Neoadjuvant Study Using Trastuzumab or Trastuzumab With Pertuzumab in Gastric or Gastroesophageal Junction Adenocarcinoma (INNOVATION)

This study is not yet open for participant recruitment. (see Contacts and Locations)

Verified August 2015 by European Organisation for Research and Treatment of Cancer - EORTC

Sponsor:
European Organisation for Research and Treatment of Cancer - EORTC

Information provided by (Responsible Party):
European Organisation for Research and Treatment of Cancer - EORTC

ClinicalTrials.gov Identifier:
NCT02205047

First received: July 10, 2014
Last updated: August 3, 2015
Last verified: August 2015
History of Changes

Purpose

The purpose of this study is to find out whether either trastuzumab or the combination of trastuzumab and pertuzumab with standard chemotherapy shows more activity against gastro-oesophageal adenocarcinoma than standard chemotherapy given before and after surgery and it can be safely administered.

Condition	Intervention	Phase
Malignant Neoplasm of Stomach Malignant Neoplasm of Cardio-esophageal Junction of Stomach Epidermal Growth Factor Receptor (EGFR) Protein Overexpression	Drug: Cisplatin Drug: 5-fluorouracil or Capecitabine Drug: Trastuzumab Drug: Pertuzumab Procedure: gastrectomy	Phase 2

Study Type: Interventional
Study Design: Allocation: Randomized
Endpoint Classification: Safety/Efficacy Study
Intervention Model: Parallel Assignment
Masking: Open Label
Primary Purpose: Treatment

Official Title: INtegratioN of Trastuzumab, With or Without Pertuzumab, Into periOperatiVe chemotherApy of HER-2 posiTIve stOmach caNcer: the INNOVATION-TRIAL

Resource links provided by NLM:

MedlinePlus related topics: Stomach Cancer

Drug Information available for: Fluorouracil Cisplatin Capecitabine Trastuzumab Pertuzumab

Genetic and Rare Diseases Information Center resources: Stomach Carcinoma

U.S. FDA Resources

Further study details as provided by European Organisation for Research and Treatment of Cancer - EORTC:

Primary Outcome Measures:

- Near Complete Pathological Response Rate [Time Frame: After 3 cycles (21 days) of neoadjuvant chemotherapy]

[Designated as safety issue: No]

To increase the major pathological response rate (< 10% vital tumor cells) to neoadjuvant treatment by integrating both trastuzumab and pertuzumab into perioperative chemotherapy for HER-2 positive, resectable gastric cancer.

Secondary Outcome Measures:

- Locoregional failure [Time Frame: At the time of surgery and at 5 years] [Designated as safety issue: No]
- R0 resection rate [Time Frame: At the time of surgery] [Designated as safety issue: No]
- Distant failure [Time Frame: At the time of surgery and at 5 years] [Designated as safety issue: No]
- Progression-free survival [Time Frame: 5 years after LPI] [Designated as safety issue: No]
- Recurrence-free survival [Time Frame: 5 years after LPI] [Designated as safety issue: No]
- Overall survival [Time Frame: 5 years after LPI] [Designated as safety issue: No]
- Toxicity [Time Frame: 5 years after LPI] [Designated as safety issue: Yes]

Estimated Enrollment:	220
Study Start Date:	September 2015
Estimated Study Completion Date:	September 2024
Estimated Primary Completion Date:	September 2020 (Final data collection date for primary outcome measure)

Arms	Assigned Interventions
Active Comparator: Standard chemotherapy Cisplatin/capecitabine or cisplatin/5-fluorouracil	Drug: Cisplatin Drug: 5-fluorouracil or Capecitabine Procedure: gastrectomy D2 gastrectomy
Experimental: Experimental arm 1 Cisplatin/capecitabine plus trastuzumab or cisplatin/5-fluorouracil plus trastuzumab	Drug: Cisplatin Drug: 5-fluorouracil or Capecitabine Drug: Trastuzumab Procedure: gastrectomy D2 gastrectomy
Experimental: Experimental arm 2 cisplatin/capecitabine plus trastuzumab and pertuzumab or cisplatin/5-fluorouracil plus trastuzumab and pertuzumab	Drug: Cisplatin Drug: 5-fluorouracil or Capecitabine Drug: Trastuzumab Drug: Pertuzumab Procedure: gastrectomy D2 gastrectomy

Detailed Description:

This is a randomized phase II trial with an internal control. The randomization will be a 1:2:2 randomization (control: experimental arm 1: experimental arm 2). Potentially eligible patients will be screened centrally for the HER-2 status. After confirmation of HER-2 positive disease, eligible patients will be centrally randomized through the EORTC randomization system. A minimization technique will be used for random treatment allocation between the three treatment arms. Stratification will be done by histological subtype (intestinal/non-intestinal); Korea versus Europe; stage II versus III; node positive versus node negative.

Eligibility

Ages Eligible for Study:	18 Years and older
Genders Eligible for Study:	Both
Accepts Healthy Volunteers:	No

Criteria

Inclusion Criteria:

- Histologically proven, gastric or gastroesophageal (GE)-junction adenocarcinoma (Siewert I-III)
- Patient medically fit for gastrectomy/oesophagogastrectomy as decided by the investigator
- Age ≥ 18 years
- WHO performance status 0 - 1
- HER-2 overexpression
- Amenable to gastrectomy/oesophagectomy
- The cardiac ejection fraction (LVEF), as determined by echocardiography, multiple gated acquisition scan (MUGA) or cardiac MRI should be at least 50 %
- Adequate organ function
- written informed consent
- For women who are not postmenopausal (> 12 months of non-therapy induced amenorrhea) or surgically sterile (absence of ovaries

and/or uterus): agreement to remain abstinent or use single or combined contraceptive methods that result in a failure rate of < 1% per year during the treatment period and for at least 12 months after the last treatment dose

- For men: agreement to remain abstinent or use a condom plus an additional contraceptive method that together result in a failure rate of < 1% per year during the treatment period and for at least 12 months after the last dose of study treatment. Abstinence is only acceptable if it is in line with the preferred and usual lifestyle of the patient. Periodic abstinence (e.g. calendar, ovulation, symptothermal, or postovulation methods) and withdrawal are not acceptable methods for contraception.

Exclusion Criteria:

- Absence of distant metastases on CT scan of thorax and abdomen
- prior chemo- or antibody therapy
- history of significant cardiac disease
- current uncontrolled hypertension
- known hypersensitivity to the components of trastuzumab, pertuzumab, cisplatin, 5-follow-up or capecitabine
- known dihydropyrimidine dehydrogenase (DPD) deficiency
- ongoing or concomitant use of the antiviral drug sorivudine or its chemically related analogs, such as brivudine
- chronic treatment with high-dose intravenous corticosteroids
- previous malignancy within the last 5 years, with the exception of adequately treated cervical carcinoma in situ, localized non-melanoma skin cancer, or other curatively treated cancer without impact on the patient's overall prognosis according to the judgment of the investigator.
- psychological, familial, sociological or geographical condition potentially hampering compliance with the study protocol and follow-up schedule
- pregnant or breast feeding

Contacts and Locations

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the Contacts provided below. For general information, see Learn About Clinical Studies.

Please refer to this study by its ClinicalTrials.gov identifier: NCT02205047

Contacts

Contact: Violaine Francois, PhD 0032 2 774 16 72 violaine.francois@eortc.be

Sponsors and Collaborators

European Organisation for Research and Treatment of Cancer - EORTC

Investigators

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More Information

No publications provided

Responsible Party:	European Organisation for Research and Treatment of Cancer - EORTC
ClinicalTrials.gov Identifier:	NCT02205047 History of Changes
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Study First Received:	July 10, 2014
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Health Authority:	Belgium: Federal Agency for Medicinal Products and Health Products France: Afssaps - Agence française de sécurité sanitaire des produits de santé (Saint-Denis) Germany: Federal Institute for Drugs and Medical Devices Italy: Ethics Committee Estonia: The State Agency of Medicine Portugal: National Authority of Medicines and Health Products Spain: Agencia Española de Medicamentos y Productos Sanitarios Switzerland: Swissmedic The Netherlands: The Central Committee on Research Involving Human Subjects (CCMO) United Kingdom: Medicines and Healthcare Products Regulatory Agency South Korea: Ministry of Food and Drug Safety

Keyw ords provided by European Organisation for Research and Treatment of Cancer - EORTC:
Neoadjuvant chemotherapy

Additional relevant MeSH terms:

Neoplasms
Stomach Neoplasms
Digestive System Diseases
Digestive System Neoplasms
Gastrointestinal Diseases
Gastrointestinal Neoplasms
Neoplasms by Site
Stomach Diseases
Capecitabine
Cisplatin
Fluorouracil
Pertuzumab
Trastuzumab
Antimetabolites
Antimetabolites, Antineoplastic
Antineoplastic Agents
Immunologic Factors
Immunosuppressive Agents
Molecular Mechanisms of Pharmacological Action
Pharmacologic Actions
Physiological Effects of Drugs
Radiation-Sensitizing Agents
Therapeutic Uses

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