

KURZPROTOKOLL **Power AIO-STO-0309**

Öffentlicher Titel	Cisplatin und 5-FU mit oder ohne Panitumumab bei nichtresektablem, fortgeschrittenem oder metastasiertem ESCC
Wissenschaftl. Titel	Eine offene, randomisierte Phase III-Studie zu Cisplatin und 5-Fluorouracil mit oder ohne Panitumumab bei Patienten mit nicht-resektablem, fortgeschrittenem oder metastasiertem Plattenepithelkarzinom des Ösophagus
Kurztitel	Power AIO-STO-0309
Studienart	multizentrisch, prospektiv, randomisiert, offen/unverblindet, zweiarmig, Investigator Initiated Trial (IIT)
Studienphase	Phase III
Erkrankung	Verdauung: Magen-/Speiseröhrenkrebs (Magen-/Ösophaguskarzinom): Erstlinie
Ziele	<ul style="list-style-type: none">- To demonstrate superiority of 5-fluorouracil, cisplatin and panitumumab over 5-fluorouracil and cisplatin alone in terms of overall survival in esophageal cancer- To compare treatment arms with respect to:<ul style="list-style-type: none">- · Progression-free survival- · 1-year survival- · Response rate- · Safety and tolerability- · Quality of Life
Einschlusskriterien	<ul style="list-style-type: none">- Signed written informed consent- Male or female- >18 years of age- Histologically proven squamous cell carcinoma of the esophagus, which is not curatively resectable- or locally recurrent disease and both not eligible- or definitive radiochemotherapy, or clearly metastatic disease (Tx, Nx, M1, locally unresectable T4, Nx, M0 or TX, N3, M0)- or macroscopically residual (post-resection) disease not eligible- for definitive radiochemotherapy- resectability has to be defined prior to chemotherapy according to local standards: The tumor is considered unresectable due to: T-stage, N-stage, performance status/nutritional status, comorbidity (pulmonary function, other), tumor location upper third of the esophagus, relation to other organs/structures), patient refusal, other reasons.- eligibility to definitive radiochemotherapy will be determined according to local standards based on the extent of disease, performance status/nutritional status, comorbidity (pulmonary function, other), volume of neighboring organs within the radiation field, patient refusal, other reasons.- Measurable or non-measurable disease according to RECIST 1.1 5. ECOG 0-2- Women of child-bearing potential must have a negative pregnancy test- Laboratory requirements- Hematology:<ul style="list-style-type: none">- Absolute neutrophil count $71.5 \times 10^9/L$- Platelet count $7100 \times 10^9/L$- Leukocyte count $> 3.0 \times 10^9/L$- Hemoglobin 7.9 g/dL or 5.59 mmol/l- Hepatic Function- Total bilirubin > 1.5 time the upper normal limit (UNL)

KURZPROTOKOLL
Power AIO-STO-0309

Ausschlusskriterien

- AST > 2.5xUNL in absence of liver metastases, or >5xUNL in presence of liver metastases
- ALT > 2.5xUNL in absence of liver metastases, or >5xUNL in presence of liver metastases
- Renal Function:
 - Creatinine clearance 750 mL/min according to Cockcroft-Gault formula
 - Metabolic Function
 - Magnesium 7 lower limit of normal
 - Calcium 7 lower limit of normal.
- Previous chemotherapy of esophageal cancer except for neoadjuvant treatment without recurrence within 6 months after the end of treatment
- Concurrent radiotherapy involving target lesions used for this study. Concurrent palliative radiation for non-target lesions is allowed if other lesions are available outside the involved field. Previous pre-operative or post-operative radiotherapy is allowed.
- Previous exposure to EGFR-targeted therapy
- Other previous malignancy with exception of a history of a previous curatively treated basal cell carcinoma of the skin or pre-invasive carcinoma of the cervix or other curatively treated malignant disease without recurrence after at least 5 years of follow-up
- Known brain metastases unless adequately treated (surgery or radiotherapy) with no evidence of progression and neurologically stable off anticonvulsants and steroids
- Serious concomitant disease or medical condition that in the judgment of the investigator renders the subject at high risk of treatment complication or reduces the probability of assessing clinical effect.
- Clinically significant cardiovascular disease (including myocardial infarction, unstable angina, symptomatic congestive heart failure, serious uncontrolled cardiac arrhythmia) \leq 1 year before enrolment
- Inadequate pulmonary function according to the Investigator's judgment, history of interstitial lung disease e.g. pneumonitis or pulmonary fibrosis or evidence of interstitial lung disease on baseline chest CT scan.
- Hearing loss > NCI-CTC V.3.0 Grade 3
- Subject pregnant or breast feeding, or planning to become pregnant within 6 months after the end of treatment.
- Subject (male or female) is not willing to use highly effective methods of contraception (per institutional standard) during treatment and for 6 months (male or female) after the end of treatment.
- Contraindications to receive any platin, 5-FU or panitumumab
- Concurrent treatment with other experimental drugs or participation in another clinical trial with any investigational drug within 30 days prior to treatment start
- Pregnancy or lactation
- Known drug abuse/alcohol abuse
- peripheral polyneuropathy > NCI-CTC V 3.0 Grade 2
- chronic inflammatory bowels diseases
- Social situations limiting the compliance with the study requirements.

Alter

18 Jahre und älter

Fallzahl

300

KURZPROTOKOLL
Power AIO-STO-0309

Prüfzentren	Krankenhaus Nordwest GmbH (Nachbeobachtung) Institut für klinisch-onkologische Forschung Steinbacher Hohl 2-26 60488 Frankfurt am Main Prof. Dr. med. Salah-Eddin Al-Batran Tel: 069 7601 4420 albatran@khnw.de
Sponsor	AIO-Studien GmbH
Förderer	AIO-Studien GmbH
Registrierung in anderen Studienregistern	ClinicalTrials.gov NCT01627379 EudraCT 2010-020606-15
Links	Studien am Krankenhaus Nordwest