

## Essai Clinique Généré le 29 mars 2024 à partir de

Titre	Essai randomisé de phase III d'une radiothérapie hypofractionnée post-mastectomie et reconstruction mammaire
Protocole ID	MAC.23
ClinicalTrials.gov ID	NCT03414970
Type(s) de cancer	Sein
Phase	Phase III
Type étude	Autre
Institution	CISSS DE L'OUTAOUAIS  H HOPITAL DE GATINEAU  909 Boulevard La Vérendrye, Gatineau, QC, J8P 7H2
Ville	Gatineau
Investigateur principal	Dr Robert Archambault
Coordonnateur	Isabelle Laforest 819-966-6100 poste 3669
Statut	Fermé
Date d'activation	15-01-2019
But étude	This randomized phase III trial studies how well hypofractionated radiation therapy works in preventing recurrence in patients with stage IIa-IIIa cancer who have undergone mastectomy. Hypofractionated radiation therapy delivers higher doses of radiation therapy over a shorter period of time and may kill more tumor cells that remain after surgery and have fewer side effects.
Critères d'éligibilité	<ul> <li>Histologically confirmed invasive carcinoma of the breast of any of the following histologies (ductal, lobular, mammary, medullary, or tubular); in-situ disease alone is not allowed</li> <li>Final American Joint Committee on Cancer (AJCC) stage IIa - IIIa (pathologic stage T0N1a-2a, T1N1a-2a, T3N0-2a, all M0 status); pathological stage for all patients not receiving neoadjuvant chemotherapy; higher of the clinical or pathological T and N stage, if receiving neoadjuvant chemotherapy; patients with pathological N0 at the time of mastectomy are only eligible if biopsy-proven clinically N1 or N2 disease is documented prior to induction chemotherapy</li> <li>No prior radiation therapy to the chest, neck or axilla</li> <li>No prior history of ipsilateral breast cancer (invasive disease or ductal breast carcinoma in situ [DCIS]); lobular carcinoma in situ (LCIS) and benign breast disease is allowed</li> <li>No history of prior or concurrent contralateral invasive breast cancer; benign breast disease, LCIS or DCIS of contralateral breast is allowed</li> <li>No active collagen vascular diseases, such as: systemic lupus erythematous, scleroderma, or dermatomyositis</li> <li>Negative inked histologic margins from mastectomy pathology (no invasive cells at margin)</li> <li>No significant post mastectomy complications requiring an unplanned re-operation or admission for intravenous (IV) antibiotics; re-operation for margins evaluation, nodal completion and routine reconstruction is acceptable</li> <li>Radiation oncologist intends to treat all target volumes and respect all normal tissues in accordance with the dosimetric constraints described (simulation before registration recommended)</li> <li>Radiation oncologist is planning to treat regional lymph nodes including internal mammary nodes and meet acceptable protocol dosimetric requirements</li> <li>Radiation oncologist is NOT planning to utilize a chest wall/scar boost</li> <li>Patient must have undergone immediate reconstruction at the time of mastectomy or be p</li></ul>

	<ul> <li>registration</li> <li>No co-existing medical conditions with life expectancy &lt; 5 years</li> <li>No other malignancy within 5 years of registration with the exception of basal cell or squamous cell carcinoma of the skin treated with local resection only or carcinoma in situ of the cervix</li> <li>Negative serum or urine beta-human chorionic gonadotropin (HCG) in women of child-bearing potential =&lt; 7 days prior to registration; a female of childbearing potential is a sexually mature female who has not undergone a hysterectomy or bilateral oophorectomy and has not been naturally postmenopausal for at least 12 consecutive months</li> <li>Women of child-bearing potential must agree to utilize a form of birth control or agree to undergo sexual abstinence during radiation therapy</li> <li>Eastern Cooperative Oncology Group (ECOG) (Zubrod) performance status 0-1</li> </ul>
Critères d'exclusion	