

Evaluating sorafenib in combination with transarterial chemoembolisation (TACE) in patients with unresectable hepatocellular carcinoma (HCC)

Submission date 18/06/2010	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 18/06/2010	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 26/10/2022	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English Summary

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-combining-two-treatments-for-cancer-liver-TACE-2>

Study website

<http://www.tace-2.bham.ac.uk>

Contact information

Type(s)

Scientific

Contact name

Mrs Sonia Fox

Contact details

University of Birmingham
Edgbaston
Birmingham
United Kingdom
B15 2TT

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TACE2@trials.bham.ac.uk

Additional identifiers

EudraCT/CTIS number

2008-005073-36

IRAS number

ClinicalTrials.gov number

NCT01324076

Secondary identifying numbers

5347

Study information

Scientific Title

TACE-2: a randomised placebo-controlled, double blinded, phase III trial evaluating sorafenib in combination with transarterial chemoembolisation (TACE) in patients with unresectable hepatocellular carcinoma (HCC)

Acronym

TACE-2

Study hypothesis

The aim of this study is to determine whether the addition of sorafenib to transarterial chemoembolisation (TACE) (performed according to a standardised protocol with doxorubicin eluting beads) is superior to TACE alone in the treatment of hepatocellular carcinoma (HCC).

Ethics approval required

Old ethics approval format

Ethics approval(s)

South East Research Ethics Committee, 18/03/2010, ref: 09/H1102/114

Study design

Multicentre randomised interventional treatment trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

GP practice

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

Condition

Topic: National Cancer Research Network; Subtopic: Upper Gastro-Intestinal Cancer; Disease: Liver

Interventions

TACE using DC Bead loaded with doxorubicin plus sorafenib. Patient will commence oral sorafenib (400 mg twice daily) on the day of randomisation and transarterial chemoembolisation (TACE) will be performed between 2 - 5 weeks post-randomisation using DC Bead loaded with Doxorubicin-HCL (150 mg).

The control group will receive TACE plus matching placebo, as per protocol above.

The patient will continue to take sorafenib/placebo until progression according to RECIST has been externally verified. Patients will be followed up for 1 year from the last administration of sorafenib/placebo. They will be unblinded upon progression.

Follow-up length: 12 months

Study entry: single randomisation only

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

Sorafenib, doxorubicin

Primary outcome measure

Progression free survival (PFS)

Secondary outcome measures

Overall survival - the time between the date of randomisation and death from any cause

Overall study start date

01/08/2010

Overall study end date

31/08/2016

Eligibility

Participant inclusion criteria

1. Histological or cytological diagnosis or meet the American Association for the Study of Liver Diseases (AASLD) criteria for diagnosis of HCC and at least one uni-dimensional lesion measurable according to the Response Evaluation Criteria in Solid Tumours (RECIST) criteria by computed tomography (CT) scan or magnetic resonance imaging (MRI)
2. Not a candidate for surgical resection
3. Aged greater than or equal to 18 years and estimated life expectancy greater than 3 months
4. Eastern Cooperative Oncology Group (ECOG) performance status greater than or equal to 1
5. Adequate haematological function Hb greater than or equal to 9 g/L, absolute neutrophil

count greater than or equal to $1.5 \times 10^9/L$, platelet count greater than or equal to $60 \times 10^9/L$

6. Bilirubin greater than or equal to $50 \mu\text{mol/L}$, aspartate aminotransferase (AST) and alanine aminotransferase (ALT) less than or equal to 5 x upper limit of normal (ULN), alkaline phosphatase (ALP) less than 4 x ULN
7. Adequate renal function; creatinine less than or equal to 1.5 x ULN
8. International normalised ratio (INR) greater than or equal to 1.5
9. Amylase and lipase less than 2 x ULN
10. Child-Pugh A (score less than or equal to 6)
11. Left ventricular ejection fraction greater than or equal to 45%
12. Women of child-bearing potential should have a negative pregnancy test prior to study entry. Both men and women must be using an adequate contraception method, which must be continued for 3 months after completion of treatment.
13. Written informed consent
14. Male and female, lower age limit of 18 years

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

Planned sample size: 412; UK sample size: 300

Total final enrolment

313

Participant exclusion criteria

1. Extrahepatic metastasis
2. Prior embolisation, systemic or radiation therapy for HCC
3. Any contraindications for hepatic embolisation procedures including portosystemic shunt, hepatofugal blood flow, known severe atheromatosis
4. Investigational therapy or major surgery within 4 weeks of trial entry
5. Any ablative therapy (radiofrequency ablation [RFA] or percutaneous ethanol injection [PEI]) for HCC (this should not exclude patients if target lesion(s) have not been treated and occurred greater than 6 weeks prior study entry)
6. History of bleeding within the past 4 weeks
7. Child-Pugh cirrhosis C or B (score greater than or equal to 7)
8. Hepatic encephalopathy
9. Ascites refractory to diuretic therapy
10. Documented occlusion of the hepatic artery or main portal vein
11. Hypersensitivity to intravenous contrast agents
12. Active clinically serious infection greater than grade 2 National Cancer Institute Common Toxicity Criteria (NCI-CTC) version 4.0
13. Pregnant or lactating women

14. Known history of human immunodeficiency virus (HIV) infection
15. History of second malignancy except those treated with curative intent more than three years previously without relapse and non-melanotic skin cancer or cervical carcinoma in situ
16. Evidence of severe or uncontrolled systemic diseases, cardiac arrhythmias (requiring anti-arrhythmic therapy or pace maker), uncontrolled hypertension, congestive cardiac failure greater than New York Heart Association (NYHA) class 2, myocardial infarction (MI) within 6 months or laboratory finding that in the view of the Investigator makes it undesirable for the patient to participate in the trial
17. Psychiatric or other disorder likely to impact on informed consent
18. Patient is unable and/or unwilling to comply with treatment and study instructions
19. Patient unable to swallow oral medications

Recruitment start date

04/11/2010

Recruitment end date

07/12/2015

Locations

Countries of recruitment

France

Ireland

Italy

United Kingdom

Study participating centre

Beatson West of Scotland Cancer Centre

Glasgow

United Kingdom

G12 0YN

Study participating centre

Bristol Royal Infirmary

United Kingdom

BS2 8HW

Study participating centre

Castle Hill Hospital

Hull

United Kingdom

HU16 5JQ

Study participating centre
Christie Hospital
Manchester
United Kingdom
M20 4BX

Study participating centre
Derriford Hospital
United Kingdom
PL6 8DH

Study participating centre
Freeman Hospital
Newcastle
United Kingdom
NE7 7DN

Study participating centre
Hammersmith Hospital
London
United Kingdom
W12 0HS

Study participating centre
King's College Hospital
London
United Kingdom
SE5 9RS

Study participating centre
Manchester Royal Infirmary
United Kingdom
M13 9WL

Study participating centre

Ninewells Hospital

Dundee

United Kingdom

DD2 1UB

Study participating centre

Norfolk and Norwich University Hospital

United Kingdom

NR4 7UY

Study participating centre

Queen's Medical Centre

Nottingham

United Kingdom

NG7 2UH

Study participating centre

Royal Devon and Exeter Hospital

United Kingdom

EX2 5DW

Study participating centre

Royal Gwent Hospital

United Kingdom

NP20 2UB

Study participating centre

Royal Infirmary of Edinburgh

United Kingdom

EH16 4SA

Study participating centre

Royal Liverpool University Hospital

United Kingdom

L7 8XP

Study participating centre

Royal Marsden Hospital

London
United Kingdom
SW3 6JJ

Study participating centre

Royal Marsden Hospital

Sutton
United Kingdom
SM2 5PT

Study participating centre

Southampton General Hospital

United Kingdom
SO16 6YD

Study participating centre

St Bartholomew's Hospital

United Kingdom
EC1A 7BE

Study participating centre

St James's University Hospital

Leeds
United Kingdom
LS9 7TF

Study participating centre

St Vincent's University Hospital

Dublin
Ireland
D04 Y8V0

Study participating centre

The Queen Elizabeth Hospital

Birmingham
United Kingdom
B15 2TH

Study participating centre
University Hospital Aintree
United Kingdom
L9 7AL

Sponsor information

Organisation

University College London (UCL) (UK)

Sponsor details

UCL Biomedicine Research & Development Unit
Maple House
149 Tottenham Court Road
London
England
United Kingdom
W1T 7NF

Sponsor type

University/education

Website

<http://www.ucl.ac.uk/>

ROR

<https://ror.org/02jx3x895>

Funder(s)

Funder type

Industry

Funder Name

Bayer PLC (UK)

Funder Name

Biocompatibles Ltd (UK)

Funder Name

Cancer Research UK (CRUK) (UK) (ref: C12125/A10051)

Alternative Name(s)

CR_UK, Cancer Research UK - London, CRUK

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Results and Publications

Publication and dissemination plan

1. Abstract submitted to ASCO 2016
2. Final publication in June 2017

Intention to publish date

30/06/2017

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request, and subsequent approval by the Trial Management Group, from TACE2@trials.bham.ac.uk

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/08/2017		Yes	No
Plain English results			26/10/2022	No	Yes
HRA research summary			28/06/2023	No	No