



## Clinical trial results:

**Treatment of patients with locally advanced rectal cancer. TEGAFOX (UFT/leukovorin og Oxaliplatin) before, during and after curatively intended radiotherapy. A Danish phase I/II trial**

### Summary

EudraCT number	2004-001347-29
Trial protocol	DK
Global end of trial date	07 May 2009

### Results information

Result version number	v1 (current)
This version publication date	07 March 2021
First version publication date	07 March 2021

### Trial information

#### Trial identification

Sponsor protocol code	04.08
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#### Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	-
WHO universal trial number (UTN)	-

Notes:

### Sponsors

Sponsor organisation name	Odense University Hospital
Sponsor organisation address	J.B. Winsløvs Vej 2, entrance 140, basement, Odense C, Denmark, 5000
Public contact	Ida Coordt Elle, Odense University Hospital, +45 29335922, ida.coordt.elle@rsyd.dk
Scientific contact	Per Pfeiffer, Odense University Hospital, +45 26283844, per.pfeiffer@rsyd.dk

Notes:

### Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

## Results analysis stage

Analysis stage	Final
Date of interim/final analysis	07 May 2009
Is this the analysis of the primary completion data?	No

Global end of trial reached?	Yes
Global end of trial date	07 May 2009
Was the trial ended prematurely?	No

Notes:

## General information about the trial

Main objective of the trial:

To assess toxicity and feasibility of TEGAFOX followed by radiochemotherapy (UFT + oxaliplatin) in patients with LARC

Protection of trial subjects:

Average radiation doses for organs at risk (small intestine and bladder) were calculated and recorded. Heating pads were available during administration of i.v. chemotherapy.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	02 May 2005
Long term follow-up planned	Yes
Long term follow-up rationale	Safety, Efficacy
Long term follow-up duration	5 Years
Independent data monitoring committee (IDMC) involvement?	Yes

Notes:

## Population of trial subjects

### Subjects enrolled per country

Country: Number of subjects enrolled	Denmark: 18
Worldwide total number of subjects	18
EEA total number of subjects	18

Notes:

### Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	10
From 65 to 84 years	8

85 years and over	0
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## Subject disposition

### Recruitment

Recruitment details:

From May 2005 to March 2009, 18 patients (nine men and nine women) were treated according to this phase I trial.

### Pre-assignment

Screening details:

All patients had biopsy-proven non-resectable (primary or recurrent) rectal adenocarcinoma (LARC). Patients were eligible if the tumour was fixed to the pelvic wall or otherwise non-resectable as judged clinically by an experienced colorectal surgeon.

### Period 1

Period 1 title	Trial period (overall period)
Is this the baseline period?	Yes
Allocation method	Non-randomised - controlled
Blinding used	Not blinded

### Arms

Are arms mutually exclusive?	Yes
<b>Arm title</b>	Level 0

Arm description:

Tegafox 1: 130

RCT: 30x6

Tegafox 2: 130

Arm type	Experimental
Investigational medicinal product name	Oxaliplatin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

30mg/m2/week i.v.

<b>Arm title</b>	Level 1
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Arm description:

Tegafox 1: 130

RCT: 40x6

Tegafox 2: 130

Arm type	Experimental
Investigational medicinal product name	Oxaliplatin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

40mg/m2/week i.v.

<b>Arm title</b>	Level 2
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Arm description:

Tegafox 1: 130

RCT: 50x6

Tegafox 2: 130

Arm type	Experimental
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Investigational medicinal product name	Oxaliplatin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use
Dosage and administration details: 50mg/m2/week i.v.	
<b>Arm title</b>	Level 3

Arm description:

Tegafox 1: 130

RCT: 60x5

Tegafox 2: 130

Arm type	Experimental
Investigational medicinal product name	Oxaliplatin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

60mg/m2/week i.v.

<b>Number of subjects in period 1</b>	Level 0	Level 1	Level 2
Started	6	6	3
Completed	6	6	3
Not completed	0	0	0
Adverse event, non-fatal	-	-	-

<b>Number of subjects in period 1</b>	Level 3
Started	3
Completed	1
Not completed	2
Adverse event, non-fatal	2

## Baseline characteristics

## End points

### End points reporting groups

Reporting group title	Level 0
Reporting group description: Tegafox 1: 130 RCT: 30x6 Tegafox 2: 130	
Reporting group title	Level 1
Reporting group description: Tegafox 1: 130 RCT: 40x6 Tegafox 2: 130	
Reporting group title	Level 2
Reporting group description: Tegafox 1: 130 RCT: 50x6 Tegafox 2: 130	
Reporting group title	Level 3
Reporting group description: Tegafox 1: 130 RCT: 60x5 Tegafox 2: 130	

### Primary: Maximal tolerable dose

End point title	Maximal tolerable dose <sup>[1]</sup>
End point description: Toxicity was graded according to NCI Common Toxicity Criteria version 2.0. DLT was reached if grade 3 toxicity was observed. Cohorts of three to six patients were entered at each dose level and each cohort was evaluated for the entire combined treatment course before dose escalation was allowed. If one patient at a given dose level developed DLT, three additional patients were planned to be treated at that dose level. If zero or one out of three/six patients developed DLT the dose was escalated with 10 mg/m <sup>2</sup> /week. If two or more patients out of three or six developed DLT the MTD was reached.	
End point type	Primary
End point timeframe: 6 weeks	

#### Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Maximal tolerable dose cannot be statistically analyzed.

Toxicity was graded according to NCI Common

Toxicity Criteria version 2.0. DLT was reached if grade 3 toxicity was observed. Cohorts of three to six patients were entered at each dose level and each cohort was evaluated for the entire combined treatment course before dose escalation was allowed.

See also publication.

End point values	Level 0	Level 1	Level 2	Level 3
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	6	6	3	3
Units: patients without DLT	5	5	3	1

## **Statistical analyses**

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No statistical analyses for this end point

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

One year

Assessment type	Systematic
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### Dictionary used

Dictionary name	MedDRA
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Dictionary version	23.1
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### Reporting groups

Reporting group title	Level 0
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Reporting group description: -

Reporting group title	Level 1
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Reporting group description: -

Reporting group title	Level 2
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Reporting group description: -

Reporting group title	Level 3
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Reporting group description: -

Serious adverse events	Level 0	Level 1	Level 2
Total subjects affected by serious adverse events			
subjects affected / exposed	0 / 6 (0.00%)	0 / 6 (0.00%)	0 / 3 (0.00%)
number of deaths (all causes)	0	0	0
number of deaths resulting from adverse events	0	0	0

Serious adverse events	Level 3		
Total subjects affected by serious adverse events			
subjects affected / exposed	0 / 3 (0.00%)		
number of deaths (all causes)	0		
number of deaths resulting from adverse events	0		

Frequency threshold for reporting non-serious adverse events: 5 %

Non-serious adverse events	Level 0	Level 1	Level 2
Total subjects affected by non-serious adverse events			
subjects affected / exposed	6 / 6 (100.00%)	6 / 6 (100.00%)	3 / 3 (100.00%)
General disorders and administration site conditions			

Fatigue subjects affected / exposed occurrences (all)	4 / 6 (66.67%) 4	6 / 6 (100.00%) 6	3 / 3 (100.00%) 3
Pain subjects affected / exposed occurrences (all)	4 / 6 (66.67%) 4	3 / 6 (50.00%) 3	3 / 3 (100.00%) 3
Gastrointestinal disorders Nausea/vomiting subjects affected / exposed occurrences (all)	5 / 6 (83.33%) 5	4 / 6 (66.67%) 4	3 / 3 (100.00%) 3
Diarrhea subjects affected / exposed occurrences (all)	4 / 6 (66.67%) 4	4 / 6 (66.67%) 4	3 / 3 (100.00%) 3
Skin and subcutaneous tissue disorders Skin reaction subjects affected / exposed occurrences (all)	2 / 6 (33.33%) 2	1 / 6 (16.67%) 1	1 / 3 (33.33%) 1

<b>Non-serious adverse events</b>	Level 3		
Total subjects affected by non-serious adverse events subjects affected / exposed	3 / 3 (100.00%)		
General disorders and administration site conditions Fatigue subjects affected / exposed occurrences (all)	3 / 3 (100.00%) 3		
Pain subjects affected / exposed occurrences (all)	2 / 3 (66.67%) 2		
Gastrointestinal disorders Nausea/vomiting subjects affected / exposed occurrences (all)	3 / 3 (100.00%) 3		
Diarrhea subjects affected / exposed occurrences (all)	3 / 3 (100.00%) 3		
Skin and subcutaneous tissue disorders			

Skin reaction			
subjects affected / exposed	0 / 3 (0.00%)		
occurrences (all)	0		

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? No

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### Interruptions (globally)

Were there any global interruptions to the trial? No

### Limitations and caveats

None reported

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### Online references

<http://www.ncbi.nlm.nih.gov/pubmed/22248062>