8th rEECur Newsletter

Issue 8

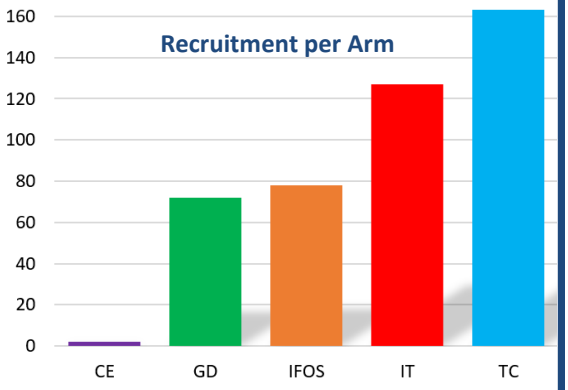
rEECur@trials.bham.ac.uk

24th August 2021

TRIAL UPDATE

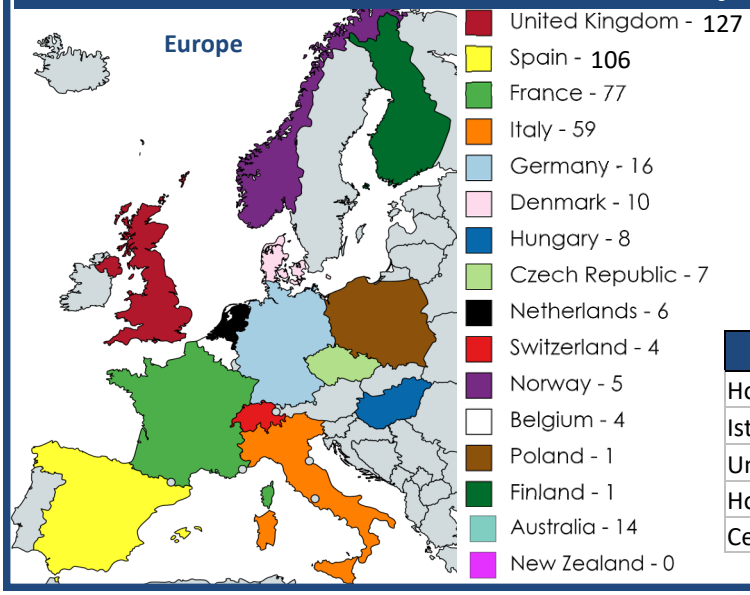
Welcome to the 8th rEECur newsletter. Since our last newsletter we have four major milestones to announce:

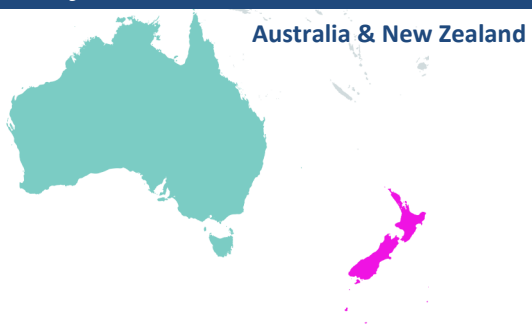
1. We temporarily suspended the Topotecan and Cyclophosphamide arm to recruitment in March 2020.
2. We had our first patient enrol onto the new Carboplatin and Etoposide arm on 21st December 2020.
3. We have collected over 470 samples as part of the optional biological sub study. Thank you to site research teams and most importantly patients.
4. Cancer Research UK has agreed to fund the study in the UK for another three years.



We now have **445** patients in the study and have continued to recruit on average 4 patients per month since the start of the pandemic. Well done to everyone for this amazing effort! Recruitment also continues internationally in Spain, Italy, Switzerland, Germany, Scandinavia and Australia & New Zealand who all have secured interim funding. Unfortunately, all other European countries remain closed to recruitment due to ongoing funding issues.

Recruitment by Country

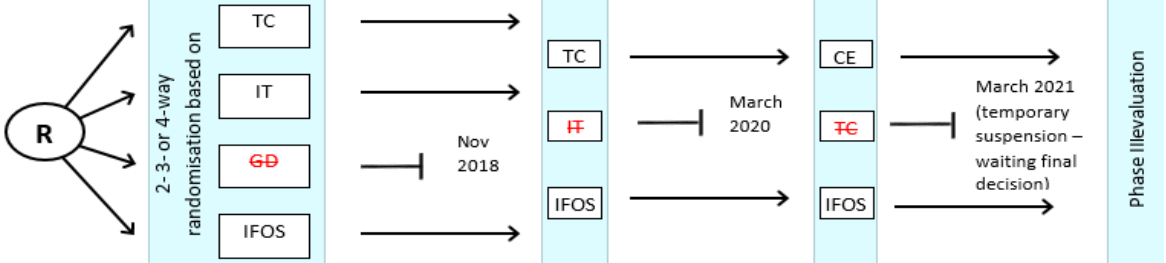




Top 6 Recruiting Sites	No. of PTS
Hospital Virgen Del Rocio, Spain	27
Istituto Ortopedico Rizzoli, Italy	23
University College London Hospital, UK	21
Hospital Politecnico U La Fe, Spain	14
Centre Leon Berard, France	13

Temporary Suspension of the TC Arm

The Topotecan and Cyclophosphamide arm temporarily closed to recruitment in March 2021 following a recommendation by the data monitoring committee, based on observed differences between the outcomes of patients randomised to the TC and IFOS arms. A number of patients were recruited recently and have short follow up. Therefore, although the observed data suggest a difference in the outcomes of patients recruited to TC and IFOS, the DMC have recommended that the data be allowed to mature for six months before further analysis. A final decision is expected in Oct 2021. Recruitment continues to the remaining arms IFOS and CE. The trial management group wish to reassure patients and investigators that TC is not an inactive regimen. In the rEECur trial, TC has performed better than the GD and IT combinations on the basis of imaging response, PFS, EFS and OS, and all of the regimens tested in rEECur are considered to be active regimens in this setting.



Protocol Deviations

Dose Capping

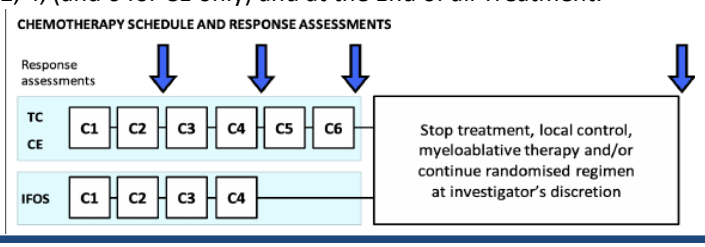
There are no trial guidelines on dose capping. Therefore, it is expected that patients should receive the correct dose for body surface area. We are aware that a small minority of patients have had doses capped at $2m^2$. This practice is discouraged: there is no strong evidence to support arbitrary dose capping based on surface area. However, for a small minority of patients, we do recommend that clinicians should consider dose capping for very obese patients. In that case, our recommendation is to dose cap at the upper limit of health body weight.

Blood Chemistry

Please ensure that blood biochemistry is tested prior to the patient receiving each cycle of chemotherapy. It is essential to await haematological recovery (ANC ≥1.0 x 10^9/L, platelets ≥75 x 10^9/L) as defined by protocol to ensure the patient's fitness to receive cytotoxic chemotherapy.

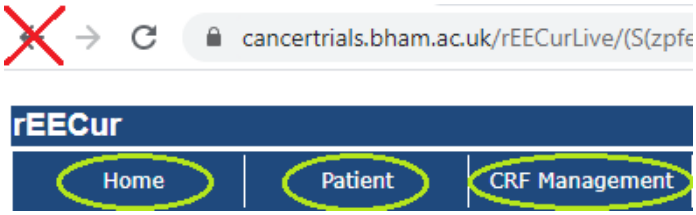
Baseline Imaging Scan

In the most recent Protocol V6.0 update, as part of the new eligibility criteria every patient must have their Baseline imaging scan performed within 4 weeks of the date of planned randomisation. Response scans must be done after Cycles 2, 4, (and 6 for CE only) and at the End of all Treatment.



Use of the Back Button on eRDC

Just a reminder that whilst navigating the eRDC, please use the rEECur menu bar that is incorporated into the database rather than the internet browser's back button. Using the back button disrupts the database and may cause problems to any data added.



Using the MAMS Design

A major strength of rEECur's design is our ability to bring in and drop treatment arms while continuing to recruit to the most effective arms. We have now brought in a carboplatin and etoposide arm. We hope to bring in targeted therapy drugs in the near future – more details to come.

Publications and Presentations

An abstract describing the outcomes of patients recruited to the GD arm, which closed to recruitment in 2018, was presented to ASCO in 2019 and a paper is planned for submission in 2021.

The IT arm closed to recruitment following the planned interim analysis early 2020. The results were presented to ASCO 2020 and a paper is planned when all patients recruited to IT have mature follow up.

CRCTU Working From Home

IMPORTANT

We are now operating a mixed model of home and office working during the COVID-19 pandemic .

Please do not contact our usual office/landline number and instead continue to email the rEECur trial mailbox.

Please review all AEs experienced by trial patients. Adverse Reactions should be reported on the Treatment Form for the relevant cycle. AEs that meet the definition of an SAE should be reported to the rEECur Trial Office within 24 hours upon becoming aware of the event. Please do not send any faxes for SAE reporting – these must be emailed to

reg@trials.bham.ac.uk

Contact the rEECur Trial Team

Office hours 09:00-17:00 GMT, Monday-Friday

✉ **reecur@trials.bham.ac.uk**