Impact of Radical Prostatectomy as Primary Treatment in Patients With Prostate Cancer With Limited Bone Metastases (g-RAMPP)

This study is currently recruiting participants. (see Contacts and Locations)

Verified August 2016 by Martini-Klinik am UKE GmbH

Sponsor:
Martini-Klinik am UKE GmbH

Collaborator:
Förderverein Hilfe bei Prostatakrebs e.V.

Information provided by (Responsible Party):
Martini-Klinik am UKE GmbH

ClinicalTrials.gov Identifier:
NCT02454543

First received: May 8, 2015
Last updated: August 12, 2016
Last verified: August 2016
History of Changes

Purpose

The aim of the study is to investigate, the effect of radical prostatectomy with extended lymphadenectomy on cancer-specific survival, time to castration-resistance, time to progression and quality of life in patients with a limited bone metastatic prostate cancer. In addition the influence of patient- and disease-related factors on clinical outcome (prognostic effect) and on the comparison therapy (predictive effect) will be examined.

Condition	Intervention
Prostate Cancer	Procedure: Radical prostatectomy Drug: Androgen deprivation therapy

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

Official Title: Multicentric, Prospective, Randomized Controlled Trial Comparing Radical Prostatectomy Plus Neoadjuvant Hormones With Androgen Deprivation Therapy Alone in the Management of Men With Pauci-metastatic Prostate Cancer

Resource links provided by NLM:

Genetics Home Reference related topics: prostate cancer

MedlinePlus related topics: Cancer Hormones Prostate Cancer

U.S. FDA Resources

Further study details as provided by Martini-Klinik am UKE GmbH:

Primary Outcome Measures:

- Cancer specific survival [Time Frame: 5 years] [Designated as safety issue: No]

Secondary Outcome Measures:

- Developement of castration-resistance measured by PSA value [Time Frame: 5 years] [Designated as safety issue: No]
- Progression-free survival [Time Frame: 5 years] [Designated as safety issue: No]
- Overall survival [Time Frame: 5 years] [Designated as safety issue: No]

Other Outcome Measures:

- Quality of Life measured by the EPIC-26 [Time Frame: 5 years] [Designated as safety issue: No]

Estimated Enrollment:	452
Study Start Date:	May 2015
Estimated Study Completion Date:	April 2025
Estimated Primary Completion Date:	April 2020 (Final data collection date for primary outcome measure)

Arms	Assigned Interventions
Radical prostatectomy and ADT Hormone therapy plus radical prostatectomy with extended lymphadenectomy	Procedure: Radical prostatectomy Study participants randomized in the intervention arm receive continuous hormone therapy in addition to radical prostatectomy with extended lymphadenectomy. It is not crucial whether the radical prostatectomy is performed open or robot-assisted. Drug: Androgen deprivation therapy For the antiandrogenic therapy a non-steroidal antiandrogen (eg, flutamide, bicalutamide) or a gonadotropin-releasing hormone (GnRH) analogues (e.g. goserelin, leuprolide) are available. The selection of standard hormone therapy is up to the judgment of the treating urologist. Other Name: Antihormonal treatment, hormonal therapy
Androgen deprivation therapy (ADT) Androgen deprivation therapy	Drug: Androgen deprivation therapy For the antiandrogenic therapy a non-steroidal antiandrogen (eg, flutamide, bicalutamide) or a gonadotropin-releasing hormone (GnRH) analogues (e.g. goserelin, leuprolide) are available. The selection of standard hormone therapy is up to the judgment of the treating urologist. Other Name: Antihormonal treatment, hormonal therapy

Detailed Description:

More recent data has shown that performing local therapy with lymphogenic metastatic prostate cancer has resulted in a definite benefit in carcinomaspecific and overall survival. The analysis of this data has led to a change of paradigm in the treatment of lymphogenic metastatic prostate cancer (Isbarn Deutsches Ärzteblatt 2013). Patients with low lymphogenic metastatic load and low comorbidity are therefore frequently given local therapy. In a retrospective review of patients with lympho-genic metastatic prostate cancer, who were either treated by means of systemic standard therapy or standard therapy plus radical prostatectomy, a highly significant benefit is shown for the patient group which was operated on (Engel et al., Eur Urol 2012). The 5 and 10 year overall survival rate in this cohort was 84% and 64% respectively following performance of RP and with standard therapy without RP was 60% and 28% respectively.

Our own working group was able to confirm this clear survival benefit in the lymphogenic metastatic stage for patients who had been operated on: in a matched pair analysis the clinically progression-free survival rate after 5 and 10 years was 77% and 61% respectively after additional RP and 61% and 31% respectively with standard therapy alone (p=0.005). The same trend was found for cancer-specific survival (84% and 76% with additional RP versus 81% and 46% with standard therapy alone (p=0.001) (Steuber et al., BJUI 2011).

The impressive improvements in the survival rates of lymphogenic metastatic prostate cancer through local therapy compared with systemic drug therapy alone suggests that patients with distant metastases could potentially also benefit from local therapy. Besides possible effects on tumour control, the RP could also be beneficial with regard to a local progression of the prostate cancer (rectal infiltration, infiltration of the bladder). This could lead to an improvement in the quality of life in the course of the disease. On the other hand, radical prostatectomy is associated with potential side-effects (e.g. urinary incontinence in approximately 5 - 10% of patients as well as the usual possible side-effects, such as thrombosis, embolism, disturbances to wound healing etc.), which can lead to a loss in terms of quality of life.

Eligibility

Ages Eligible for Study:	18 Years to 75 Years (Adult, Senior)
Genders Eligible for Study:	Male
Accepts Healthy Volunteers:	No

Criteria

Patients with locally resectable intermediate and high-risk prostate cancer which has been confirmed by biopsy according to D'Amico criteria (intermediate risk: PSA 10-20 ng/ml, cT2b-c, Gleason score 7; high risk: PSA >20 ng/ml, >cT2c, Gleason score 8-10) with clinical evidence of bone metastases in imaging tests can be included. Necessary radiotherapy of the bone metastases as required is also permitted prior to inclusion in the study.

In line with the results from the recent CHAARTED and STAMPEDE studies (Sweeny et al., 2015, James et al 2015), early treatment with taxanes may be used in both the standard treatment arm as well as in the intervention arm where the prostatektomie is performed. The period 6 months from the initial diagnosis to randomization and possibly three months from randomization to surgery must be complied with.

Inclusion criteria

1. Patients with newly diagnosed prostate cancer which has been confirmed by histological examination (within the last 6 months prior to randomization)
2. At least one and at most 5 bone metastases in imaging tests (bone scintigraphy, CT, MRT or PET) at diagnosis with no evidence of visceral metastasis. Patients with evidence of lymph node metastasis (N1) are allowed
3. PSA ≤ 200 ng/ml at diagnosis (without systemic therapy)
4. Asymptomatic or mild symptomatic disease
5. Locally resectable tumour stage
6. ECOG Performance Score 0-1
7. Submission of the patient's written declaration of informed consent following explanation
8. Age ≥ 18 - ≤ 75 years

9. Full legal capacity and compliance of the Patient

Exclusion Criteria:

- Contraindications to radical prostatectomy (Local non-resectable disease, increased anesthetic risk with co-morbidity)
- Detection of more than 5 bone metastases
- Pain management with opioid analgesics
- Evidence of visceral metastases or brain metastases
- Neuroendocrine and / or small cell differentiation in histology of the biopsy
- Charlson Comorbidity Index > 2
- ECOG Performance Score > 1
- Myocardial infarction or stroke within the last 6 months
- Existing major cardiovascular (grade III - IV according to NYHA), pulmonary (pO2 <60 mmHg), renal, hepatic or hematopoietic (eg, severe bone marrow aplasia) disease
- Severe psychiatric disorders persons housed on judicial or administrative arrangement in an institution
- Simultaneous participation in another clinical trial with interventional character of the metastatic prostate cancer

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: NCT02454543

Contacts

Contact: Anke Renter +4940741051300 renter@martini-klinik.de

Locations

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Sponsors and Collaborators

Martini-Klinik am UKE GmbH

Förderverein Hilfe bei Prostatakrebs e.V.

Investigators

Principal Investigator: Markus Graefen, Professor Martini-Klinik am UKE GmbH

More Information

Publications:

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ClinicalTrials.gov Identifier:	NCT02454543 History of Changes
Other Study ID Numbers:	**G-RAMPP**_MK-2014 AP 75/13
Study First Received:	May 8, 2015
Last Updated:	August 12, 2016
Health Authority:	Germany: Ethics Commission

Keywords provided by Martini-Klinik am UKE GmbH:
metastatic
prostatectomy
androgen deprivation

Additional relevant MeSH terms:

Prostatic Neoplasms	Hormones, Hormone Substitutes, and Hormone Antagonists
Genital Neoplasms, Male	Physiological Effects of Drugs
Urogenital Neoplasms	Antioxidants
Neoplasms by Site	Molecular Mechanisms of Pharmacological Action
Neoplasms	Protective Agents
Genital Diseases, Male	Vitamins
Prostatic Diseases	Micronutrients
Hormones	Growth Substances
Estrogens, Conjugated (USP)	Estrogens
Methyltestosterone	Antineoplastic Agents, Hormonal
Androgens	Antineoplastic Agents
Ascorbic Acid	Anabolic Agents

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