High-Priority Clinical Trials

NCI HIGH-PRIORITY PHASE III CLINICAL TRIALS

The National Cancer Institute has identified a group of high-priority trials that are of particular scientific and clinical interest. The currently active studies are listed below.

**VA-CSP-407, NCI-T94-0131O, PIVOT-1, CLB-9492** Phase III Randomized Study of Prostatectomy vs Expectant Observation With Palliative Therapy for Stage I/II Prostate Cancer (PIVOT) (summary last modified: 06/97).

Projected accrual: 2,000 patients over 3 to 4 years. The objectives of this trial are (1) to determine the overall mortality rate in patients with stage I/II prostate cancer treated with radical prostatectomy and early intervention for subsequent disease progression vs expectant management with therapy reserved for palliation of symptomatic or metastatic disease, (2) to determine the prostate cancer-specific survival in these patients, (3) to compare the quality of life in patients receiving these treatments, (4) to determine the progression-free survival in this patient population, and (5) to assess the effects of radical prostatectomy upon disease recurrence. Age range: 75 and under.

Chairperson: Timothy James Wilt. Lead organization: Veterans Administration Cooperative Studies Program Coordinating Center.

**SWOG-8710, INT-0080, EST-1887** Phase III Randomized Comparison of Cystectomy Alone vs Neoadjuvant MVAC (MTX/VBL/DOX/CDDP) Plus Cystectomy in Patients With Locally Advanced Transitional Cell Carcinoma of the Bladder (summary last modified: 08/97).

Projected accrual: 298 patients are required. The objectives of this trial are (1) to compare survival of patients with locally advanced bladder cancer randomized to treatment with cystectomy alone vs neoadjuvant chemotherapy with MVAC (methotrexate/vinblastine/doxorubicin/cisplatin) followed by cystectomy, (2) to quantify the "tumor downstaging" effect of neoadjuvant MVAC, and (3) to explore the feasibility of collecting tissues for genetic/cytogenetic studies, and pilot the detection of nonrandom genetic/cytogenetic changes in these patients. Age range: any age.

Chairperson: Charles A. Coltman, Jr. Lead organization: Southwest Oncology Group.

**E-PBT01, NCI-T90-0180D, PBT-1** Phase III Randomized Comparison of Conventional CMF Maintenance vs High-Dose Combination Chemotherapy Plus Autologous Bone Marrow and Peripheral Stem Cell Rescue in Women With Metastatic Breast Cancer Responding to Conventional Induction Chemotherapy (summary last modified: 06/96).

Projected accrual: 549 patients (at least 99 patients with CR after induction and 247 with PR are required; accrual is expected to take three years for both groups). The objectives of this trial are (1) to compare time to failure and overall survival of patients with metastatic breast cancer responding after 4 to 6 courses of conventional induction chemotherapy who are randomly assigned to 24 months of conventional maintenance chemotherapy with CMF (cyclophosphamide/methotrexate/fluorouracil) vs high-dose chemotherapy with cyclophosphamide/thiotepa/carboplatin followed by autologous bone marrow and peripheral stem cell rescue, (2) to compare the toxicity of these two regimens, (3) to compare the financial costs of these two regimens, and (4) to evaluate the quality of life associated with these two treatments. Age range: 18 to 60.


**EST-2190, INT-0121, SWOG-9061** Phase III Randomized Study of Adjuvant CAF (Cyclophosphamide/Doxorubicin/Fluorouracil) vs Adjuvant CAF Followed by Intensification With High-Dose Cyclophosphamide/Thiotepa Plus Autologous Stem Cell Rescue in Women With Stage II/III Breast Cancer at High Risk of Recurrence (summary last modified: 05/97).

Projected accrual: 534 patients over an estimated six years. The objectives of this trial are (1) to compare sites and rates of recurrence, disease-free survival, overall survival, and toxicity of adjuvant chemotherapy with CAF (cyclophosphamide, doxorubicin, fluorouracil) vs adjuvant CAF followed by marrow amination with cyclophosphamide/thiotepa and autologous stem cell rescue in women with stage II/III breast cancer and 10 or more positive lymph nodes, (2) to evaluate prospectively the incidence and degree of occult marrow contamination with breast cancer cells at the time of study entry and following CAF chemotherapy by analyzing samples of marrow using a panel of monoclonal antibodies specific for breast cancer, (3) to document the changes in psychosocial function that occur during treatment on either regimen, and compare post-treatment recovery of psychosocial function, and (4) to establish a bank of paraffin-embedded tumor samples for future laboratory study. Age range: 15 to 60.

Chairperson: Martin Stuart Tallman. Lead organization: Eastern Cooperative Oncology Group.


Projected accrual: 800 patients over 6.5 to 7 years. Objectives of this trial are (1) to compare disease-free and overall survival of women with stage II/IIIA breast cancer randomized to receive high-dose cyclophosphamide/cisplatin/carmustine with autologous bone marrow/peripheral stem cell support plus chest wall irradiation vs conventional doses of the same drugs plus chest wall irradiation, administered after 4 courses of adjuvant cyclophosphamide/doxorubicin/fluorouracil (CAF), and (2) to compare the toxic effects of these two regimens. Age range: over 18.
SWOG-9321, INT-0141, CLB-9312 Phase III Randomized Study of L-PAM/TBI With PBSC Rescue vs VBMCP (VCR/BCNU/L-PAM/CTX/PRED) Following Standard Induction for Previously Untreated Symptomatic Multiple Myeloma, With Further Randomization for Major Responders to IFN-A vs Observation (summary last modified: 12/97).

Projected accrual: 500 patients randomized over about four years to autologous transplantation vs chemotherapy. The objectives of this trial are (1) to compare tumor cytoreduction achieved with VBMCP (vincristine/carmustine/melphalan/cyclophosphamide/prednisone) vs myeloablative melphalan (L-PAM) and total-body irradiation (TBI) with peripheral blood stem cell (PBSC) rescue in symptomatic myeloma patients with stable or responding disease following induction therapy with VAD (vincristine/doxorubicin/dexamethasone) followed by high-dose cyclophosphamide plus granulocyte colony-stimulating factor, (2) to compare the efficacy of interferon-alfa vs no maintenance therapy in those achieving at least 75% cytoreduction to either VBMCP or myeloablative therapy with PBSC rescue, (3) to assess allogeneic bone marrow transplantation following the same myeloablative regimen of L-PAM/TBI in patients up to age 55 with an HLA-compatible, MLC-nonreactive donor (as of 8/1/97, permanent partial closure), (4) to determine whether myeloablative therapy with PBSC rescue can extend the duration of survival by 33% compared to results from standard-dose VBMCP, and (5) to evaluate the toxic effects and possible long-term side effects, including development of myelodysplastic disease and/or acute myeloblastic leukemia, associated with these treatments. Age range: no older than 70.

Chairperson: Bart Barlogie. Lead organization: Southwest Oncology Group.

Legend for abbreviations:
CLB = Cancer & Leukemia Group B
E, EST = Eastern Cooperative Oncology Group
INT = Intergroup Study
NCCTG = North Central Cancer Treatment Group
NCOG = Northern California Oncology Group
NSABP = National Surgical Adjuvant Project for Breast & Bowel Cancers
PBT = Philadelphia Bone Marrow Transplant Group
RTOG = Radiation Therapy Oncology Group
SWOG = Southwest Oncology Group

VA-CSP = VA Cooperative Studies Program