ATTAX3: Panitumumab added to docetaxel, cisplatin, fluoropyrimidine in oesophagogastric cancer

The ATTAX3 trial has helped researchers answer an important health question. It has provided evidence on the value of a new combination of drugs for treating cancer of the upper digestive tract.

We appreciate the part played by our volunteer participants. This may help to improve the medical treatment of patients in the future. Here is a summary of the trial and results.

What was the trial about?

Most cases of cancer of the oesophagus and stomach are advanced when the patient first gets medical treatment. In these cases, surgery cannot cure their disease. Several chemotherapy drugs have been used to prolong survival and improve the quality of life of patients by reducing symptoms of the cancer.

ATTAX3 was a phase 2 trial, meaning that it was a small trial exploring whether a new combination of drugs would be effective in shrinking this type of tumour, while also being safe. A promising antibody treatment, panitumumab (Vectibix), was added to a standard chemotherapy.

The investigators intended to enrol 100 patients, but received a safety alert from another trial, REAL3. They reviewed the ATTAX3 trial so far. They found no evidence that panitumumab caused harm, but they could not be sure about its benefit, so no new people were enrolled.

The 77 patients already enrolled in the trial were randomly allocated to chemotherapy (39 patients) or chemotherapy plus panitumumab (38 patients). Most of them had a tumour that had spread to other organs.

They had treatment over a period of up to 24 weeks, in 3-week cycles.

How was the effect of treatment measured?

During the trial, the size of the tumour was measured from scans every 6 weeks, and changes were noted. These were classified as complete response (all visible tumour disappeared), partial response (at least 30% of the tumour disappeared), or stable disease. The treatment was considered to have benefited a patient if the tumour had not enlarged or spread during treatment.

The researchers also measured progression-free survival—that is, the time between the participant's entry into the trial until the disease became worse—and their survival overall.

Adverse events—that is, symptoms and abnormal test results that may or may not have been related to the treatment—were recorded and classified. The patients' general quality of life was also assessed by a questionnaire every 3 weeks.

Was the extra treatment better?

In the group who had chemotherapy alone, 49% had a response to the treatment. In the group who had added panitumumab, 58% had a response. This was not a significant difference. Progression-free survival and overall survival were also similar in the two groups.

It was concluded that adding panitumumab to the chemotherapy did not improve the patients' outcomes.

What were the side-effects of the treatment?

The most common problems were loss of appetite, infections, vomiting, diarrhoea and fatigue. Side-effects were more common for the patients having panitumumab added to their treatment, particularly rashes.

Were there any serious side-effects?

12 patients having chemotherapy alone and 18 patients having the combination treatment had to stop treatment temporarily because of the effects of the drugs.

What does this mean for trial patients?

Patients with advanced cancers of the upper digestive tract generally have a poor prognosis. Most people in the ATTAX3 trial, on both treatments, had some benefit from the treatment.

Also, overall, the results of quality-of-life questionnaires showed an improvement in the level of pain and emotional functioning during the period before the tumour progressed again.

Their general quality of life was stable during treatment.

How will the results help patients and doctors in future?

ATTAX3 has shown that panitumumab added to chemotherapy does not substantially benefit people with oesophageal and gastric cancers. This evidence will help doctors and patients to make better decisions about treatment in future. That is, they will know that panitumumab is unlikely to make a difference. An exception to this would be if future research shows that some individuals with specific genetically selected tumours can be helped by panitumumab.

What will the researchers do next?

Tumour tissue was collected from patients in the trial, and will be used, with their permission, to look for individual biological differences that might have affected a patient's progress. This may help in planning trials of specific treatments to suit individual patients in future.

Where can I find out more about the trial?

Talk with your GP or oncologist.

The results have been published in a scientific journal

Tebbutt NC, Price TJ, and others. Panitumumab added to docetaxel, cisplatin and fluoropyrimidine in oesophagogastric cancer: ATTAX3 phase II trial. *British Journal of Cancer*. Published online 13 Feb 2016. Link to abstract.

Trial registration

Australian New Zealand Clinical Trials Registry
www.anzctr.org.au
registration number ACTRN12609000109202.

Australian Cancer Trials

www.australiancancertrials.gov.au

Australasian Gastro-Intestinal Trials Group

agitg.org.au/clinical-trials/completed-trials

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Results of any clinical trial do not represent complete knowledge about treatment. Patients should not change their therapy on their understanding of the results.