

# the STIM-trial

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON21429

### Source

NTR

### Brief title

STIM-trial

### Health condition

breast cancer, controlled ovarian stimulation, estradiol, tamoxifen, letrozole.

borstkanker, ovariele stimulatie, oestradiol, tamoxifen, letrozol.

## Sponsors and support

**Primary sponsor:** Academical Medical Center

**Source(s) of monetary or material Support:** Pink Ribbon

## Intervention

## Outcome measures

### Primary outcome

Primary outcome is number of oocytes retrieved at follicle aspiration.

### Secondary outcome

- Number of mature oocytes retrieved

- Number of oocytes or embryos banked

- Peak E2 levels during COS defined as serum E2 level measured on the day of ovulation trigger

## Study description

### Background summary

Rationale: Chemotherapy for breast cancer may have a negative impact on reproductive function due to gonadotoxic damage.

Fertility preservation via banking of oocytes or embryos after controlled ovarian stimulation with FSH (COS) may increase the likelihood of a future successful pregnancy. It has been hypothesized that elevated serum estrogen levels during COS may induce growth of breast tumours. This has led to the use of alternative COS protocols with addition of tamoxifen or letrozole. The effectiveness of these COS protocols in terms of oocyte yield is unknown.

Objective: To evaluate the effectiveness of COS with tamoxifen or letrozole in terms of oocyte yield compared to standard COS for oocyte- or embryo banking.

Study design: Randomized open-label trial comparing COS plus tamoxifen and COS plus letrozole with standard COS in the course of fertility preservation.

Study population: Women with

breast cancer who opt for banking of oocytes or embryos, aged 18 - 43 years at randomisation.

Intervention : Women will receive tamoxifen 60 mg per day orally in combination with COS or letrozole 5 mg per day orally in combination with COS, or standard COS.

Main study parameters/endpoints: Primary outcome: the number of oocytes retrieved at follicle aspiration. Secondary outcomes are number of mature oocytes retrieved, number of oocytes or embryos banked and peak E2 levels during COS.

Nature and extent of the burden and risks associated with participation, benefit and group relatedness: All women will undergo one additional blood sample on the day of ovulation trigger for E2 measurement. If measurement of anti-mullerian hormone (AMH) is not part of standard care, one extra blood sample will be drawn for AMH measurement. In the women who receive tamoxifen in addition to COS, in some centres (Academic Medical Center Amsterdam and University hospital Brussels a series of four to six measurements of tamoxifen metabolites will be analysed in blood samples acquired during routine blood sampling for COS.

Multiple changes are made at 21-may-2015

## **Study objective**

A low peak E2 during COS is considered to be safer than a high peak E2 in women with breast cancer

## Study design

1. during COS at day of ovulation trigger with GnRHa
2. day of OPU (number of cryopreserved embryo's or oocytes)

## Intervention

Group 1 will receive tamoxifen (60 mg per day, orally) in addition to COS. Group 2 will receive letrozol (5 mg per day, orally) in addition to COS. Group 3 will undergo standard COS with no additional treatment.

## Contacts

### Public

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### Scientific

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## Eligibility criteria

### Inclusion criteria

- Age 18 - 43 years
- Confirmed breast cancer (ER+, ER- or unknown ER status)
- Candidate for oocyte or embryocryopreservation (as approved by referring breast cancer specialist and the centre for reproductive medicine that the women is referred to)

- Willing and able to give informed consent

## Exclusion criteria

- Contraindication to study medication
- Use of medication that opposes effect of study medication

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	12-08-2013
Enrollment:	159
Type:	Actual

### IPD sharing statement

**Plan to share IPD:** Undecided

## Ethics review

Positive opinion	
Date:	06-08-2013
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

<b>Register</b>	<b>ID</b>
NTR-new	NL3942
NTR-old	NTR4108
Other	NA : 43808
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

N/A