Holmium-166-radioembolization in patients with unresectable hepatocellular carcinoma; a multi-center, interventional, non-randomized, non-comparative, open label, early phase II study: HEPAR Primary

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Primary objective:To establish the safety and toxicity profile of 166Ho-RE in patients with hepatocellular carcinoma. Secondary objectives:* To evaluate efficacy of 166Ho-RE in hepatocellular carcinoma without curative treatment options in a non-...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Hepatobiliary neoplasms malignant and unspecified
Study type	Interventional

Summary

ID

NL-OMON44682

Source
ToetsingOnline

Brief title
HEPAR Primary

Condition

- Hepatobiliary neoplasms malignant and unspecified
- Hepatobiliary neoplasms malignant and unspecified

Synonym
hepatocellulair carcinoma, liver cancer

Research involving
Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Utrecht
Source(s) of monetary or material Support: KWF Kankerbestrijding,Quirem Medical B.V. verschaft de 166-holmium microsferen

Intervention

Keyword: Hepatocellular carcinoma, Holmium microspheres, Radioembolisation

Outcome measures

Primary outcome

Safety, expressed as the rate of unacceptable toxicity.

Secondary outcome

* Tumor response.

* Changes in tumor marker alpha-fetoprotein.

* Quality of Life (QoL).

* Biodistribution / Dosimetry.

* Changes in hepatic function as determined by hepatobiliary scintigraphy.

Study description

Background summary

Patients with hepatocellular carcinoma often die from intrahepatic disease since current treatment options are generally limited. Local treatment using 166Ho-radioembolization (166Ho-RE) could offer an effective treatment.

Study objective

Primary objective:
To establish the safety and toxicity profile of 166Ho-RE in patients with hepatocellular carcinoma.

Secondary objectives:
* To evaluate efficacy of 166Ho-RE in hepatocellular carcinoma without curative treatment options in a non-comparative phase II study.
* To evaluate tumor marker response.
* To evaluate Quality of Life (QoL).
* To evaluate biodistribution / dosimetry.
* To evaluate hepatic function.

Study design

Multi-center, interventional, treatment, non-randomized, open label, non-comparative, early phase II study. The study is a collaboration between UMC Utrecht and Erasmus MC Rotterdam. Recruitment and treatment of patients will take place in both centers.

Intervention

166Ho-RE will be performed via a catheter during angiography.

Study burden and risks

It is anticipated that treatment with radioactive microspheres will reduce tumor size and will improve quality of life. It is anticipated that the gamma emission of the radioactive 166Ho will improve the safety of the procedure by performing dose volume histogram analysis after scout dose imaging. Also the differences in specific activity of 166Ho-microspheres and the dose rate compared to the currently available 90Y-microspheres may theoretically improve tumor response and accordingly, liver specific progression-free survival. Participation in this study may also produce useful scientific data for the future. Regular medical check-ups during the study can be seen as an additional benefit. Scout dose and treatment procedures are scheduled on one day as compared to two separate procedures in a standard 90Y-RE protocol.

Apart from the angiographic procedures and device related toxicity, standard radiological and nuclear procedures are also used that may have their inherent side effects (no extra visits). For the frequent blood sampling and/or pre- and post-hydration, an indwelling cannula may be used and this may be accompanied by mild bruising and also, in rare cases, by transient inflammation of the vessel wall (phlebitis). The same applies to single vein punctures for blood sampling. When needed, the use of a urethral catheter may also cause infection. The total amount of blood withdrawn during the study will be up to 100 ml (normal blood donation: 500 ml).

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

- Patients must have given written informed consent.
- Female or male aged 18 years and over.
- Diagnosis of HCC established according to the Netherlands HCC guideline criteria (in line with American AASLD criteria): nodule >1 cm in a patient at risk for HCC, with combination of arterial hypervascularity and venous or delayed phase wash-out on multiphase CT-scan or MRI-scan. LR-5 and LR- 4 based on Liver Imaging Reporting and Data System (LIRADS) can be included based on discretion of the principal investigator.
- No curative treatment options (resection, transplant, or in case of solitary tumor <5 cm, RFA).
- Life expectancy of at least 6 months.
- ECOG Performance status 0-1.
- Liver-dominant disease (maximum 5 lung nodules all *1.0 cm and mesenteric or portal

lymph nodes all *2.0 cm are accepted).
- Child-Pugh class A5-6 or B7.
- At least one measurable liver lesion according to the modified RECIST criteria.
- Negative pregnancy test for women of childbearing potential. Female patients of child-bearing potential should use an highly effective acceptable method of contraception (oral contraceptives, barrier methods, approved contraceptive implant, long-term injectable contraception, intrauterine device or tubal ligation) or should be more than 1 year postmenopausal or surgically sterile during their participation in this study (from the time they sign the consent form), to prevent pregnancy.

Exclusion criteria

- Evidence of significant extrahepatic disease (MRI-scan liver and multiphase abdominal CT as well as a thoracic CT are routinely performed at screening).
- Radiation therapy within the last 4 weeks before the start of study therapy.
- Previous or current treatment with RE. Previous treatment with TACE, surgery, RFA, and previous or current treatment with sorafenib are allowed.
- Major surgery within 4 weeks or incompletely healed surgical incision before starting study therapy.
- Serum bilirubin >34.2 micromole/L (2 mg/dL).
- Glomerular filtration rate <35 ml/min, determined according to the Modification of Diet in Renal Disease (MDRD) formula.
- Non-correctable INR >1.5 in case of femoral approach (as opposed to radial).
- Leukocytes <2 109/l and/or platelet count <50 109/l.
- Significant cardiac event (e.g. myocardial infarction, superior vena cava (SVC) syndrome, New York Heart Association (NYHA) classification of heart disease *2 within 3 months before entry, or presence of cardiac disease that in the opinion of the Investigator increases the risk of ventricular arrhythmia.
- Pregnancy or breastfeeding.
- Patients suffering from psychic disorders that make a comprehensive judgment impossible, such as psychosis, hallucinations and/or depression.
- Patients who are declared incapacitated.
- Previous enrollment in the present study.
- Male patients who are not surgically sterile or do not use an acceptable method of contraception during their participation in this study (from the time they sign the consent form) to prevent pregnancy in a partner.
- Evidence of untreated, clinically significant grade 3 portal hypertension (i.e. large varices at oesophago-gastro-duodenoscopy). In these cases, therapy with non-selective beta blocker (propranolol) or rubber band ligation should be instituted according to accepted guidelines. In case of small varices, prophylactic propranolol is advised.
- Portal vein thrombosis (tumor and/or bland) of the main branch (diagnosed on contrast enhanced transaxial images). Involvement of the right or left portal vein branches and more distal is accepted.
- Untreated active hepatitis. In case of detectable viral HBV load, treatment with a nucleos(t)ide analog such as entecavir or tenofovir should be instituted.

- Transjugular intrahepatic portosystemic shunt (TIPS).
- Body weight over 150 kg (because of maximum table load).
- Severe allergy for intravenous contrast used (Visipaque®)(because of CT evaluation, pre-treatment angiography and treatment angiography).
- Lung shunt >30 Gy, as calculated using scout dose SPECT/CT.
- Uncorrectable extrahepatic deposition of scout dose activity. Activity in the falciform ligament, portal lymph nodes and gallbladder is accepted.

Study design

Design

Study phase:	2
Study type:	Interventional
Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	15-12-2017
Enrollment:	30
Type:	Actual

Medical products/devices used

Generic name:	holmium microspheres
Registration:	Yes - CE intended use

Ethics review

Approved WMO

Date:	21-08-2017
Application type:	First submission
Review commission:	METC NedMec

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

Register	ID
CCMO	NL52338.041.17