Draft

A Randomized Phase II study of Concurrent Chemoradiotherapy for Locally Advanced Cervical Cancer with or without Meloxicam

Forum for Nuclear Cooperation in Asia

(FNCA)

Application of Radioisotopes and Radiation for Medical Use

Outline of the study

1. Design of the study

Prospective randomize phase II study

2. Objectives

Determine the efficacy of meloxicam on concurrent chemoradiotherapy using cisplatin in patients with locally advanced cervical cancer

Primary endpoint:	Response
	Side effects
Secondary endpoint:	Survival time
	QOL

3. Protocol Eligibility Criteria

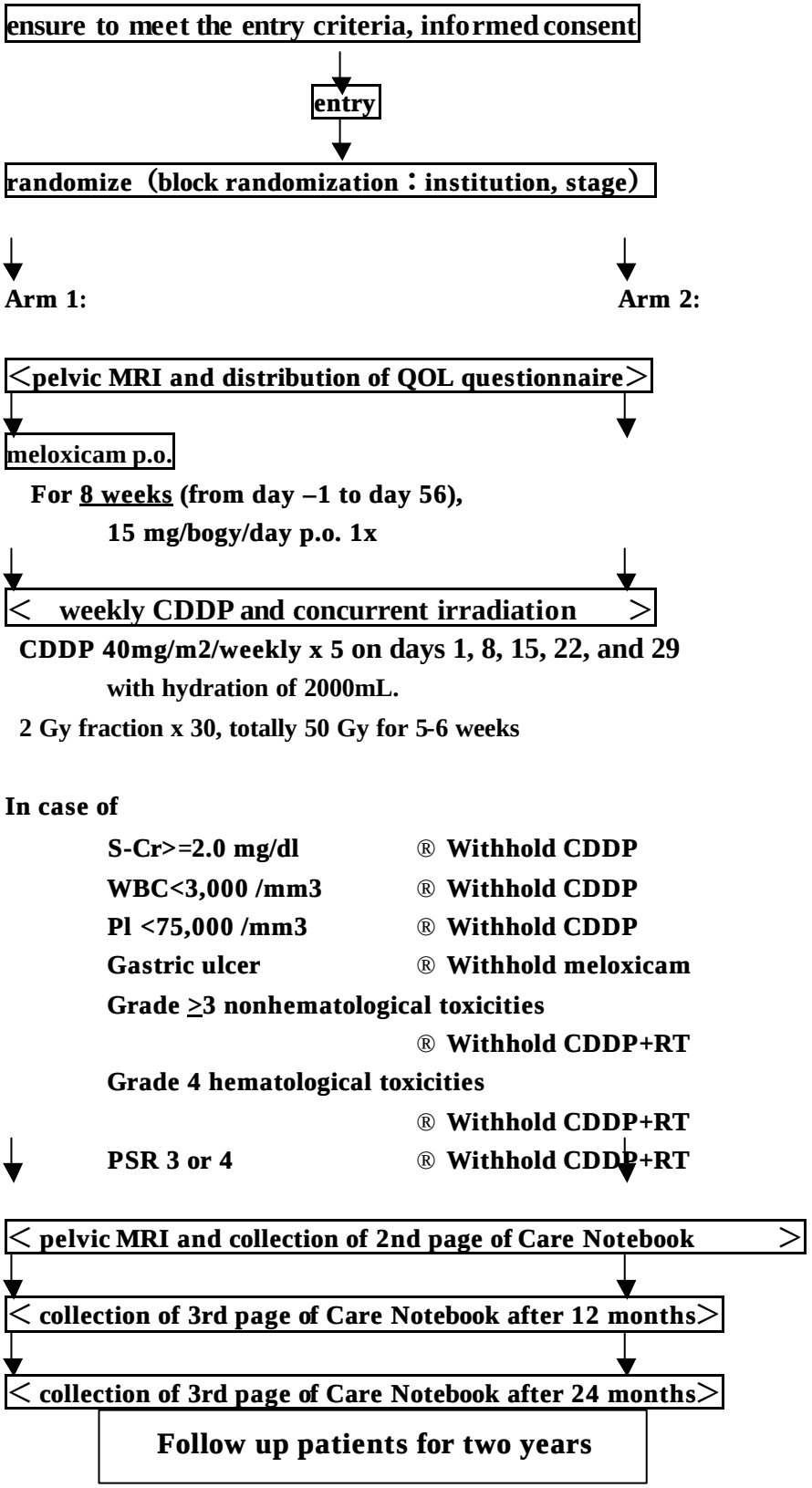
3.1. Eligible for inclusion

1. Squamous cell carcinoma, adenocarcinoma, or adenosquamous carcinoma of the uterine cervix
2. Stage IIB (≧4 cm in diameter), IIIB, and IVA disease (FIGO 1994)
3. Age; 20-70 years
4. PS; WHO 0-2
5. No prior chemotherapy, radiotherapy, and surgery to the pelvis
6. Life expectancy; longer than 6 months
7. **Measurable disease**
8. Adequate bone marrow, hepatic, and renal functions;
   - WBC≧3000/mm^3
   - Hb≧10g/dl
   - Platelet≧100,000/mm^3
   - Total bilirubin≦1.5mg/dl
   - AST/ALT≦2 times upper limit of normal
   - Serum creatinine≦1.**2**mg/dl
9. Written informed consent

3.2. Ineligible for inclusion

1. Severe concomitant illness
2. History of other malignancies within the past 5 years except basal cell carcinoma or squamous cell carcinoma in-situ of the skin
3. Tumor with infiltration of lower 1/3 of the vagina
4. Patients who are pregnant or lactating

4. Schematic schedule

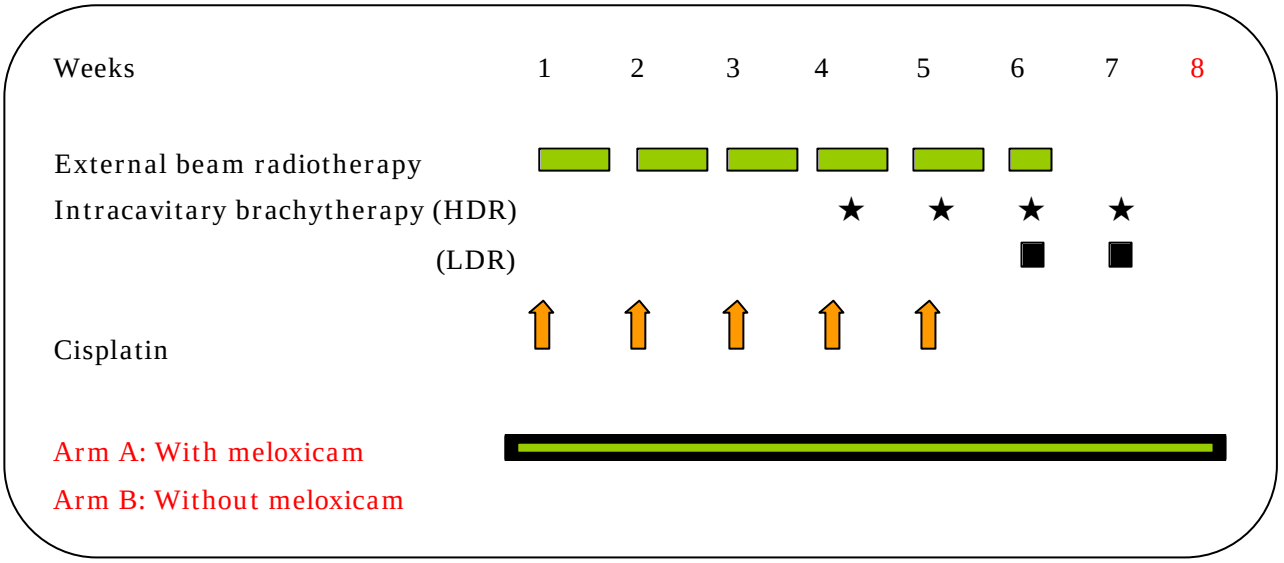


5. Registration and randomization

After ensuring to meet the entry criteria and to obtain informed consent, those information should be sent to Entry Division of FNCA (a tentative name) by fax (---) or E-mail (---).The Entry Division of FNCA randomizes to Arm A (concurrent chemoirradiation by CDDP with meloxicam) or Arm B (concurrent chemoirradiation by CDDP with meloxicam). Both arms should be block randomized by institution and stage

6. Treatment Protocol

Concurrent chemoradiotherapy as shown in the figure below



External beam radiotherapy

Fractionation schedule: 1.8－2.0 Gy/fraction, 5fractions/week

Total dose: approximately 50 Gy

Whole pelvis 30-40Gy, Central shielding 20-10 Gy

10-15Gy of boost irradiation to the bulky parametrial disease or gross lymph node metastases is allowed.

Intracavitary brachytherapy

HDR treatment: 24-28 Gy / 4 fractions (6-7 Gy/fraction)

LDR treatment: 30-40 Gy/ 1-2 fractions

Chemotherapy

Cisplatin 40 mg/m^2 d.i.v. weekly, week 1-week 5

COX-2 inhibitor

With meloxicam: For 8 weeks (from day –1 to day 56), 15 mg/day p.o. 1x m

Without meloxicam: **Prophylactic use of NSAID is prohibited.**

7. Evaluation

l. Pelvic plain MR or enhanced CT before the treatment, and in the 6-10th week for evaluating response

2. Weekly evaluation of acute side effects by NCI CTC up to the 8th week, and late side effects

3. QOL evaluation before the treatment, at the end of the treatment, 1 year and 2 years after the treatment

4. Follow up at least for 2 years

8. Sample size

80 patients (40 x 2 groups)

9. Period of patient accrual

2 years (2004.4.1.—2006.3.31.)

10. Follow-up period

5 years (2004.4.1.—2009.3.31.)