

Open clinical uro-oncology trials in Canada

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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 & primary endpoint: n = 37, rate of freedom from radical cystectomy at 3 years

A RANDOMIZED, PLACEBO-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 UROTHELIAL TRANSITIONAL CELL CARCINOMA WHO HAVE FAILED OR ARE INTOLERANT TO CISPLATIN CONTAINING 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 for first-line cisplatin-based combination chemotherapy.
Sample size & primary endpoint: n = 58, progression-free survival

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)

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 \leq 6, PSA \leq 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 CANCER

Trial ID: RTOG 0815
Coordination: Radiation Therapy Oncology Group (RTOG)
Trial design: A randomized controlled trial to demonstrate an overall survival (OS) advantage for the 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 FRACTIONATED 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 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

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

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 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

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

Trial ID: XRP6976J/3503
Coordination: sanofi-aventis
Trial design: A phase III comparison of androgen deprivation with or without docetaxel in men with rising PSA followed by radical prostatectomy.
Patient population: No metastases and PSA doubling time \leq 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 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

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

Trial ID: OZM-011
Coordination: British Columbia Cancer Agency
Trial design: Single arm phase II
Patient population: Men with rising PSA despite ADT, no prior chemotherapy, and < 4 weeks exposure to bicalutamide.

Sample size
& primary endpoint: n = 74, PSA response rate

A PHASE II STUDY OF SB939 IN PATIENTS WITH RECURRENT OR METASTATIC CASTRATION RESISTANT PROSTATE CANCER

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 III TRIAL OF ZD4054 (ENDOTHELIN A ANTAGONIST) IN NON-METASTATIC HORMONE RESISTANT PROSTATE CANCER

Trial ID: ENTHUSE M0/D4320C00015
Coordination: AstraZeneca
Trial design: Placebo controlled phase III randomized
Patient population: HRPC with rising PSA after surgical or medical castration but no evidence of metastases.

Sample size
& primary endpoint: n = 1500, progression-free survival

A PHASE II STUDY OF GW786034 (PAZOPANIB) WITH OR WITHOUT BICALUTAMIDE IN HORMONE REFRACTORY PROSTATE CANCER

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

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 RANDOMIZED PHASE III STUDY COMPARING STANDARD FIRST-LINE DOCETAXEL/PREDNISONE TO DOCETAXEL/PREDNISONE IN COMBINATION WITH CUSTIRSEN (OGX-011) IN MEN WITH METASTATIC CASTRATE RESISTANT PROSTATE CANCER

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 SU011248 FOR MAINTENACE THERAPY IN HORMONE REFRACTORY PROSTATE CANCER AFTER FIRST LINE 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

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

Trial ID: OZM-018
Coordination: Sunnybrook Health Sciences Centre Odette Cancer Centre
Trial design: Single arm phase II.
Patient population: CRPC in remission after docetaxel.
Sample size
& primary endpoint: 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

AN OPEN-LABEL, MULTICENTER PHASE II STUDY TO COMPARE THE EFFICACY AND SAFETY OF RAD001 AS FIRST-LINE FOLLOWED BY SECOND-LINE SUNITINIB VERSUS SUNITINIB AS FIRST-LINE FOLLOWED BY SECOND-LINE RAD001 IN THE TREATMENT OF PATIENTS WITH METASTATIC RENAL CELL CARCINOMA

Trial ID: RECORD-3
Coordination: Novartis Pharmaceuticals
Trial design: Randomized phase II.
Patient population: 1st-line metastatic renal cell carcinoma.
Sample size
& primary endpoint: n = 390, 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