Nal-IRI With 5-fluorouracil (5-FU) and Leucovorin or Gemcitabine Plus Cisplatin in Advanced Biliary-tract Cancer (NIFE)

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

Verified February 2017 by AIO-Studien-gGmbH

Sponsor:
AIO-Studien-gGmbH

Collaborators:
Baxalta GmbH
Institut für Klinisch-Onkologische Forschung (IKF) am Krankenhaus Nordwest GmbH
Shire

Information provided by (Responsible Party):
AIO-Studien-gGmbH

ClinicalTrials.gov Identifier:
NCT03044587

First received: January 23, 2017
Last updated: February 3, 2017
Last verified: February 2017
History of Changes

Full Text View | Tabular View | No Study Results Posted | Disclaimer | How to Read a Study Record

Purpose

AIO-YMO/HEP-0315 (**NIFE**) is an open label, non-comparative, randomized, multicenter phase II trial

Condition	Intervention	Phase
Adenocarcinoma Metastatic Biliary Tract Cancer Adenocarcinoma of the Biliary Tract Adenocarinoma Locally Advanced Non-Resectable Hepatocellular Carcinoma Intrahepatic Bile Duct Carcinoma Extrahepatic Bile Duct Carcinoma	Drug: Arm Nal-IRI + 5-FU + Leucovorin (Arm A) Drug: Arm Cisplatin + Gemcitabine (Arm B)	Phase 2

Study Type: Interventional
Study Design: Allocation: Randomized
Intervention Model: Parallel Assignment
Masking: No masking
Primary Purpose: Treatment

Official Title: Nal-IRI With 5-fluorouracil (5-FU) and Leucovorin or Gemcitabine Plus Cisplatin in Advanced Biliary-tract Cancer - An Open Label, Non-comparative, Randomized, Multicenter Phase II Trial

Resource links provided by NLM:

Drug Information available for: Fluorouracil Cisplatin Gemcitabine Gemcitabine hydrochloride

Genetic and Rare Diseases Information Center resources: Biliary Tract Cancer Bile Duct Cancer Intrahepatic Cholangiocarcinoma

U.S. FDA Resources

Further study details as provided by AIO-Studien-gGmbH:

Primary Outcome Measures:

- Progression-free survival [PFS] [Time Frame: approx. 25 months]

Secondary Outcome Measures:

- Overall progression free survival according to RECIST 1.1 [Time Frame: approx. 54 months]

  Response Evaluation Criteria in Solid Tumors (RECIST 1.1.)

- 3-years overall survival [Time Frame: approx. 36 months]

  3-years overall survival

- Disease control rate according to RECIST 1.1 [Time Frame: approx. 54 months]
- Objective tumor response rate (ORR) according to RECIST 1.1 [Time Frame: approx. 54 months]

  Proportion of patients with an objective response according to RECIST 1.1

- Toxicity/Safety according to CTC-AE-criteria [Time Frame: approx. 54 months]
- Health related quality of life [Time Frame: approx. 54 months]

  EORTC QLQ-BIL21

- Health related quality of life [Time Frame: approx. 54 months]

  EORTC QLQ-C30

- Health related quality of life [Time Frame: approx. 54 months]

  Hospital Anxiety and Depression Scale (HADS-D)

- Retrospective correlation of resectability in accordance with a central surgical board compared to local surgical review [Time Frame: approx. 54 months]

  Tumor resectability in accordance with a retrospective central surgical board compared to local surgical review

- Retrospective central radiological review [Time Frame: approx. 54 months]

Other Outcome Measures:

- Exploratory biomarkers analysis [Time Frame: approx. 54 months]

  cfDNA exome sequencing, transcriptome, miRNA-arrays prior to and after start of treatment and upon progress

- Establishment of Predictive/Prognostic biomarker profiles for advanced cholangiocarcinoma [Time Frame: approx. 54 months]
- Tumor Evolution under systemic therapy [Time Frame: approx. 54 months]

Estimated Enrollment:	92
Anticipated Study Start Date:	May 2017
Estimated Study Completion Date:	January 2024
Estimated Primary Completion Date:	October 2018 (Final data collection date for primary outcome measure)

Arms	Assigned Interventions
Experimental: Arm NaI-IRI + 5-FU + Leucovorin (Arm A) NaI-IRI [Irinotecan liposome], 5-FU [5-Fluorouracil], Leucovorin Cycle q2w	Drug: Arm NaI-IRI + 5-FU + Leucovorin (Arm A) NaI-IRI (80 mg/m2 as a 1.5 hour infusion), 5-FU (2400 mg/m2 as 46 hour infusion) and Leucovorin (400 mg/m2 as 0.5 hour infusion) Cycle q2w
Arm Cisplatin + Gemcitabine (Arm B, standard of care) Cisplatin, Gemcitabine Cycle q3w	Drug: Arm Cisplatin + Gemcitabine (Arm B) Cisplatin (25 mg/m2 as 1 hour infusion on D1, D8) and Gemcitabine (1000 mg/m2 as 0.5 hour infusion on D1, D8) Cycle q3w

Detailed Description:
The primary objective is to determine whether a combination of 5-FU and nal-IRI prolongs progression-free survival in patients with locally advanced or metastatic adenocarcinoma of the biliary tract

Eligibility

Ages Eligible for Study:	18 Years and older (Adult, Senior)
Sexes Eligible for Study:	All
Accepts Healthy Volunteers:	No

Criteria

Inclusion Criteria:

1. Written informed consent incl. participation in translational research and any locally-required authorization (EU Data Privacy Directive in the EU) obtained from the subject prior to performing any protocol-related procedures, including screening evaluations

2. Age ≥ 18 years at time of study entry
3. Histologically confirmed, non-resectable, locally advanced or metastatic adenocarcinoma of the intrahepatic or extrahepatic biliary tract
4. Protocol-specific staging guidelines have to be observed and non-resectability has to be confirmed by local tumor board
5. Measurable or assessable disease according to RECIST 1.1
6. ECOG performance status 0-1
7. Life expectancy of more than 3 months
8. If applicable, adequately treated biliary tract obstruction before study entry with total bilirubin concentration ≤ 2 x ULN
9. Adequate blood count, liver-enzymes, and renal function:
    - White blood cell count ≥ 3.5 x 10^6/mL
    - Platelet count ≥ 100 x 10^9/L (>100,000 per mm3)
    - AST (SGOT)/ALT (SGPT) ≤ 5 x institutional upper limit of normal
    - Serum Creatinine ≤ 1.5 x ULN and a calculated glomerular filtration rate ≥ 30 mL per minute
10. Patients not receiving therapeutic anticoagulation must have an INR < 1.5 ULN and PTT < 1.5 ULN within 7 days prior to randomization. The use of full dose anticoagulants is allowed as long as the INR or PTT is within therapeutic limits (according to the medical standard in the institution) and the patient has been on a stable dose for anticoagulants for at least three weeks at the time of randomization
11. No prior palliative chemotherapy for biliary tract cancer
12. No adjuvant treatment within 6 months prior to study entry
13. Subject is willing and able to comply with the protocol for the duration of the study including undergoing treatment and scheduled visits and examinations including follow up.

Exclusion Criteria:

1. Active uncontrolled infection, chronic infectious diseases, immune deficiency syndromes
2. Premalignant hematologic disorders, e.g. myelodysplastic syndrome
3. Clinically significant cardiovascular disease (incl. myocardial infarction, unstable angina, symptomatic congestive heart failure, serious uncontrolled cardiac arrhythmia) within 6 months before enrollment
4. Prior (>5 years) or concurrent malignancy (other than biliary-tract cancer) which either progresses or requires active treatment. Exceptions are: basal cell cancer of the skin, pre-invasive cancer of the cervix, T1a or T1b prostate carcinoma, or superficial bladder tumor [Ta, Tis and T1].
5. Pre-existing lung disease
6. History or clinical evidence of CNS metastases Exceptions are: Subjects who have completed local therapy and who meet both of the following criteria:
    a. are asymptomatic and
    b. have no requirement for steroids 6 weeks prior to start of study treatment. Screening with CNS imaging (CT or MRI) is required only if clinically indicated or if the subject has a history of CNS metastases
7. History of hypersensitivity to any of the study drugs or any of the constituents of the products
8. Allogeneic transplantation requiring immunosuppressive therapy or other major immunosuppressive therapy
9. Severe non-healing wounds, ulcers or bone fractions
10. Evidence of bleeding diathesis or coagulopathy
11. Major surgical procedures, except open biopsy, nor significant traumatic injury within 28 days prior to randomization, or anticipation of the need for major surgical procedure during the course of the study except for surgery of central intravenous line placement for chemotherapy administration.
12. Medication that is known to interfere with any of the agents applied in the trial.
13. Female subjects who are pregnant, breast-feeding or male or female patients of reproductive potential who are not employing an effective method of birth control (failure rate of less than 1% per year). [Acceptable methods of contraception are: implants, injectable contraceptives, combined oral contraceptives, intrauterine pessary (only hormonal devices), sexual abstinence or vasectomy of the partner]. Women of childbearing potential must have a negative pregnancy test (serum β-HCG) at Screening.
14. Known Gilbert-Meulengracht syndrome
15. Known chronic hypoacusis, tinnitus or vertigo
16. Any condition or comorbidity that, in the opinion of the investigator, would interfere with evaluation of study treatment or interpretation of patient safety or study results
17. Participation in another clinical study with an investigational product during the last 30 days before inclusion or 7 half-lifes of previously used trial medication, whichever is of longer duration.
18. Previous enrollment or randomization in the present study (does not include screening failure).
19. Any other chemotherapy at study start
20. Involvement in the planning and/or conduct of the study
21. Patient who might be dependent on the sponsor, site or the investigator
22. Patient who has been incarcerated or involuntarily institutionalized by court order or by the authorities.
23. Patients who are unable to consent because they do not understand the nature, significance and implications of the clinical trial and therefore cannot form a rational intention in the light of the facts.

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: NCT03044587

Contacts

Contact: Helge Schroeder Helge.Schroeder@aio-studien-ggmbh.de

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Locations

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Sponsors and Collaborators

AIO-Studien-gGmbH

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Shire

Investigators

Principal Investigator: Thomas J. Ettrich, Dr. Klinik für Innere Medizin I, Universitätsklinikum Ulm

More Information

Additional Information:

AIO - Working Group for Medical Oncology from the German Cancer Society

AIO-Studien-gGmbH

Responsible Party:	AIO-Studien-gGmbH
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Individual Participant Data Plan to Share IPD:	No

Studies a U.S. FDA-regulated Drug Product:	No
Studies a U.S. FDA-regulated Device Product:	No

Keywords provided by AIO-Studien-gGmbH:
Biliary Tract Cancer
NaI-IRI

Additional relevant MeSH terms:

Carcinoma	Biliary Tract Diseases
Adenocarcinoma	Bile Duct Diseases
Carcinoma, Hepatocellular	Neoplasms, Ductal, Lobular, and Medullary
Biliary Tract Neoplasms	Gemcitabine
Bile Duct Neoplasms	Cisplatin
Carcinoma, Ductal	Fluorouracil
Cholangiocarcinoma	Antineoplastic Agents
Neoplasms, Glandular and Epithelial	Antimetabolites, Antineoplastic
Neoplasms by Histologic Type	Antimetabolites
Neoplasms	Molecular Mechanisms of Pharmacological Action
Liver Neoplasms	Antiviral Agents
Digestive System Neoplasms	Anti-Infective Agents
Neoplasms by Site	Enzyme Inhibitors

Digestive System Diseases
Liver Diseases

Immunosuppressive Agents
Immunologic Factors

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