

CALGB-90601

A Randomized Double-Blinded Phase III Study Comparing Gemcitabine, Cisplatin, and Bevacizumab to Gemcitabine, Cisplatin, and Placebo in Patients With Advanced Transitional Cell Carcinoma

ClinicalTrials.gov Identifier: [NCT00942331](https://clinicaltrials.gov/ct2/show/study/NCT00942331)

Study Background

Trial Description

This randomized phase III trial studies gemcitabine hydrochloride, cisplatin, and bevacizumab to see how well they work compared with gemcitabine hydrochloride and cisplatin in treating patients with urinary tract cancer that has spread to other places in the body. Drugs used in chemotherapy, such as gemcitabine hydrochloride and cisplatin, work in different ways to stop the growth of tumor cells, either by killing the cells, by stopping them from dividing, or by stopping them from spreading. Immunotherapy with bevacizumab, may induce changes in body's immune system and may interfere with the ability of tumor cells to grow and spread. It is not yet known whether gemcitabine hydrochloride and cisplatin are more effective when given with or without bevacizumab in treating patients with urinary tract cancer.

Arms:

Arm I (gemcitabine hydrochloride, cisplatin, placebo): (Active Comparator): Patients receive gemcitabine hydrochloride IV over 30 minutes on days 1 and 8 and cisplatin IV and placebo IV over 30-90 minutes on day 1. Treatment repeats every 21 days for 6 cycles in the absence of disease progression or unacceptable toxicity. Patients then receive placebo IV over 30-90 minutes every 21 days in the absence of disease progression or unacceptable toxicity.

Arm II (gemcitabine hydrochloride, cisplatin, bevacizumab): (Experimental): Patients receive gemcitabine hydrochloride and cisplatin as in arm I. Patients also receive bevacizumab IV over 30-90 minutes on day 1. Treatment repeats every 21 days for 6 cycles in the absence of disease progression or unacceptable toxicity. Patients then receive bevacizumab IV over 30-90 minutes every 21 days in the absence of disease progression or unacceptable toxicity.

Objectives:

PRIMARY OBJECTIVES:

I. To determine if patients with advanced transitional cell carcinoma treated with bevacizumab, gemcitabine hydrochloride (gemcitabine) and cisplatin will have increased overall survival when compared to patients treated with gemcitabine, cisplatin, and placebo.

SECONDARY OBJECTIVES:

I. To compare the progression-free survival of these two regimens in patients with advanced transitional cell carcinoma.

II. To compare the proportion of patients who experience an objective response on each regimen.

III. To compare the grade 3 and greater toxicities in patients treated on the two regimens.

Study Milestones:

Primary Completion Date: November 2, 2018

Publication Information:

Analysis Type: Primary

PubMed ID: 33989025

Citation: J Clin Oncol. 2021 May 14;JCO2100286. doi: 10.1200/JCO.21.00286.

Associated Datasets:

NCT00942331-D1-Dataset.csv (pt_all),

NCT00942331-D2-Dataset.csv (dosemod_all),

NCT00942331-D3-Dataset.csv (ae_all)

Dataset Information:

Dataset Name: NCT00942331-D1-Dataset.csv (pt_all)

Description: Dataset NCT00942331-D1-Dataset.csv (pt_all) is one of 3 datasets associated with PubMed ID 33989025. This dataset contains all patient level data including baseline characteristics, survival status and time to event, progression free survival and time to event, treatment summaries, off treatment reasons for chemotherapy and bev/placebo, best response, tumor scans, the occurrence of grade 3/4 thrombocytopenia, the occurrence of a serious adverse event, and the occurrence of a dose delay or reduction.

Data can be used to approximate published study findings, but exact reproduction of previous manuscripts may not be possible in some cases (e.g., when data must be modified for de-identification purposes or have undergone further data cleaning).

Blank values indicate data not applicable or missing, except where otherwise noted.

NCT00942331-D1-Dataset.csv (pt_all) Data Dictionary:

LABEL	NAME	ELEMENTS	COMMENTS
Patient ID	patid		
Treatment Arm	arm	Bevacizumab, Placebo	
Patient Received Protocol Treatment	trt	Yes, No	
Patient was eligible	elig	Yes, No	
Patient Included in OS Analysis	os	Yes	
Patient was included in PFS Analysis	pfs	Yes	
Patient was included in ORR Analysis	confr	Yes, No	
Patient Withdrew from Survival Follow Up	wdfu	No, Yes	
Overall Survival Time (Months)	os_mths		
Overall Survival Status	os_stat	Event, No Event	
Progression Free Survival Status	pfs_stat	Event, No Event	
Progression Free Survival Time (Months)	pfs_mths		

LABEL	NAME	ELEMENTS	COMMENTS
Non-Protocol Treatment Censor for Progression Free Survival	nptcen	No, Yes	Patients who were censored at time of non-protocol treatment for PFS were still followed for OS.
Age (years) Category	agecat	< 70, >= 70	
Ethnicity	ETHNIC_ID	Not Hispanic or Latino, Hispanic or Latino, Other/Not Reported	
Sex	SEX_ID	Male, Female	
Race	RACE_ID	White, Black or African American, Unknown, Asian	
Prior Chemotherapy	prior_chemo	No, Yes	
Visceral Mets	visceral_mets	Yes, No	
Performance Score (Forest Plot)	forestplot_ps	0,1	Used in forest plot analysis.
Baseline Performance Score	PS	0, 1	3 patients had missing performance scores at baseline.
Baseline Creatinine Category	creatgroup	>= 60 mL/min, <60 mL/min	
Primary Tumor Site	prmtumsite	Bladder, Other, Upper Tract	
Patient Has Measurable Disease reported at Baseline	measdz	Yes, No	Baseline table measurable disease status.
Confirmed Best Response	best_resp	3 SD, 2 PR, 4 PD, 1 CR	Patients were included if they had at least one measurable post-baseline disease assessment regardless of baseline measurable disease status.

LABEL	NAME	ELEMENTS	COMMENTS
Unconfirmed Best Response	unconf_best_resp	Stable Disease (SD), Partial Response (PR), Progressive Disease (PD), Complete Response (CR)	Patients were included if they had at least one measurable post-baseline disease assessment regardless of baseline measurable disease status.
Number of Chemotherapy Cycles	numchemocycle	1, 2, 3, 4, 5, 6, 7	Not all patients started chemotherapy. Missing indicates no chemotherapy was received.
Patient Went on Maintenance Therapy	maint	No, Yes	
Number of Maintenance Therapy Cycles	nummain		
Patient Went off Maintenance Therapy for Adverse Events	offmainae	Yes	Only patients who went on to maintenance therapy are included
Patient Went off Maintenance Therapy for Progression	offmainpd	Yes	Only patients who went on maintenance therapy are included.
Patient Went off Chemotherapy for Adverse Events	offchemoae	No, Yes	
Patient Had a Chemotherapy Dose Delay	delay	No, Yes	
Patient Had a Chemotherapy Dose Reduction	reduc	No, Yes	

LABEL	NAME	ELEMENTS	COMMENTS
Bev/Placebo Off Treatment Reason	offbp	Disease progression, relapse during active treatment; Adverse events/side effects/complications; Other; Missing; Patient withdrawal/refusal prior to beginning protocol therapy; Alternate Therapy; Patient off-treatment for other complicating disease; Death on Study; Patient withdrawal or refusal after beginning protocol therapy	
Gem/Cis Off Treatment Reason	offgc	Disease progression, relapse during active treatment; Treatment completed per protocol criteria; Missing; Adverse events/side effects/complications; Other; Death on Study; Patient withdrawal or refusal after beginning protocol therapy; Patient off-treatment for other complicating disease; Alternate Therapy	
Combined Off Treatment Reason	endatrsn	Disease progression, relapse during active treatment; Ineligible; Treatment completed per protocol criteria; Missing; Adverse events/side effects/complications; Other; Alternate Therapy; Patient off- treatment for other complicating disease; Death on Study; Patient withdrawal/refusal prior to beginning protocol therapy; Patient withdrawal or refusal after beginning protocol therapy	
Patient experienced grade 3/4 thrombocytopenia	thrombocytopenia34	No, Yes	
Patient Experienced Serious Adverse Event	sae	No, Yes	

LABEL	NAME	ELEMENTS	COMMENTS
Patient had follow up tumor assessment	numassess	No, Yes	
Patient experienced noncancer related death	grade5	Bowel Ischemia, Lung infection, Sudden death NOS, Cardiogenic Shock, Death NOS, Ventricular fibrillation	