KURZPROTOKOLL
CARD

Öffentlicher Titel	Second-line Cabazitaxel bei metastasiertem, kastrationsresistentem Prostatakarzinom
Wissenschaftl. Titel	A randomized, open label, multicenter study of Cabazitaxel versus an AR-targeted agent (abiraterone or enzalutamide) in mCRPC patients previously treated with Docetaxel and who rapidly failed a prior AR-targeted agent (CARD)
Kurztitel	CARD
Studienart	multizentrisch, prospektiv, Therapiestudie, randomisiert, offen/unverblindet, Pharma-Studie, zweiarmig
Studienphase	Phase IV
Erkrankung	Geschlechtsorgane: Krebserkrankungen der männlichen Geschlechtsorgane: Prostatakrebs - Zweitlinie oder höher
Einschlusskriterien	- Histologically or cytologically confirmed prostate adenocarcinoma - Metastatic disease. - Effective castration with serum testosterone levels <0.5 ng/mL(1.7 nmol/L). - Progressive disease by at least one of the following: a) Progression in measurable disease (RECIST 1.1 criteria)Patient with measurable disease must have at least one lesion that can be accurately measured in at least one dimension (longest diameter to be recorded). Each lesion must be at least 10 mm when measured by computed tomography (CT) [CT scan thickness no greater than 5 mm] or magnetic resonance imaging (MRI). Lymph nodes should be >= 15 mm in short axis. As defined by PCWG2, if lymph node metastasis is the only evidence of metastasis, it must be >= 20 mm in diameter when measured by spiral CT or MRI. Previously irradiated lesions, primary prostate lesion and bone lesions will be considered non-measurable disease (see Appendix A) and/or; b) Appearance of 2 or more new bone lesions (PCWG2). They must be confirmed by other imaging modalities (CT; MRI) if ambiguous results and/or; c) Rising PSA defined (PCWG2) as at least two consecutive rises in PSA to be documented over a reference value (measure 1) taken at least one week apart. The first rising PSA (measure 2) should be taken at least 7 days after the reference value. A third confirmatory PSA measure is required (2nd beyond the reference level) to be greater than the second measure and it must be obtained at least 7 days after the 2nd measure. If this is not the case, a fourth PSA measure is required to be taken and be greater than the 2nd measure. The third (or the fourth) confirmatory PSA should be taken within 4 weeks prior to randomization (see Appendix B) - Having received prior docetaxel for at least 3 cycles (before or after an AR targeted therapy). Docetaxel administration in combination with Androgen Deprivation Therapy (ADT) in metastatic hormone-sensitive disease is considered a prior exposure (3). Docetaxel re-challenge is allowed. - Having progressive disease (PD) (according to I04) while receiving AR targeted therapy with abiraterone acetate or enzalutamide within 12 months of AR treatment initiation (<= 12 months) - A PSA value of at least 2ng/mL is required at study entry. - Prior AR targeted therapy (abiraterone acetate or enzalutamide) must be stopped at least 2 weeks before study treatment. - Signed informed consent.
Ausschlusskriterien	- Prior chemotherapy other than docetaxel for prostate cancer, except estramustine and except adjuvant/neoadjuvant treatment completed >3 years ago - Less than 28 days elapsed from prior treatment with chemotherapy, immunotherapy, radiotherapy or surgery to the time of randomization. - Adverse events (AEs) (excluding alopecia and those listed in the specific exclusion criteria) from any prior anticancer therapy of Grade >1 (National Cancer Institute Common Terminology Criteria [NCI CTCAE] v4.0) at the time of randomization (see Appendix C).

- Less than 18 years (or country's legal age of majority if the legal age is >18 years).
- Eastern Cooperative Oncology Group performance status (ECOG PS) >2 (ECOG 2 must be related to prostate cancer, not to other comorbidities) (see Appendix D).
- Prior malignancy. Adequately treated basal cell or squamous cell skin or superficial (pTis, pTa, and pT1) bladder cancer are allowed, as well as any other cancer for which treatment has been completed >=5 years ago and from which the patient has been disease-free for >=5 years.
- Participation in another clinical trial and any concurrent treatment with any investigational drug within 30 days prior to randomization.
- Acquired immunodeficiency syndrome (AIDS related illnesses) or known HIV disease requiring antiretroviral treatment.
- Patients with reproductive potential who do not agree, in conjunction with their partner, to use accepted and effective method of contraception during the study treatment period and up to 6 months after the last administered dose. The definition of "effective method of contraception" described hereafter: oral contraceptives, combined hormonal intravaginal, transdermal, or intra uterine device or will be based on country-specific regulatory requirements, and documented in the Informed Consent Form.
- Known allergies, hypersensitivity or intolerance to prednisone or excipients of abiraterone acetate or enzalutamide or docetaxel or polysorbate 80.
- Known history of mineralocorticoid excess or deficiency.
- History of seizure, underlying brain injury with loss of consciousness, transient ischemic attack within the past 12 months, cerebral vascular accident, brain arteriovenous malformation, brain metastases or the use of concomitant medications that may lower the seizure threshold.
- Unable to swallow a whole tablet or capsule.
- Inadequate organ and bone marrow function as evidenced by: a) Hemoglobin <10.0 g/dL; b) Absolute neutrophil count <1.5 x 109/L; c) Platelet count <100 x 109/L; d) AST/SGOT and/or ALT/SGPT >1.5 x ULN; e) Total bilirubin >1.0 x ULN; f) Potassium <3.5 mmol/L; g) Child-Pugh Class C
- Contraindications to the use of corticosteroid treatment.
- Symptomatic peripheral neuropathy Grade >=2 (National Cancer Institute Common Terminology Criteria [NCI CTCAE] v.4.0).
- Uncontrolled severe illness or medical condition including uncontrolled diabetes mellitus, history of cardiovascular disease (uncontrolled hypertension, arterial thrombotic events in the past 6 months, congestive heart failure, severe or unstable angina pectoris, recent myocardial infraction within last 6 months or uncontrolled cardiac arrhythmia).
- Concomitant vaccination with yellow fever vaccine.

Alter	18 Jahre und älter
Sponsor	Sanofi Aventis GmbH
Registrierung in anderen Studienregistern	ClinicalTrials.gov NCT02485691 EudraCT 2014-004676-29