Institute of Canada Clinical Trials Group (NCIC CTG)
Trial design: A phase III study comparing radical prostatectomy or radical radiotherapy at the time of initial diagnosis to active surveillance and selective intervention based on pre-specified biochemical, histological or clinical criteria.
Patient population: Suitable candidates for radical prostatectomy or radiotherapy. No previous treatment for prostate cancer for greater than 6 months. Favorable risk as defined by the following: clinical stage T1b, T1c, T2a or T2b, surgical Gleason score <= 6, PSA <= 10.0 ng/ml.
Sample size & primary endpoint: n = 2130, disease specific survival

A PHASE III RANDOMIZED STUDY OF HYPOFRACTIONATED 3D-CRT/IMRT VERSUS CONVENTIONALLY FRACTIONATED 3D-CRT/IMRT IN PATIENTS WITH FAVORABLE-RISK PROSTATE CANCER

Trial ID: RTOG 0415
Coordination: Radiation Therapy Oncology Group (RTOG)
Trial design: A randomized phase III non-inferiority trial assessing hypofractionated radiation of 70 Gy in 28 fractions to the prostate versus standard fractionation of 73.8 Gy in 41 fractions.
Patient population: Low-risk localized prostate cancer.
Sample size & primary endpoint: n = 1067, disease-free survival

Intermediate Risk

PROSTATE FRACTIONATED IRRADIATION TRIAL (PROFIT)

Coordination: Ontario Clinical Oncology Group (OCOG)
Trial design: A phase III study assessing the relative efficacy of dose-escalated radiation therapy (78 Gy in 39 fractions) versus a hypofractionated course of radiation (6000 Gy in 20 fractions).
Patient population: Intermediate-risk prostate cancer.
Sample size & primary endpoint: n = 1204, biochemical (PSA) failure

High Risk

A PHASE III STUDY OF NEOADJUVANT DOCETAXEL AND ANDROGEN SUPPRESSION PLUS RADIATION THERAPY VERSUS ANDROGEN SUPPRESSION ALONE PLUS RADIATION THERAPY FOR HIGH-RISK LOCALIZED ADENOCARCINOMA OF THE PROSTATE (DART)

Trial ID: NCIC PR12
Coordination: NCIC CTG
Trial design: A randomized phase III relative efficacy assessment of 3 years of androgen suppression combined with radical external beam radiation therapy (70 Gy-73 Gy) plus or minus neoadjuvant docetaxel chemotherapy (four cycles, 75 mg/m^2 q21 days).
Patient population: High-risk prostate cancer.
Sample size & primary endpoint: n = 530, disease-free survival

RANDOMIZED PHASE III STUDY OF NEO-ADJUVANT DOCETAXEL AND ANDROGEN DEPRIVATION PRIOR TO RADICAL PROSTATECTOMY VERSUS IMMEDIATE RADICAL PROSTATECTOMY IN PATIENTS WITH HIGH-RISK, CLINICALLY LOCALIZED PROSTATE CANCER

Trial ID: NCIC PRC3
Coordination: Intergroup (Cancer and Leukemia Group B)
Trial design: A phase III comparison of neoadjuvant chemohormonal therapy with goserelin or leuprolide for 18-24 weeks with docetaxel IV every 3 weeks for up to six courses followed by radical prostatectomy with staging pelvic lymphadenectomy versus radical prostatectomy with staging lymphadenectomy alone.
Patient population: High-risk prostate cancer.
Sample size & primary endpoint: n = 750, 3 year biochemical progression-free survival

POST-RADICAL PROSTATECTOMY

RADICALS: RADIOTHERAPY AND ANDROGEN DEPRIVATION IN COMBINATION AFTER LOCAL SURGERY

Trial ID: NCIC PR13
Coordination: Intergroup (MRC)
Trial design: Phase III clinical trial with randomizations both for radiotherapy timing, and for hormone treatment duration.
Patient population: Men who have undergone radical prostatectomy for prostatic adenocarcinoma within 3 months, post-operative serum PSA less than 0.4 ng/ml. Uncertainty in the opinion of the physician and patient regarding the need for immediate post-operative RT.
Sample size & primary endpoint: n = 5100, disease free survival

BIOCHEMICALLY RELAPSED PROSTATE CANCER

A RANDOMIZED COMPARISON OF IMMEDIATE VERSUS DEFERRED ANDROGEN DEPRIVATION THERAPY USING GOSERELIN FOR RECURRENT PROSTATE CANCER AFTER RADICAL RADIOTHERAPY

Trial ID: ELAAT
Coordination: OCOG
Trial design: A phase III trial comparing immediate to deferred androgen deprivation therapy.
Patient population: Patients who have undergone prior radical radiation for prostate cancer and are now experiencing a biochemical recurrence.
Sample size & primary endpoint: n = 1100, time to androgen independent disease

MULTICENTRE, DOUBLE-BLIND STUDY COMPARING 0.5 MG DUTASTERIDE VS PLACEBO DAILY IN MEN RECEIVING INTERMITTENT ANDROGEN ABLATION THERAPY FOR PROSTATE CANCER

Trial ID: AVIAS/DUT 104923
Coordination: CURC/CUOG
Trial design: Randomized double-blind placebo-controlled phase II.
Patient population: Men with rising PSA after treatment for localized prostate cancer.
Sample size & primary endpoint: n = 125, time to PSA > 5 ng/l in the off treatment interval during intermittent androgen ablation therapy.

A RANDOMIZED, DOUBLE-BLIND, MULTICENTRE PHASE II CONTROLLED TRIAL ASSESSING ZACTIMA (VANDETANIB) AGAINST PLACEBO IN PROLONGING THE OFF-TREATMENT INTERVAL IN PROSTATE CANCER SUBJECTS UNDERGOING INTERMITTENT ANDROGEN DEPRIVATION HORMONAL THERAPY

Trial ID: ZENITH/D4200L00010
Coordination: CURC/CUOG
Trial design: Randomized double-blind placebo-controlled phase II.
Patient population: Men with rising PSA after treatment for localized prostate cancer.
Sample size & primary endpoint: n = 100, PSA > 5 ng/l by 52 weeks in the off treatment interval during intermittent androgen ablation therapy.

PHASE II TRIAL OF MAXIMUM ANDROGEN BLOCKADE (MAB) DOSE ESCALATION FROM 50 MG TO 150 MG BICALUTAMIDE (CASODEX) FOR BIOCHEMICAL FAILURE IN PROSTATE CANCER PATIENTS.

Trial ID: CHICS/D6876L00008
Coordination: CURC/CUOG
Trial design: Randomized double-blind placebo-controlled phase II.
Patient population: Men with rising PSA despite MAB treatment with bicalutamide 50 mg daily.
Sample size & primary endpoint: n = 100, 50% reduction in PSA from baseline.

A PHASE II TRIAL OF SHORT-TERM ANDROGEN DEPRIVATION WITH PELVIC LYMPH NODE OR PROSTATE BED ONLY RADIOTHERAPY (SPPORT) IN PROSTATE CANCER PATIENTS WITH A RISING PSA AFTER RADICAL PROSTATECTOMY

Trial ID: RTOG 0534
Coordination: RTOG
Trial design: Phase II comparing radiotherapy alone to radiotherapy with short-term androgen deprivation.
Patient population: Males who have undergone radical prostatectomy, followed by PSA rise to > 0.2 ng/ml.
Sample size & primary endpoint: n = 1764, 5-year freedom from progression

A STUDY OF ANDROGEN DEPRIVATION WITH LEUPROLIDE, +/- DOCETAXEL FOR CLINICALLY ASYMPTOMATIC PROSTATE CANCER SUBJECTS WITH A RISING PSA

Trial ID: XRP6976J/3503
Coordination: sanofi-aventis
Trial design: A phase III comparison of androgen deprivation with or without docetaxel in men with rising PSA followed by radical prostatectomy.
Patient population: No metastases and PSA doubling time $\leq$ 9 months
Sample size & primary endpoint: n = 412, progression-free survival

METASTATIC PROSTATE CANCER

A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED PHASE III STUDY OF EARLY VERSUS STANDARD ZOLEDRONIC ACID TO PREVENT SKELETAL RELATED EVENTS IN MEN WITH PROSTATE CANCER METASTATIC TO BONE

Trial ID: NCIC PRC2
Coordination: Intergroup (Cancer and Leukemia Group B)
Trial design: A phase III study comparing treatment with zoledronic acid at the time of initiation of androgen deprivation therapy for metastatic prostate cancer to treatment at time of progression to hormone-refractory disease.
Patient population: Metastatic prostate cancer with at least one bone metastasis by radiographic imaging receiving androgen deprivation therapy.
Sample size & primary endpoint: n = 680, time to first skeletal related event

CASTRATE RESISTANT PROSTATE CANCER

A PHASE III TRIAL OF ZD4054 (ENDOTHELIN A ANTAGONIST) IN NON-METASTATIC HORMONE RESISTANT PROSTATE CANCER

Trial ID: ENTHUSE M0/D4320C00015
Coordination: AstraZeneca
Trial design: Placebo controlled phase III randomized
Patient population: HRPC with rising PSA after surgical or medical castration but no evidence of metastases.
Sample size & primary endpoint: 1,500, progression-free survival

A PHASE III, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY TO ASSESS THE EFFICACY AND SAFETY OF 10 MG ZD4054 IN COMBINATION WITH DOCETAXEL IN COMPARISON WITH DOCETAXEL IN PATIENTS WITH METASTATIC HORMONE-RESISTANT PROSTATE CANCER

Trial ID: ENTHUSE M1C/D4320C00033
Coordination: AstraZeneca
Trial design: Placebo controlled phase III trial
Patient population: Metastatic HRPC
Sample size & primary endpoint: n = 1044, overall survival

A MULTICENTRE, RANDOMIZED, DOUBLE-BLIND STUDY COMPARING THE EFFICACY AND SAFETY OF AFLIBERCEPT VERSUS PLACEBO EVERY 3 WEEKS IN PATIENTS TREATED WITH DOCETAXEL/PREDNISONE FOR METASTATIC ANDROGEN INDEPENDENT PROSTATE CANCER

Trial ID: VENICE/EFC6546
Coordination: sanofi-aventis
Trial design: A phase III study comparing the addition of aflibercept to standard docetaxel/prednisone.
Patient population: Metastatic hormone-refractory prostate cancer and no prior palliative chemotherapy.
Sample size & primary endpoint: n = 1200, overall survival

A PHASE II STUDY OF SU011248 FOR MAINTENACE THERAPY IN HORMONE REFRACTORY PROSTATE CANCER AFTER FIRST LINE CHEMOTHERAPY

Trial ID: SMART/TBCC-0707001
Coordination: Tom Baker Cancer Centre
Trial design: Phase II.
Patient population: Patients with HRPC in remission after docetaxel.
Sample size & primary endpoint: n = 30, progression-free survival

RENAL CELL CANCER

A RANDOMIZED, DOUBLE-BLIND PHASE III TRIAL OF ADJUVANT SUNITINIB VERSUS SORAFENIB VERSUS PLACEBO IN PATIENTS WITH RESECTED RENAL CELL CARCINOMA (ASSURE)

Trial ID: NCIC REC.2
Coordination: Intergroup (ECOG)
Trial design: A phase III surgical adjuvant study assessing the effectiveness of sunitinib or sorafenib compared to placebo.
Patient population: Resected renal cell carcinoma, T1b grade 3-4 or higher and/or N+.
Sample size & primary endpoint: n = 1332, overall survival

A STUDY OF PAZOPANIB VERSUS SUNITINIB IN THE TREATMENT OF SUBJECTS WITH LOCALLY ADVANCED AND/OR METASTATIC RENAL CELL CARCINOMA

Trial ID: COMPARZ/VEG108844
Coordination: GlaxoSmithKline
Trial design: A phase III study comparing pazopanib to sunitinib in metastatic renal carcinoma.
Patient population: Untreated metastatic clear cell renal carcinoma.
Sample size & primary endpoint: n = 876, progression-free survival

A RANDOMIZED TRIAL OF TEMSIROLIMUS AND SORAFENIB AS SECOND LINE THERAPY IN PATIENTS WITH ADVANCED RENAL CELL CARCINOMA WHO HAVE FAILED FIRST LINE SUNITINIB THERAPY

Trial ID: 3066K1-404-WW
Coordination: Wyeth
Trial design: An international, randomized, open label, multicenter phase III study assessing weekly temsirolimus versus sorafenib twice daily in the second line setting.
Patient population: Histologically confirmed metastatic renal cell carcinoma, progressive disease on sunitinib.
Sample size & primary endpoint: n = 440, progression-free survival and safety

EXPANDED ACCESS STUDY OF RAD001 IN METASTATIC RENAL CELL CANCER PATIENTS WHO ARE INTOLERANT OF OR WHO HAVE FAILED DESPITE PRIOR VASCULAR ENDOTHELIAL GROWTH FACTOR THERAPY

Trial ID: CRAD001L2401; NCT00655252
Coordination: Novartis Pharmaceuticals
Trial design: Open label drug access study of RAD001 in metastatic renal cell cancer.
Patient population: Adult patients with metastatic renal cancer, intolerant of or failed sunitinib and/or sorafenib with adequate bone marrow function, liver function and renal function.
Sample size & primary endpoint: not applicable