ClinicalTrials.gov

Ramucirumab Plus FOLFIRI Versus Ramucirumab Plus Paclitaxel in Patients With Advanced or Metastatic Gastric Cancer, Who Failed One Prior Line of Palliative Chemotherapy (RAMIRIS)

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

Verified May 2017 by Krankenhaus Nordwest

Sponsor:
Krankenhaus Nordwest

Information provided by (Responsible Party):
Krankenhaus Nordwest

ClinicalTrials.gov Identifier:
NCT03081143

First received: March 6, 2017
Last updated: May 10, 2017
Last verified: May 2017
History of Changes

Purpose

This clinical trial will evaluate whether it is beneficial in terms of prolongation of survival to combine FOLFIRI (standard treatment) with ramucirumab compared to the standard treatment of ramucirumab plus paclitaxel in patients with advanced gastric cancer after failure of one prior line of palliative chemotherapy. This trial aims to investigate the efficacy and safety of ramucirumab plus FOLFIRI (investigational arm A) compared to paclitaxel plus ramucirumab (control arm B).

Condition	Intervention	Phase
Advanced Gastric or EGJ Cancer	Drug: FOLFIRI Drug: Ramucirumab Drug: Paclitaxel	Phase 2

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

Official Title: Ramucirumab Plus Irinotecan / Leucovorin / 5-FU Versus Ramucirumab Plus Paclitaxel in Patients With Advanced or Metastatic Adenocarcinoma of the Stomach or Gastroesophageal Junction, Who Failed One Prior Line of Palliative Chemotherapy

Resource links provided by NLM:

Drug Information available for: Paclitaxel Ramucirumab

Genetic and Rare Diseases Information Center resources: Stomach Cancer

U.S. FDA Resources

Further study details as provided by Krankenhaus Nordwest:

Primary Outcome Measures:

- OS rate after 6 months [Time Frame: 6 months after randomization]

  OS Rate at 6 months is defined at the proportion of patients being known to be alive at 6 months after randomisation

Secondary Outcome Measures:

- Progression-free survival [Time Frame: from date of first study drug administration to up to 1 year after study completion]

  duration from the first study drug administration to the first documented evidence of disease progression or death

- Objective response rate (CR + PR) [Time Frame: from randomization for the time of treatment with a maximum of 1 year]

  proportion of patients with complete or partial response (CR + PR)

- Tumor control rate (CR, PR, SD) [Time Frame: from randomization for the time of treatment with a maximum of 1 year]

  proportion of patients with complete or partial response or stable disease (CR + PR + SD)

- incidence and severity of adverse events according to CTC criteria [Time Frame: from randomization until 30 days after the last dose of study drug]

  incidence and severity of adverse events according to CTC criteria

- quality of life [Time Frame: from randomization until 30 days after the last dose of study drug]

  quality of life scores according to validated questionnaire

Estimated Enrollment:	111
Actual Study Start Date:	May 10, 2017
Estimated Study Completion Date:	March 20, 2021
Estimated Primary Completion Date:	March 20, 2021 (Final data collection date for primary outcome measure)

Arms	Assigned Interventions
Experimental: FOLFIRI plus Ramucirumab Ramucirumab 8 mg/kg i.v. infusion on day 1 and 15 of a 28-day cycle plus FOLFIRI (Irinotecan 180 mg/m2; i.v. bolus of 5-FU 400 mg/m2, i.v. infusion of leucovorin 400 mg/m2 , followed by a 46-hour continuous administration of 5-FU 2400 mg/m2 on day 1 and 15 of a 28-day cycle)	Drug: FOLFIRI Irinotecan 180 mg/m2; i.v. bolus of 5-FU 400 mg/m2, i.v. infusion of leucovorin* 400 mg/m2 , followed by a 46-hour continuous administration of 5-FU 2400 mg/m2 on day 1 and 15 of a 28-day cycle Drug: Ramucirumab 8 mg/kg i.v. infusion on day 1 and 15 of a 28-day cycle
Active Comparator: Paclitaxel plus Ramucirumab Ramucirumab 8 mg/kg i.v. infusion on day 1 and 15 of a 28-day cycle plus Paclitaxel 80 mg/m2 on day 1, 8, 15	Drug: Ramucirumab 8 mg/kg i.v. infusion on day 1 and 15 of a 28-day cycle Drug: Paclitaxel 80 mg/m2 on day 1, 8, 15

Eligibility

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

Criteria

Inclusion Criteria:

1. Signed written informed consent
2. Male or female ≥ 18 years of age; Patients in reproductive age must be willing to use adequate contraception during the study and for 3 months after the end of ramucirumab treatment (appropriate contraception is defined as surgical sterilization (e.g. bilateral tubal ligation, vasectomy), hormonal contraception (implantable, patch, oral), and double-barrier methods (any double combination of: IUD, male or female condom with spermicidal gel, diaphragm, sponge, cervical cap)). Female patients with childbearing potential need to have a negative pregnancy test within 7 days before study start.
3. Histologically proven gastric adenocarcinoma including adenocarcinoma of the esophagogastric junction
4. Metastatic or locally advanced disease, not amenable to potentially curative resection
5. Documented objective radiological or clinical disease progression during or within 6 months of the last dose of first-line platinum and fluoropyrimidine doublet with or without anthracycline or docetaxel. Neoadjuvant/adjuvant treatment is not counted unless progression occurs <6 months after completion of the treatment.In these cases neoadjuvant/adjuvant treatment is counted as one line.
6. Measurable or non-measurable but evaluable disease
7. ECOG performance status 0-1
8. Life expectancy > 12 weeks
9. Adequate hematological, hepatic and renal functions:
   - Absolute neutrophil count (ANC) ≥ 1.5 x 109/L
   - Platelets ≥ 100 x 109/L

- Hemoglobin ≥9 g/dL (5.58 mmol/L)
- Total bilirubin ≤ 1.5 times the upper normal limit (UNL)
- AST (SGOT) and ALT (SGPT) ≤ 2.5 x UNL in absence of liver metastases, or ≤ 5 x UNL in presence of liver metastases; AP ≤ 5 x UNL
- Serum creatinine ≤ 1.5 x upper limit of normal, or creatinine clearance (measured via 24-hour urine collection) ≥40 mL/minute (that is, if serum creatinine is >1.5 times the ULN, a 24-hour urine collection to calculate creatinine clearance must be performed)
- Urinary protein ≤1+ on dipstick or routine urinalysis (UA; if urine dipstick or routine analysis is ≥2+, a 24-hour urine collection for protein must demonstrate <1000 mg of protein in 24 hours to allow participation in this protocol)
- Adequate coagulation function as defined by International Normalized Ratio (INR) ≤ 1.5, and a partial thromboplastin time (PTT) ≤ 5 seconds above the ULN (unless receiving anticoagulation therapy). Patients receiving warfarin/ phenprocoumon must be switched to low molecular weight heparin and have achieved stable coagulation profile prior to first dose of protocol therapy.

10. Ability to comply with scheduled assessments and with management of toxicities

Exclusion Criteria:

1. Other tumor type than adenocarcinoma (e.g. leiomyosarcoma, lymphoma) or a second cancer except in patients with squamous or basal cell carcinoma of the skin or carcinoma in situ of the cervix that has been effectively treated. Patients curatively treated and disease-free for at least 5 years will be discussed with the sponsor before inclusion
2. Squamous gastric cancer
3. Concurrent chronic systemic immune therapy, chemotherapy, or hormone therapy not indicated in the study protocol
4. Previous therapy with paclitaxel or FOLFIRI
5. Current treatment with any anti-cancer therapy ≤ 2 weeks prior to study treatment start unless rapidly progressing disease is measured
6. Concurrent treatment with any other anti-cancer therapy
7. Previous exposure to a VEGF or VEGFR inhibitor or any antiangiogenic agent, or prior enrolment in this study
8. Patient has undergone major surgery within 28 days prior to first dose of protocol therapy, or minor surgery/subcutaneous venous access device placement within 7 days prior to first dose of protocol therapy. The patient has elective or planned major surgery to be performed during the course of the clinical trial
9. Grade 3-4 GI bleeding within 3 months prior to enrollment
10. History of deep vein thrombosis (DVT), pulmonary embolism (PE), or any other significant thromboembolism (venous port or catheter thrombosis or superficial venous thrombosis are not considered "significant") during the 3 months prior to first dose of protocol therapy
11. Cirrhosis at a level of Child-Pugh B (or worse) or cirrhosis (any degree) and a history of hepatic encephalopathy or clinically meaningful ascites resulting from cirrhosis. Clinically meaningful ascites is defined as ascites from cirrhosis requiring diuretics or paracentesis.
12. Known brain or leptomeningeal metastases
13. Known allergic/ hypersensitivity reaction to any of the components of the treatment
14. Contraindications to the use of atropine
15. Other serious illness or medical conditions within the last 12 months prior to study drug administration
16. Any arterial thromboembolic events, including but not limited to myocardial infarction, transient ischemic attack, cerebrovascular accident, or unstable angina, within 6 months prior to first dose of protocol
17. The patient has uncontrolled or poorly-controlled hypertension (>160 mmHg systolic or > 100 mmHg diastolic for >4 weeks) despite standard medical management
18. Active uncontrolled infection
19. Current history of chronic diarrhea
20. Active disseminated intravascular coagulation
21. Any other serious concomitant disease or medical condition that in the judgment of the investigator renders the subject at high risk of treatment complication or reduced the probability of assessing clinical effect
22. Known Dihydropyrimidine dehydrogenase (DPD) deficiency
23. Prior history of GI perforation/fistula (within 6 months of first dose of protocol therapy) or risk factors for perforation.
24. Serious or nonhealing wound, ulcer, or bone fracture within 28 days prior to first dose of protocol therapy
25. The patient is receiving chronic antiplatelet therapy, including aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs, including ibuprofen, naproxen, and others), dipyridamole or clopidogrel, or similar agents. Once-daily aspirin use (maximum dose 325 mg/day) is permitted
26. Concurrent treatment with other experimental drugs or participation in another clinical trial with any investigational drug within 30 days prior to treatment start
27. Known drug abuse/ alcohol abuse
28. Lack of resolution of all toxic effects (excluding alopecia) of prior chemotherapy, prior radiotherapy or surgical procedure to National Cancer Institute (NCI) Common Terminology Criteria for Adverse Events (CTCAE) grade < 1. Note: Neuropathy due to prior chemotherapy is allowed if not > NCI Grade II according to CTCAE version 4.03
29. Subject pregnant or breast feeding, or planning to become pregnant within 3 months after the end of treatment
30. Subject (male or female) is not willing to use highly effective methods of contraception (per institutional standard) during treatment and for 3 months (male or female) after the end of treatment
31. Patients known to have a HER 2 positive Cancer who have not been treated already with a HER 2 targeting agent.
32. Patients with a psychiatric illness or patients imprisoned or working in the institution of the treating physician.

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: NCT03081143

Contacts

Contact: Salah-Eddin Al-Batran, Prof. +496976014420 albatran@khnw.de

Contact: Claudia Pauligk +496976014420 pauligk.claudia@khnw.de

Locations

Germany

Technische Universität München **Recruiting**
Muenchen, Germany, 81675
Contact: Sylvie Lorenzen

Sponsors and Collaborators

Krankenhaus Nordwest

Investigators

Principal Investigator: Sylvie Lorenzen, MD Technische Universität München

More Information

Responsible Party:	Krankenhaus Nordwest
ClinicalTrials.gov Identifier:	NCT03081143 History of Changes
Other Study ID Numbers:	**RAMIRIS** AIO-STO-0415 (Other Identifier: AIO)
Study First Received:	March 6, 2017
Last Updated:	May 10, 2017

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

Additional relevant MeSH terms:

Paclitaxel	Antimitotic Agents
Irinotecan	Mitosis Modulators
Ramucirumab	Molecular Mechanisms of Pharmacological Action
Albumin-Bound Paclitaxel	Topoisomerase I Inhibitors
Antibodies, Monoclonal	Topoisomerase Inhibitors
Antineoplastic Agents, Phytogenic	Enzyme Inhibitors
Antineoplastic Agents	Immunologic Factors
Tubulin Modulators	Physiological Effects of Drugs

ClinicalTrials.gov processed this record on June 05, 2017