

KURZPROTOKOLL **I4T-MC-JVBB**

Öffentlicher Titel	Folfiri plus Ramucirumab bei metastasierten kolorektalem Karzinom
Wissenschaftl. Titel	A Randomized, Double-blind, Multicenter Phase 3 Study of Irinotecan, Folinic Acid, and 5-Fluorouracil (FOLFIRI) Plus Ramucirumab or Placebo in Patients With Metastatic Colorectal Carcinoma Progressive During or Following First-Line Combination Therapy With Bevacizumab, Oxaliplatin, and a Fluoropyrimidine
Kurztitel	I4T-MC-JVBB
Studienart	prospektiv, Therapiestudie, randomisiert, Pharma-Studie, doppelblind, zweiarmig
Studienphase	Phase III
Erkrankung	Verdauung: Darmkrebs (Kolorektales Karzinom): Zweitlinie oder höher
Ziele	<ul style="list-style-type: none">- Overall Survival- Progression-free survival time- Proportion of patients achieving an objective response (objective response rate)- Change in European Organisation for Research and Treatment of Cancer [EORTC] QLQ-C30- Incidence of anti-ramucirumab antibodies- Cmax and Cmin of ramucirumab- Change in EuroQol EQ-5D
Einschlusskriterien	<ul style="list-style-type: none">- Histologically or cytologically confirmed colorectal cancer, excluding primary tumors of appendiceal origin (participants are eligible to enroll irrespective of KRAS mutation status)- Confirmed metastatic colorectal cancer (Stage IV)- The participant has received first-line combination therapy of bevacizumab, oxaliplatin, and a fluoropyrimidine for metastatic disease and a) Experienced radiographic disease progression during first-line therapy, or b) Experienced radiographic disease progression 6 months after the last dose of first-line therapy, or c) Discontinued part or all of first-line therapy due to toxicity and experienced radiographic disease progression 6 months after the last dose of first-line therapy; Note that a participant must have received a minimum of 2 doses of bevacizumab as part of a first-line regimen containing chemotherapy; in addition, a participant must have received at least 1 cycle of first-line therapy that included bevacizumab, oxaliplatin and a fluoropyrimidine in the same cycle; Note that a participant must not have received more than 2 different fluoropyrimidines as part of a first-line regimen; disease progression is not an acceptable reason for discontinuing one fluoropyrimidine and starting a second fluoropyrimidine- Receipt of no more than 2 prior systemic chemotherapy regimens in any setting (only 1 prior regimen for metastatic disease is permitted); For participants with rectal cancer, sequential neoadjuvant and adjuvant therapy will count as a single systemic regimen; Note that rechallenge with oxaliplatin is permitted and will be considered part of the first-line regimen for metastatic disease, both initial oxaliplatin treatment and subsequent rechallenge are considered as 1 regimen- Measurable or nonmeasurable disease based on the Response Evaluation Criteria in Solid Tumors, Version 1.1 (RECIST v. 1.1)- Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1- Adequate hematologic, renal and hepatic function- Adequate coagulation function (International Normalized Ratio [INR] ≤ 1.5 and Partial Thromboplastin Time [PTT] or activated PTT [aPTT] $\leq 1.5 \times$ upper limit of normal [ULN]). Participants on full-dose anticoagulation must be on a stable dose of anticoagulant therapy and if on oral anticoagulation, must have an INR ≤ 3 and have no clinically significant active bleeding or pathological condition that carries a high risk of bleeding

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Ausschlusskriterien

- Consent to provide a historical colorectal cancer tissue sample for assessment of biomarkers and the tumor tissue sample is available
- Ability to provide signed informed consent
- Receipt of bevacizumab \leq 28 days prior to randomization
- Receipt of any investigational therapy for non-oncology clinical indication \leq 28 days prior to randomization
- Receipt of any previous systemic therapy, other than a combination of bevacizumab, oxaliplatin, and a fluoropyrimidine, for first-line treatment of metastatic colorectal cancer
- Known leptomeningeal disease or brain metastases or uncontrolled spinal cord compression (currently or in the past)
- Experience of any arterial thrombotic or arterial thromboembolic events, including, but not limited to myocardial infarction, transient ischemic attack, or cerebrovascular accident, \leq 12 months prior to randomization
- Pregnant (confirmed by serum beta human chorionic gonadotropin [beta-HCG] test \leq 7 days prior to randomization) or lactating
- History of inflammatory bowel disease or Crohn's disease requiring medical intervention (immunomodulatory or immunosuppressive medications or surgery) \leq 12 months prior to randomization
- Acute or subacute bowel obstruction or history of chronic diarrhea which is considered clinically significant in the opinion of the investigator
- Grade 3 or higher bleeding event \leq 3 months prior to randomization
- Experience of any of the following during first-line therapy with a bevacizumab-containing regimen: an arterial thrombotic/thromboembolic event, Grade 4 hypertension, Grade 3 proteinuria, a Grade 3-4 bleeding event, or bowel perforation
Known history or clinical evidence of Gilbert's Syndrome, or is known to have any of the following genotypes: UGT1A1*6/*6, UGT1A1*28/*28, or UGT1A1*6/*28
- Known allergy to any of the study treatment components, including any components used in the preparation of ramucirumab, or other contraindication to receive the study treatments
- Cirrhosis at a level of Child-Pugh B (or worse) or cirrhosis (any degree) and a history of hepatic encephalopathy or clinical meaningful ascites resulting from cirrhosis; Clinically meaningful ascites is defined as ascites resulting from cirrhosis and requiring ongoing treatment with diuretics and/or paracentesis

Alter	18 Jahre und älter
Molekularer Marker	KRAS wt KRAS
Status	Geschlossen
Fallzahl	1050
Sponsor	Eli Lilly and Company
Förderer	Eli Lilly and Company
Registrierung in anderen Studienregistern	ClinicalTrials.gov NCT01183780 (primäres Register) EudraCT 2010-021037-32
Therapie	FOLFIRI + Ramucirumab FOLFIRI + Placebo