CLINICAL TRIALS

Open clinical uro-oncology trials in Canada

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BLADDER CANCER

A MULTICENTRE, RANDOMIZED PLACEBO-CONTROLLED, DOUBLE-BLIND PHASE III TRIAL OF SINGLE-DOSE INTRAVESICAL EOQUIN (APAZIQUONE) AS A SURGICAL ADJUVANT INSTILLED IN THE EARLY POST-OPERATIVE PERIOD IN PATIENTS UNDERGOING TRANSURETRHAL RESECTION FOR NONINVASIVE BLADDER CANCER

Trial ID: SPI-612

Coordination: Spectrum Pharmaceuticals

Trial design: Phase III, blinded.

Patient population: Patients with resected bladder carcinoma TA, G1/G2.

Sample size

& primary endpoint: n = 674, local recurrence at 2 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 <= 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 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: Aphase 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 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 MULTINATIONAL PHASE III, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED EFFICACY AND SAFETY STUDY OF ORAL MDV3100 IN PATIENTS WITH PROGRESSIVE CASTRATION-RESISTANT PROSTATE CANCER PREVIOUSLY TREATED WITH DOCETAXEL-BASED CHEMOTHERAPY

Trial ID: AFFIRM

Coordination: ProTrials Research Inc./Medivation Inc.

Trial design: Randomized (2:1), double-blind, multicenter study comparing MDV3100 to placebo. **Patient population:** Metastatic castration-resistant prostate cancer progressive despite prior docetaxel or

mitoxantrone chemotherapy.

Sample size

& primary endpoint: n = 1170, overall survival

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 (radium-223) 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 PHASE III TRIAL OF ADJUVANT SUNITINIB VERSUS SORAFENIB VERSUS PLACEBO IN PATIENTS WITH RESECTED RENAL CELL CARCINOMA (ASSURE)

Trial ID: NCIC REC.2

Coordination: Intergroup (ECOG)

Trial design: A phase III surgical adjuvant study assessing the effectiveness of sunitinib or sorafenib

compared to placebo.

Patient population:

Resected renal cell carcinoma, T1b grade 3-4 or higher and/or N+.

Sample size

& primary endpoint: n = 1332, overall survival

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