CLINICAL TRIALS

Open clinical uro-oncology trials in Canada

George Rodrigues, MD, Eric Winquist, MD

London Health Sciences Centre, London, Ontario, Canada

BLADDER CANCER

A PHASE II PROTOCOL FOR PATIENTS WITH STAGE T1 BLADDER CANCER TO EVALUATE SELECTIVE BLADDER PRESERVING TREATMENT BY RADIATION THERAPY CONCURRENT WITH CISPLATIN		
CHEMOTHERAPY FOLLOWING A THOROUGH TRANSURETHRAL SURGICAL RE-STAGING		
Trial ID:	RTOG 0926	
Coordination:	Radiation Therapy Oncology Group (RTOG)	
Trial design:	A randomized phase II study assessing a bladder preservation strategy for T1G2G3	
	bladder cancer.	
Patient population:	Operable patients with stage T1 disease (T1G2 or T1G3) for whom radical cystectomy	
	is being considered as the next conventional step in therapy by standard urologic guidelines.	
Sample size	8	
& primary endpoint:	n = 37, rate of freedom from radical cystectomy at 3 years	
A RANDOMIZED, PLAC	EBO-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 UROTHELIA	AL TRANSITIONAL CELL CARCINOMA WHO HAVE FAILED OR ARE INTOLERANT	
TO CISPLATIN CONTAIN	NING 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	
C	for first-line cisplatin-based combination chemotherapy.	
Sample size & primary endpoint:	n = 58, progression-free survival	
& primary enupoint.	n – 56, progression-nee survivar	
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)		

DIAGNOSED WITH FAVO	ORABLE 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

Intermediate Risk

A PHASE III PROSPECTIVE RANDOMIZED TRIAL OF DOSE-ESCALATED RADIOTHERAPY WITH OR WITHOUT SHORT TERM ANDROGEN DEPRIVATION THERAPY FOR PATIENTS WITH INTERMEDIATE		
RISK PROSTATE CANCE		
Trial ID:	RTOG 0815	
Coordination:	RTOG	
Trial design:	A randomized controlled trial to demonstrate an overall survival (OS) advantage for the	
inai uesigii.	addition of short term (6 months) ADT versus no additional ADT in the context of dose escalated RT for patients with intermediate risk prostate cancer.	
Sample size		
& primary endpoint:	n = 1520, overall survival	
PROSTATE FRACTIONA	TED 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	
<u> </u>	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	
A RANDOMIZED, DOUBLE-BLINDED, PLACEBO-CONTROLLED PHASE III TRIAL TO EVALUATE THE EFFECTIVENESS OF A PHOSPHODIESTERASE 5 INHIBITOR, TADALAFIL, IN PREVENTION OF ERECTILE DYSFUNCTION IN PATIENTS TREATED WITH RADIOTHERAPY FOR PROSTATE CANCER Trial ID: RTOG 0831		
Coordination:	RTOG	
Trial design:	A phase III placebo randomized trial to determine whether tadalafil maintains spontaneous (off-drug) erectile function, as measured by the International Index of Erectile Function (IIEF), as compared to placebo at weeks 28-30 after initiation of radiation therapy for prostate cancer.	
Patient population:	Men with clinical stage T1b-T2b adenocarcinoma of the prostate and no distant	
~ ~	metastases (M0), and their spouses/partners.	
Sample size		
& primary endpoint:	n = 218, International Index of Erectile Function Questionnaire (IIEF)	

High Risk

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

WITH HIGH-RISK, CLINICALLI LOCALIZED I ROSTATE 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 MULTICENTER CLINICAL STUDY OF THE SONABLATE® 500 (SB-500) FOR THE TREATMENT OF LOCALLY	
RECURRENT PROSTATE CANCER WITH HIFU	
Trial ID:	FSI-003
Coordination:	Focus Surgery Inc.
Trial design:	Single arm phase II.
Patient population:	Men with locally recurrent prostate cancer following external beam irradiation.
Sample size	
& primary endpoint:	n = 202, absence of biochemical failure and negative prostate biopsy rate at 12 months

A PROSPECTIVE PHASE II TRIAL OF TRANSPERINEAL ULTRASOUND-GUIDED BRACHYTHERAPY FOR LOCALLY RECURRENT PROSTATE ADENOCARCINOMA FOLLOWING EXTERNAL BEAM RADIOTHERAPY

Trial ID:	RTOG 0526
Coordination:	RTOG
Trial design:	Single arm phase II.
Patient population:	Men with biopsy-documented local recurrence > 30 months after external beam radiotherapy.
Sample size	
& primary endpoint:	n = 96, late treatment-related GI/GU adverse events of brachytherapy

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

MIDICALI NODIALETOMI	
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

ASYMPTOMATIC PROSTATE CANCER SUBJECTS WITH A RISING PSA	
Trial ID:	XRP6976J/3503
Coordination:	sanofi-aventis
Trial design:	A phase III comparison of and rogen deprivation with or without docetaxel in men with rising
	PSA followed by radical prostatectomy.
Patient population:	No metastases and PSA doubling time ≤ 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 T	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	
& primary enupoint.	II – 000, time to first skeletal related event	

CASTRATE RESISTANT PROSTATE CANCER

EFFICACY AND SAFETY STUDY OF VANDETANIB (ZD6474) IN COMBINATION WITH BICALUTAMIDE VERSUS BICALUTAMIDE ALONE IN PATIENTS WITH CHEMOTHERAPY NAIVE HORMONE REFRACTORY PROSTATE CANCER

OZM-011
British Columbia Cancer Agency
Single arm phase II
Men with rising PSA despite ADT, no prior chemotherapy, and < 4 weeks exposure to
bicalutamide.
n = 74, PSA response rate

A PHASE II STUDY OF SE PROSTATE CANCER	3939 IN PATIENTS WITH RECURRENT OR METASTATIC CASTRATION RESISTANT
Trial ID:	IND.195
Coordination:	NCIC CTG
Trial design:	Single arm phase II
Patient population:	Men with rising PSA despite ADT and not prior chemotherapy.
Sample size	
& primary endpoint:	n = 29, PSA response rate and progression-free survival

A PHASE II STUDY OF GW786034 (PAZOPANIB) WITH OR WITHOUT BICALUTAMIDE IN HORMONE		
REFRACTORY PROSTAT		
Trial ID:	PHL-058	
Coordination:	Princess Margaret Hospital Phase II Consortium	
Trial design:	Open-label randomized 2-stage phase II	
Patient population:	Metastatic castration-resistant prostate cancer and no prior chemotherapy.	
Sample size & primary endpoint:	n = 74, PSA response rate	
& primary enupoint:	II = 74, I SA lesponse late	
A MULTINATIONAL PHASE III, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED EFFICACY AND SAFETY STUDY OF ORAL MDV3100 IN CHEMOTHERAPY-NAÏVE PATIENTS WITH PROGRESSIVE METASTATIC PROSTATE CANCER WHO HAVE FAILED ANDROGEN DEPRIVATION THERAPY		
Trial ID:	PREVAIL	
Coordination:	Medivation/ProTrials Research Inc.	
Trial design:	Randomized double-blind multicentre study comparing MDV3100 to placebo.	
Patient population:	Asymptomatic metastatic castration-resistant prostate cancer and no prior	
	chemotherapy.	
Sample size		
& primary endpoint:	n=1680, progression-free and overall survival	
A PHASE III, RANDOMIZED, DOUBLE-BLIND, MULTICENTER TRIAL COMPARING ORTERONEL PLUS		
	LACEBO PLUS PREDNISONE IN PATIENTS WITH CHEMOTHERAPY-NAIVE	
	ION-RESISTANT PROSTATE CANCER	
Trial ID:	NCT01193244	
Coordination:	Millennium Pharmaceuticals, Inc.	
Trial design:	Phase III.	
Patient population:	Asymptomatic metastatic castration-resistant prostate cancer and no prior	
Sample size	chemotherapy.	
& primary endpoint:	n = 1454, radiographic progression-free survival and overall survival	
æ prinnary enaponne.		
A RANDOMIZED PHASE	E III STUDY COMPARING STANDARD FIRST-LINE DOCETAXEL/PREDNISONE TO	
	ONE IN COMBINATION WITH CUSTIRSEN (OGX-011) IN MEN WITH METASTATIC	
CASTRATE RESISTANT I		
Trial ID:	SYNERGY	
Coordination:	Teva/Oncogenex	
Trial design:	Randomized multicentre study of the addition of custirsen to docetaxel chemotherapy.	
Patient population:	Metastatic castration-resistant prostate cancer planned for treatment with docetaxel.	
Sample size		
& primary endpoint:	n=800, overall survival	
A PHASE II STUDY OF S	SU011248 FOR MAINTENACE THERAPY IN HORMONE REFRACTORY PROSTATE	
CANCER AFTER FIRST L	INE 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	
5578	© The Canadian Journal of Urology TM : 18(1): February 2011	

A PHASE II STUDY OF MAINTENANCE THERAPY WITH TEMSIROLIMUS IN ANDROGEN-INDEPENDENT PROSTATE CANCER AFTER FIRST LINE CHEMOTHERAPY WITH DOCETAXEL

OZM-018		
Sunnybrook Health Sciences Centre Odette Cancer Centre		
Single arm phase II.		
CRPC in remission after docetaxel.		
n = 30, time to treatment failure		

A DOUBLE-BLIND, RANDOMIZED, MULTIPLE DOSE, PHASE III, MULTICENTER STUDY OF ALPHARADIN IN THE TREATMENT OF PATIENTS WITH SYMPTOMATIC HORMONE REFRACTORY PROSTATE CANCER WITH SKELETAL METASTASES

Trial ID:	ALSYMPCA
Coordination:	Algeta ASA
Trial design:	Randomized, double-blind, multicenter study comparing Alpharadin to placebo.
Patient population:	Metastatic castration-resistant prostate cancer progressive despite prior docetaxel or mitoxantrone chemotherapy.
Sample size	
& primary endpoint:	n = 750, overall survival

RENAL CELL CANCER

A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED PHASE THERAPY FOR SUBJECTS WITH LOCALIZED OR LOCALLY ADVANCED RCC FOLLOWING NEPHRECTOMY III STUDY TO EVALUATE THE EFFICACY AND SAFETY OF PAZOPANIB AS ADIUVANT

Trial ID:	PROTECT/VEG113387	
Coordination:	GlaxoSmithKline Inc.	
Trial design:	Double-blind placebo-controlled phase III.	
Patient population:	Resected predominantly clear cell renal cell cancer at higher risk of recurrence.	
Sample size		
& primary endpoint:	n = 1500, disease-free survival	

AN OPEN-LABEL, MULTICENTER PHASE II STUDY TO COMPARE THE EFFICACY AND SAFETY OF RAD001AS FIRST-LINE FOLLOWED BY SECOND-LINE SUNITINIB VERSUS SUNITINIB AS FIRST-LINE FOLLOWED BYSECOND-LINE RAD001 IN THE TREATMENT OF PATIENTS WITH METASTATIC RENAL CELL CARCINOMATrial ID:RECORD-3Coordination:Novartis PharmaceuticalsTrial design:Randomized phase II.Patient population:1st-line metastatic renal cell carcinoma.Sample sizen = 390, progression-free survival

A RANDOMIZED PHASE II STUDY OF AFINITOR (RAD001) VS SUTENT (SUNITINIB) IN PATIENTS WITHMETASTATIC NON-CLEAR CELL RENAL CELL CARCINOMATrial ID:ASPEN/NCT01108445Coordination:Duke UniversityTrial design:Double-blind placebo-controlled phase III.Patient population:Measurable metastatic predominantly non-clear cell renal cell cancer.Sample size

& primary endpoint: n = 108, 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	
A PHASE II STUDY OF RO4929097 IN PATIENTS WITH ADVANCED RENAL CELL CARCINOMA THAT HAS PROGRESSED AFTER VEGF/VEGFR DIRECTED THERAPY		
Trial ID:	PHL-077	
Coordination:	Princess Margaret Hospital Phase II Consortium	
Trial design:	Single arm 2-stage phase II.	
Patient population:	Metastatic predominantly clear cell renal cell carcinoma with measurable disease treated	
	with at least one prior antiangiogenic therapy (+/- one mTOR inhibitor).	
Sample size		
& primary endpoint:	n = 39, objective response rate	