



Long term outcome of the first UKCCCR randomised trial of chemo- radiation for the treatment of epidermoid anal cancer

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on behalf of the ACT I Trial Investigators

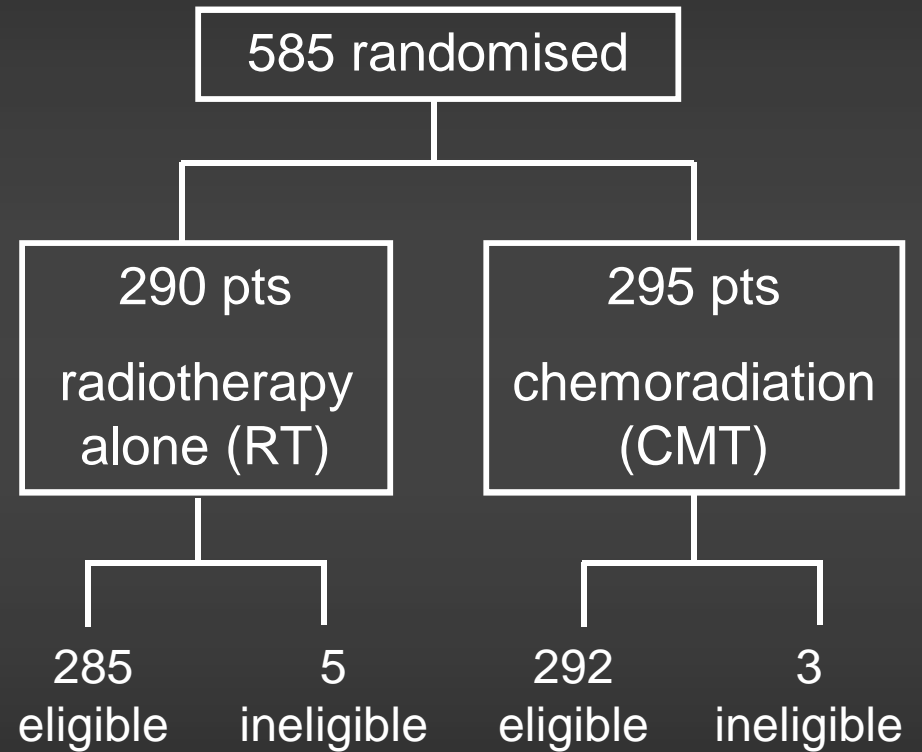
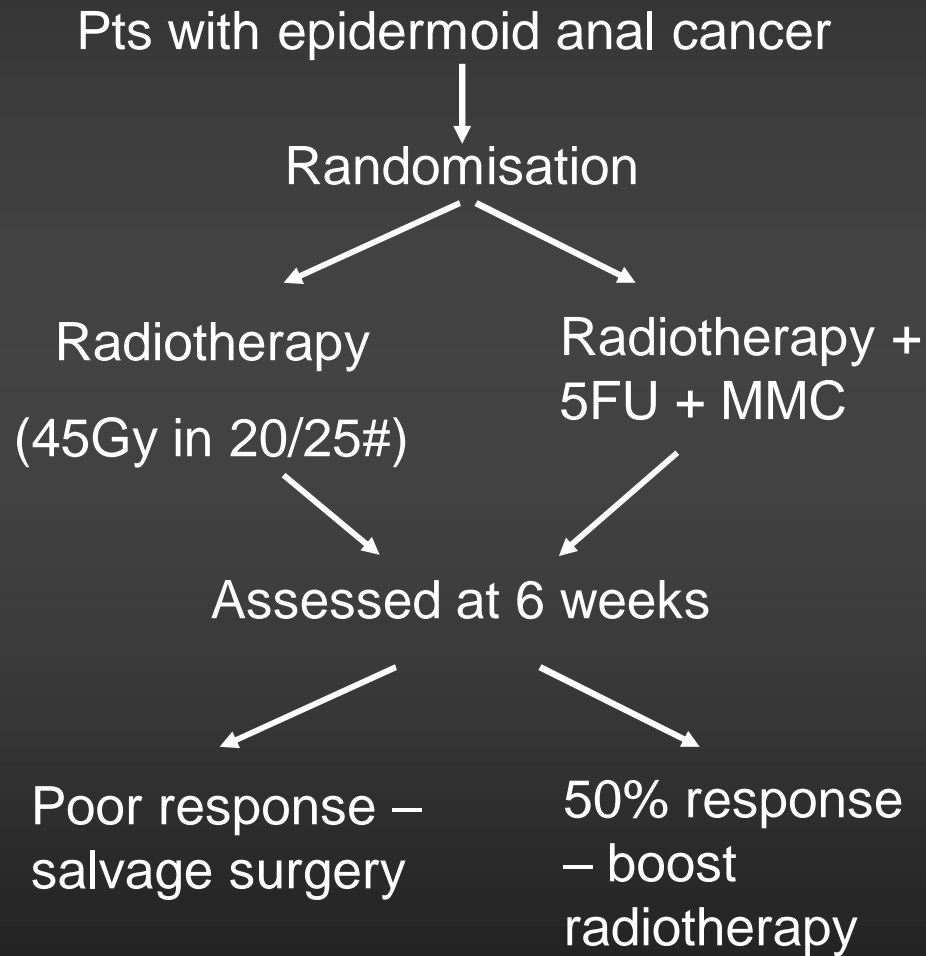
European Society for Medical Oncology
Stockholm, September 2008



ACT I - Randomised trial of radiotherapy alone versus radiotherapy, 5-fluorouracil and mitomycin

- **Multi centre trial launched in December 1987**
- **Trial was closed in March 1994**
- **585 patients were randomised from 53 UK and 3 overseas (Cape Town, Lisbon and Naples) radiotherapy centres**
- **Original results were published in the Lancet in 1996**
- **Follow up data up to the end of 2007 is now available**
- **Overall survival, death from anal cancer, time to local relapse and relapse-free survival can now be examined for this period**

ACT I - Trial Design



ACT I - Demographics

	Radiotherapy (n=285)	CMT (n=292)
Male	135 (47%)	125 (43%)
Female	150 (53%)	167 (57%)
Median age (range) years	65 (26-88)	63 (26-85)
Canal (75%)	n = 218	n = 213
	T1: T2: T3: T4	T1: T2: T3: T4
	32: 73: 88: 23	25: 61: 88: 32
Nodes palpable	36 (17%)	48 (23%)
M1	4 (2%)	6 (3%)
Margin (23%)	n = 62	n = 72
	T1: T2: T3: T4	T1: T2: T3: T4
	4: 30: 20: 7	10: 27: 24: 11
Nodes palpable	14 (23%)	17 (24%)
M1	2 (3%)	3 (4%)

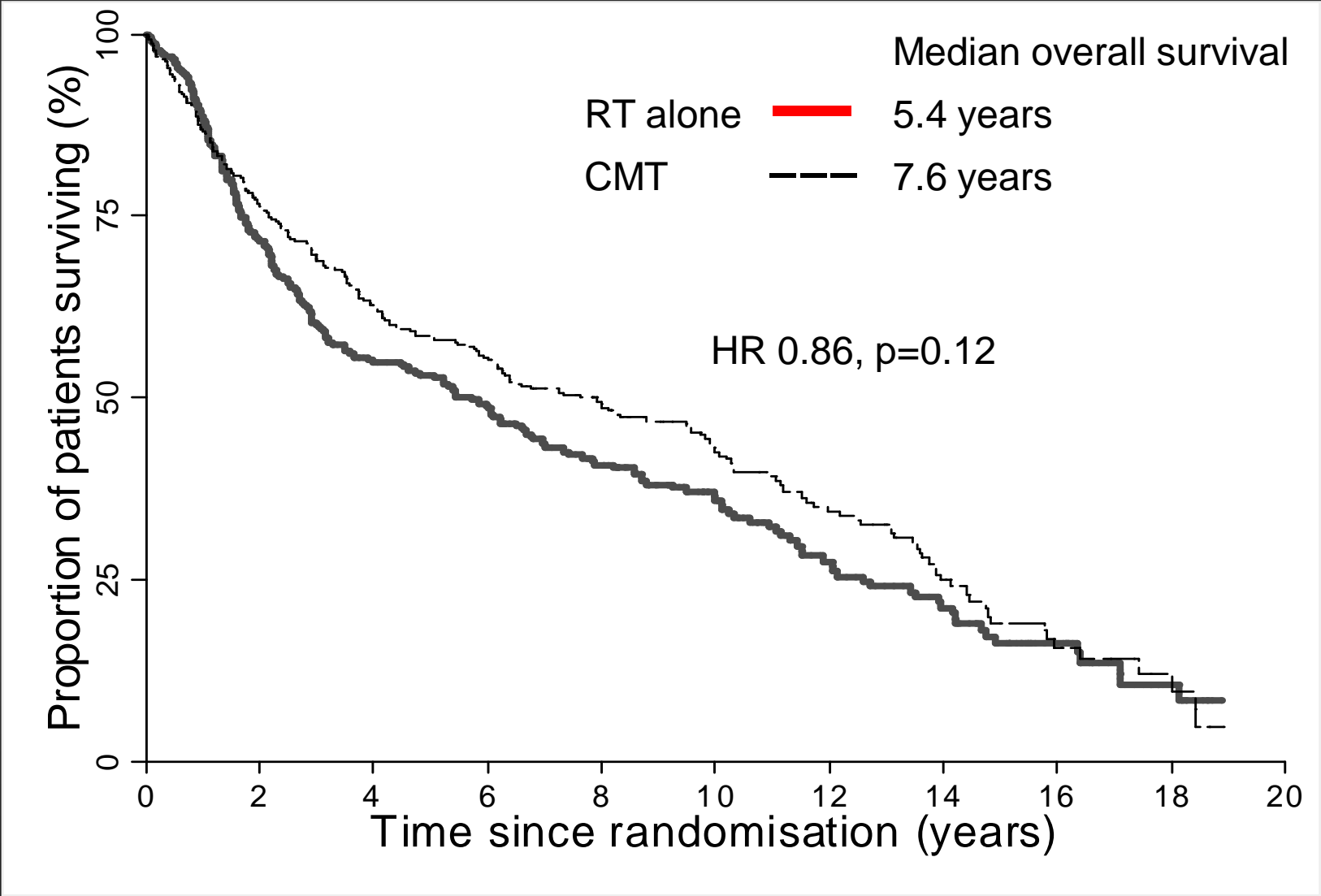
Cause of death

	RT alone N=285	CMT N=292
Anal cancer	125	93
New cancer	17	34
Treatment related	5	5
Other	51	64
Unknown	7	4
Total	205	200

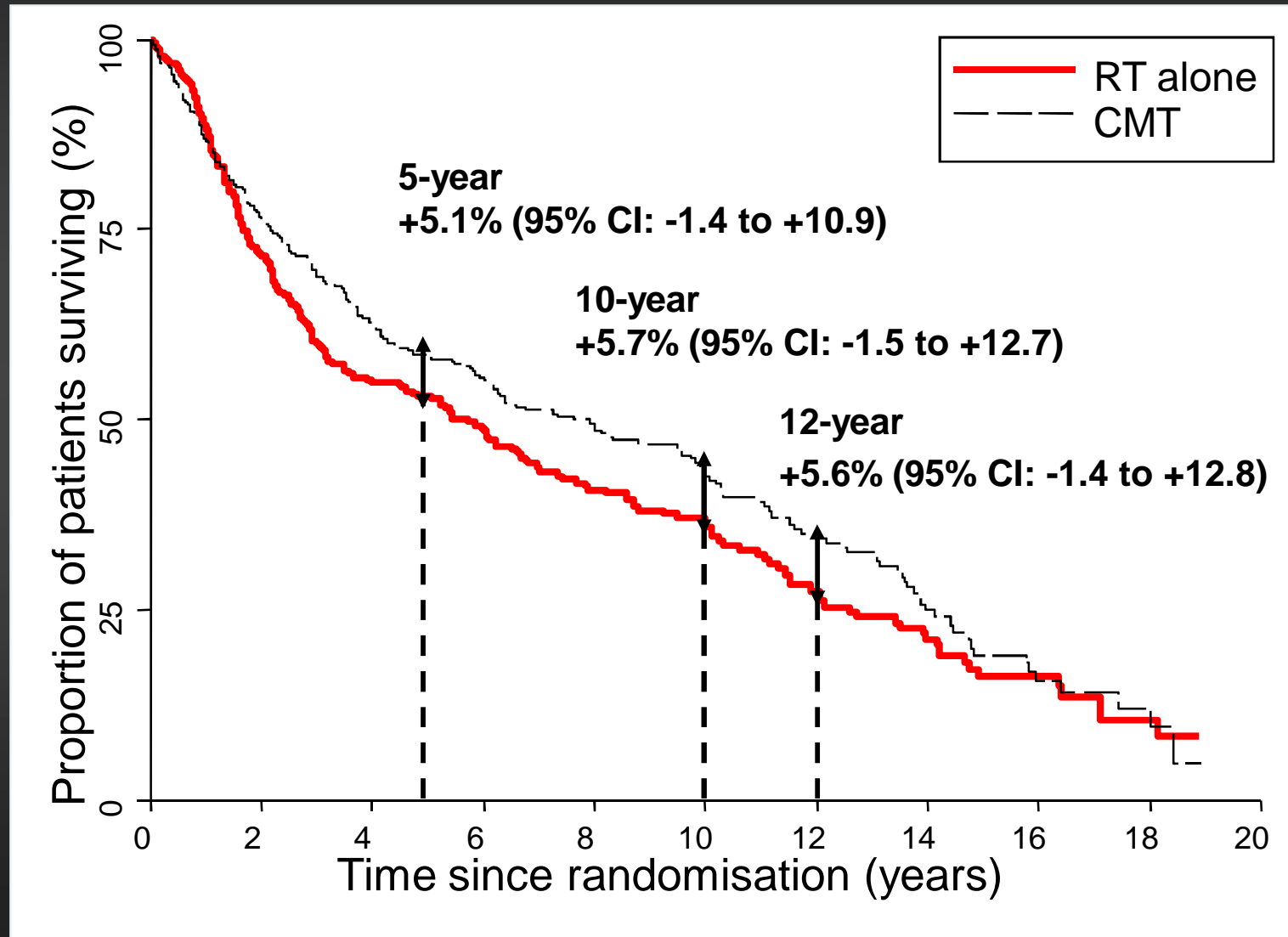
Type of event by treatment

	RT alone N=285	CMT N=292
First event: relapse or death		
Local relapse	162	101
Distant relapse	21	29
Death	56	83
Any event	239	213

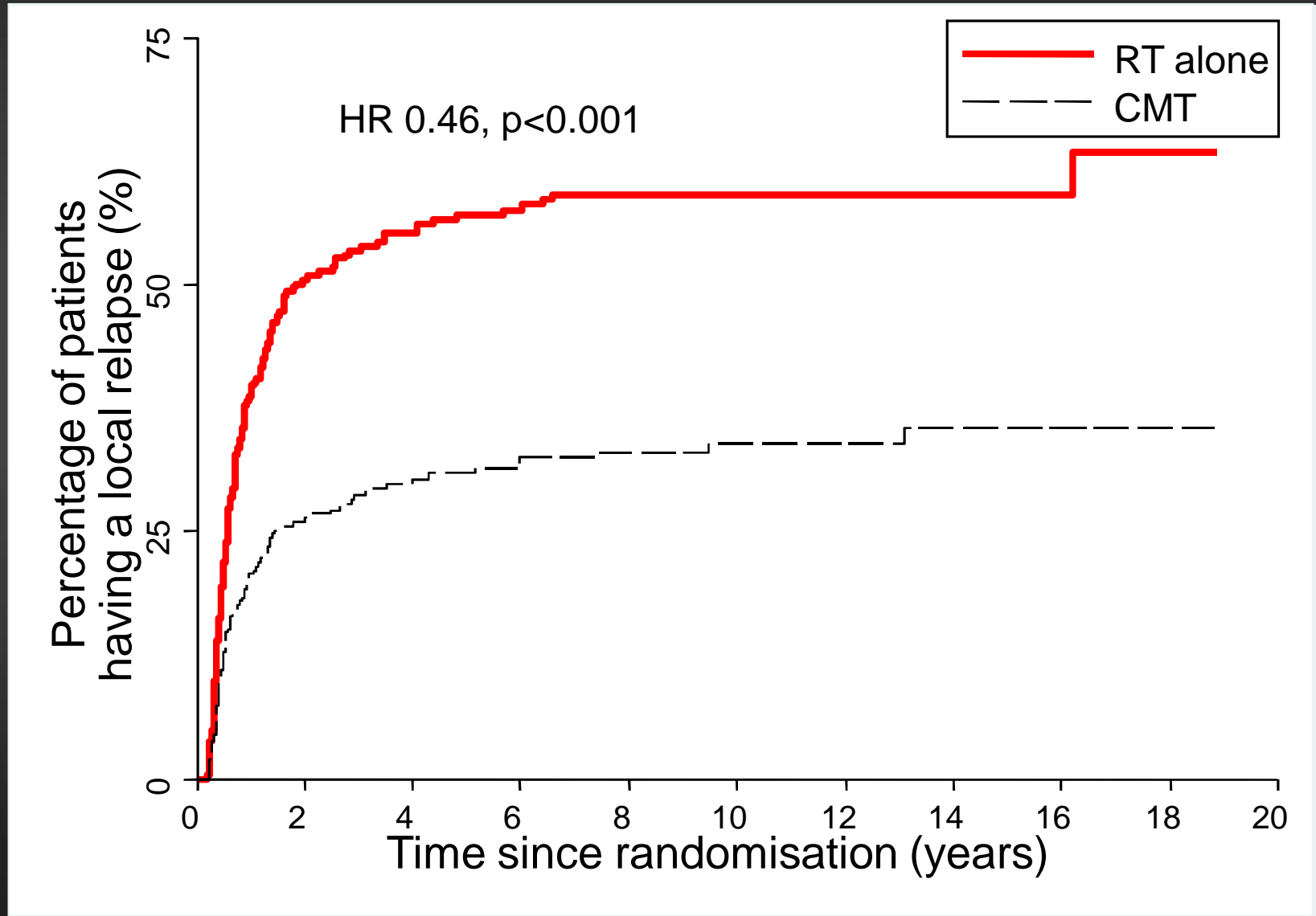
Overall survival



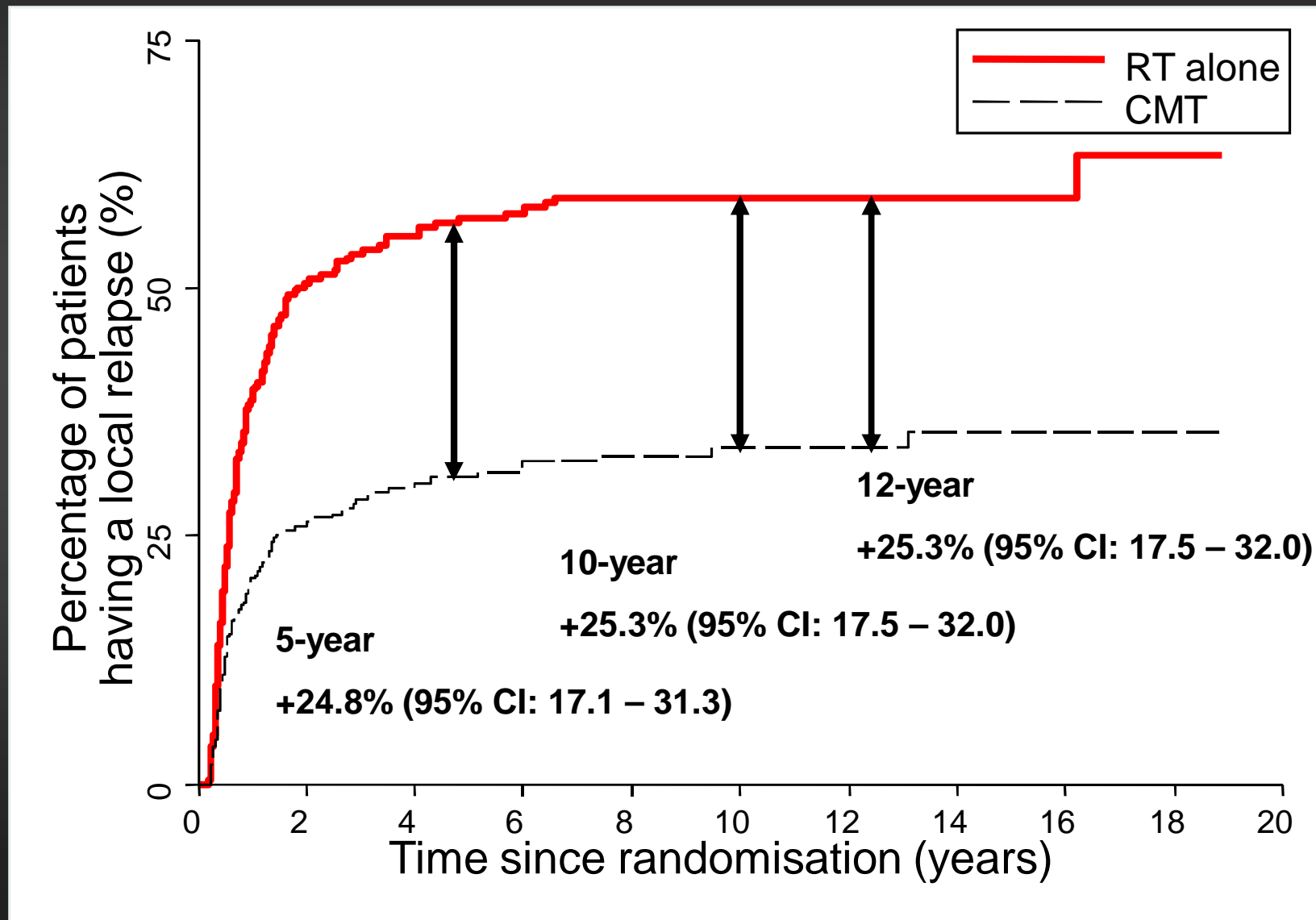
Overall survival - absolute risk difference for 5, 10 and 12 years



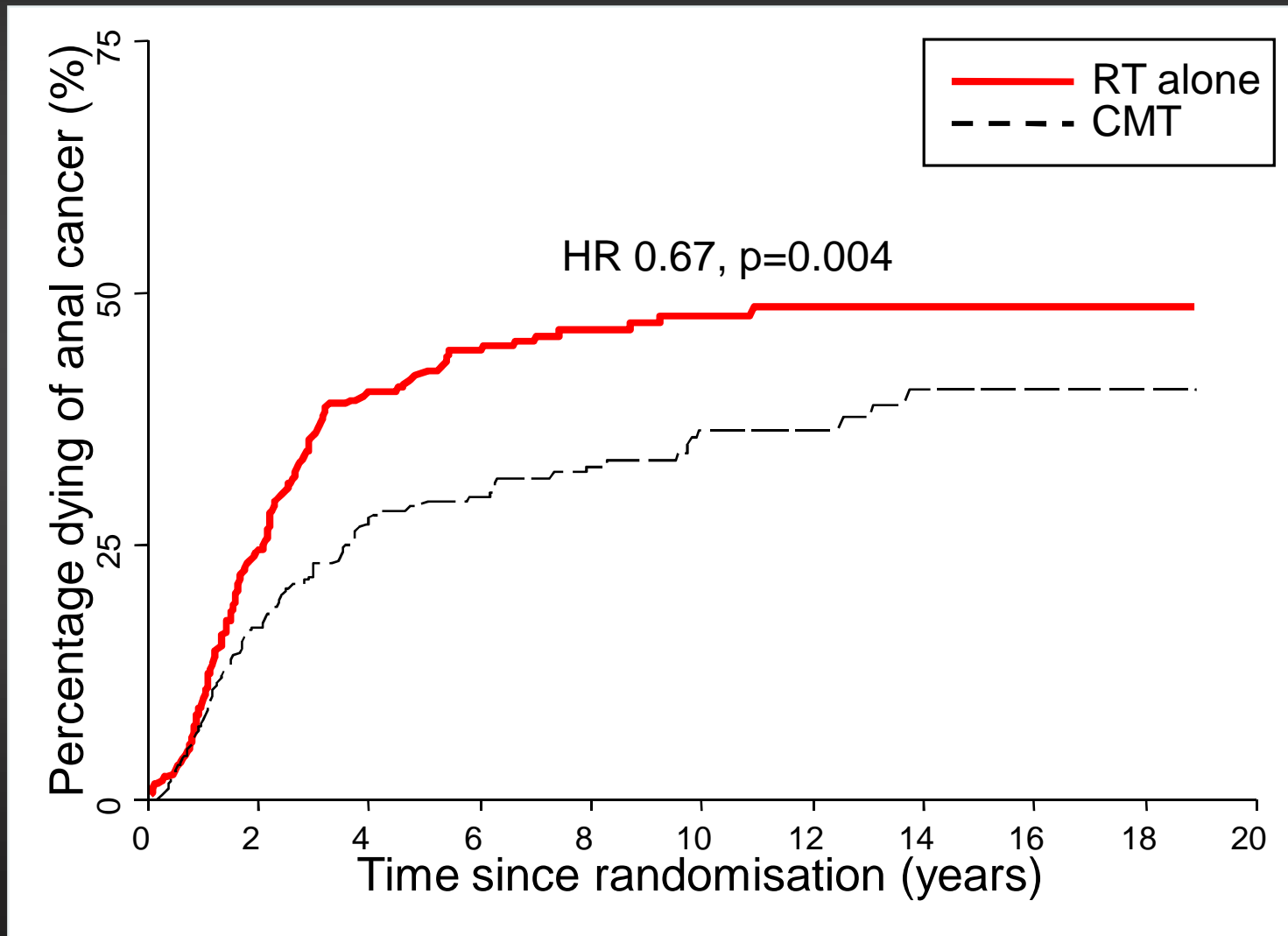
Time to first local relapse



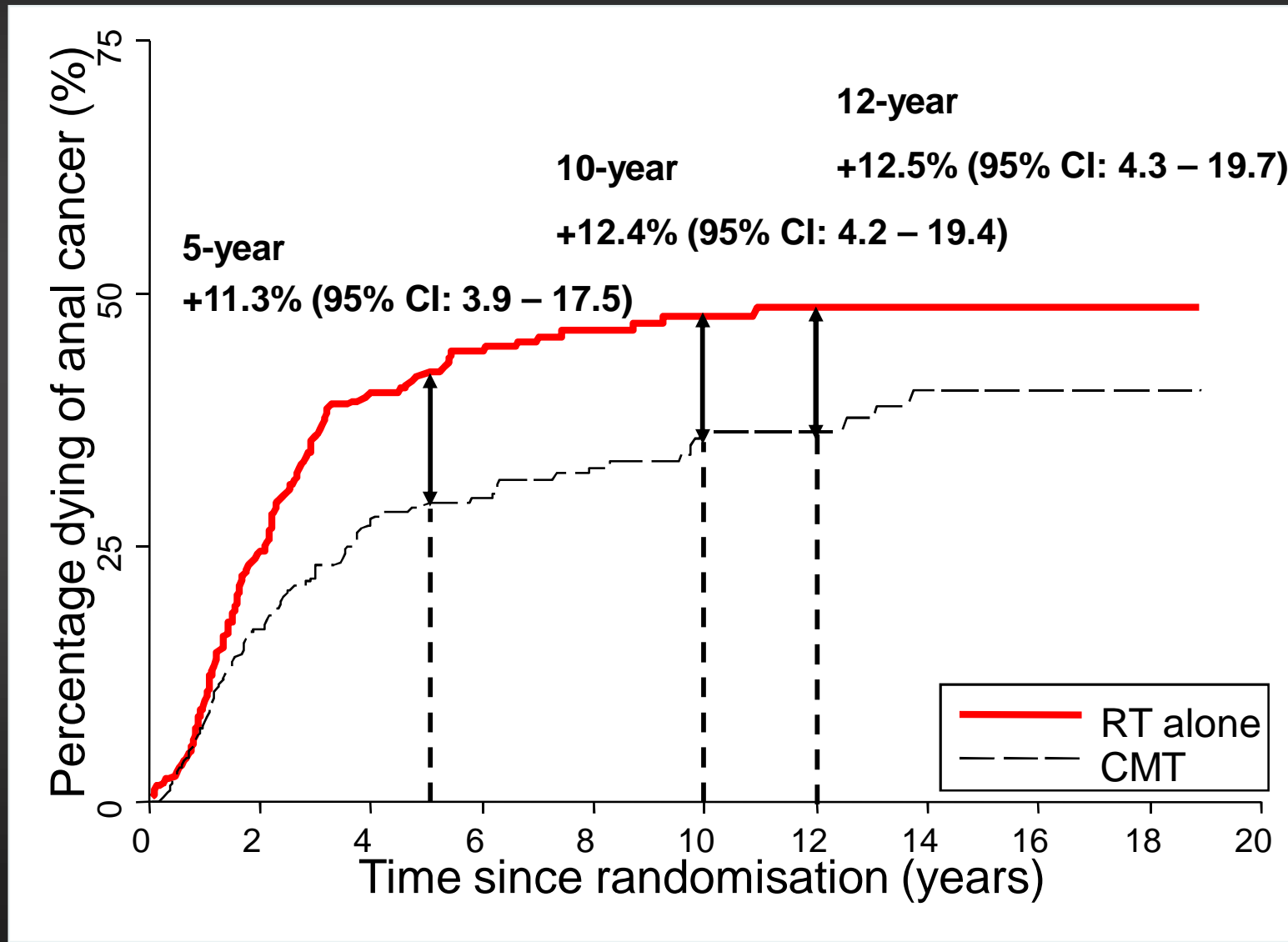
Time to first local relapse - absolute risk difference for 5, 10 and 12 years



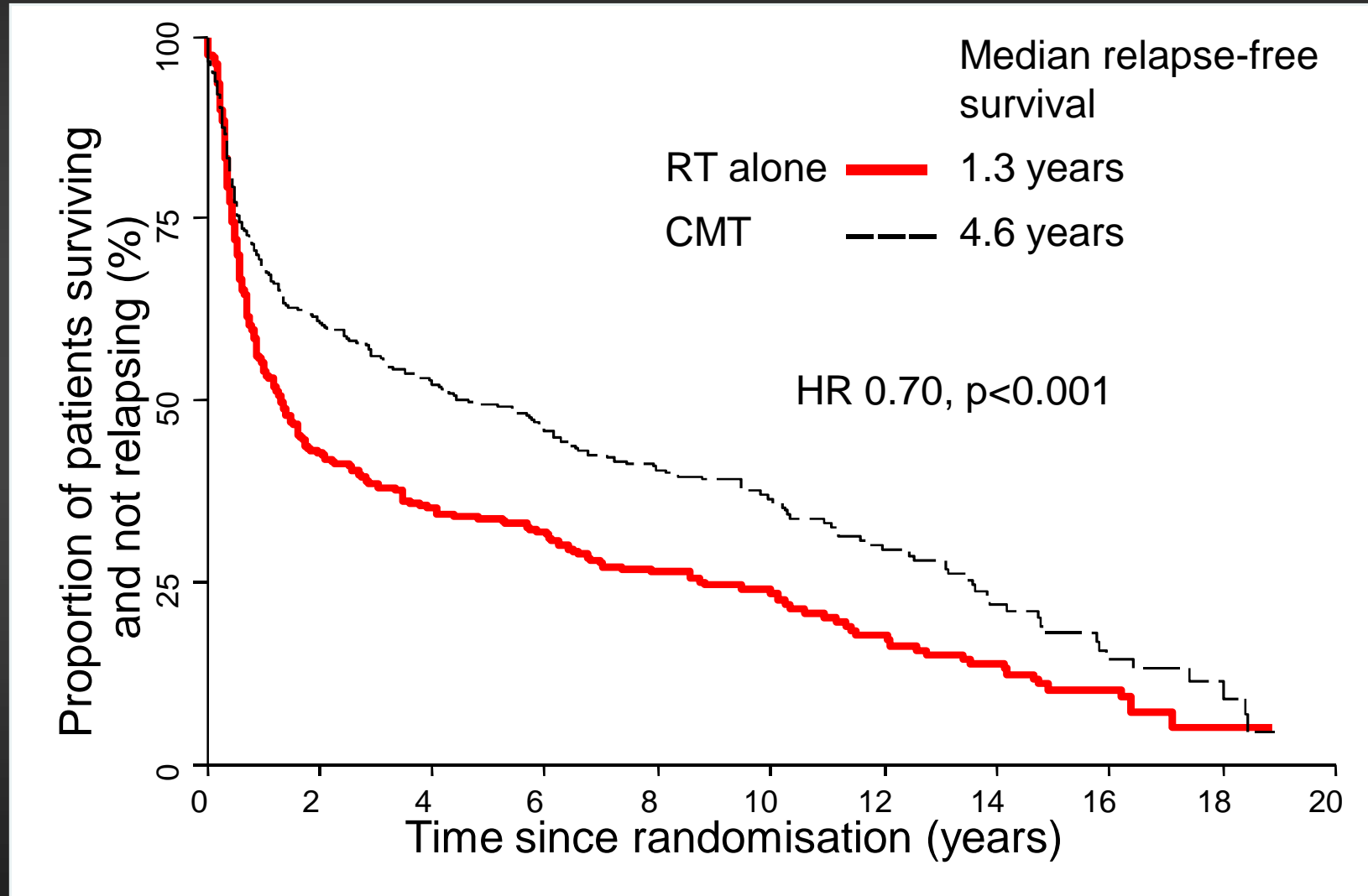
Time to death from anal cancer



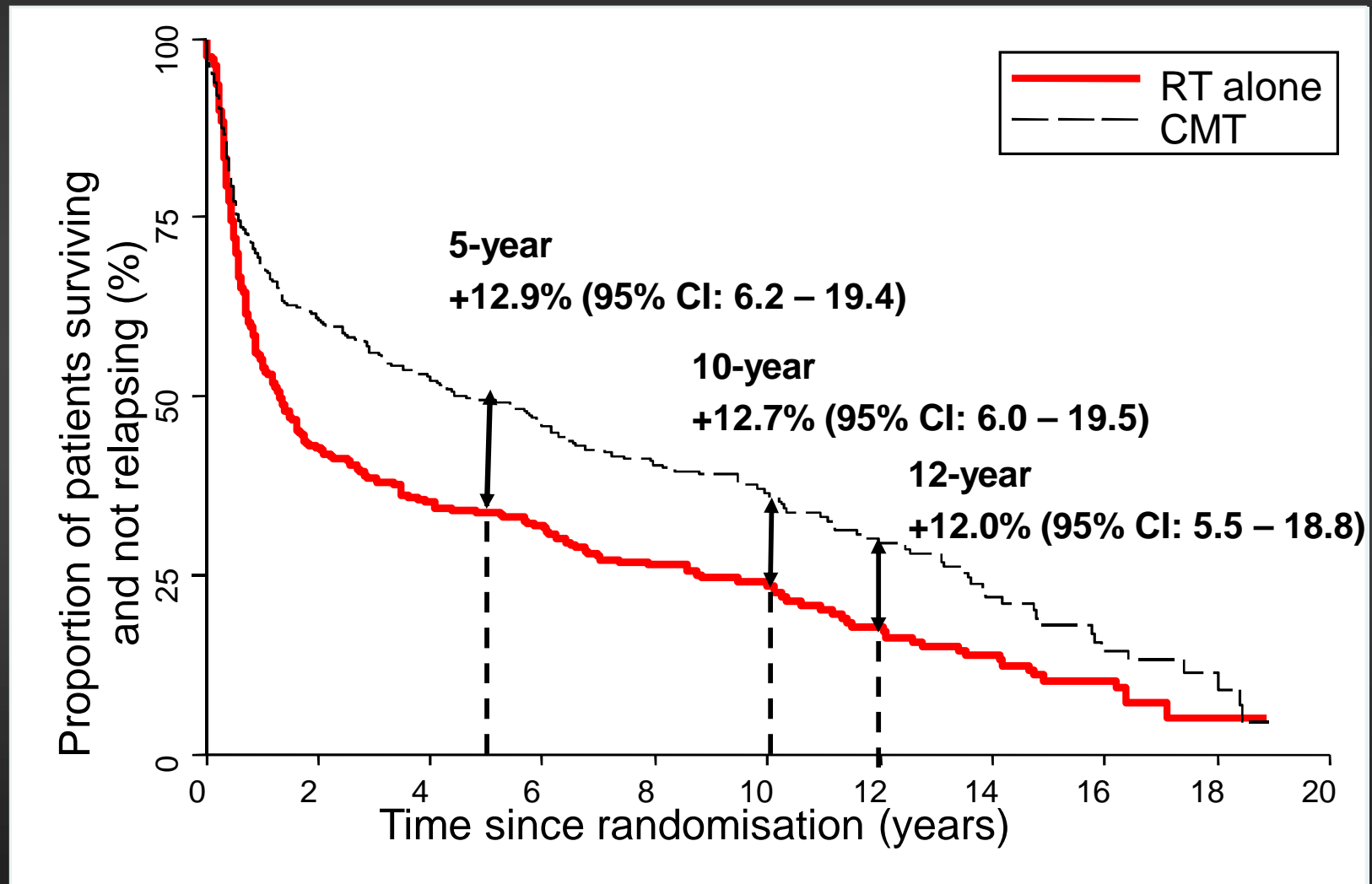
Time to death from anal cancer – absolute risk difference for 5, 10 and 12 years



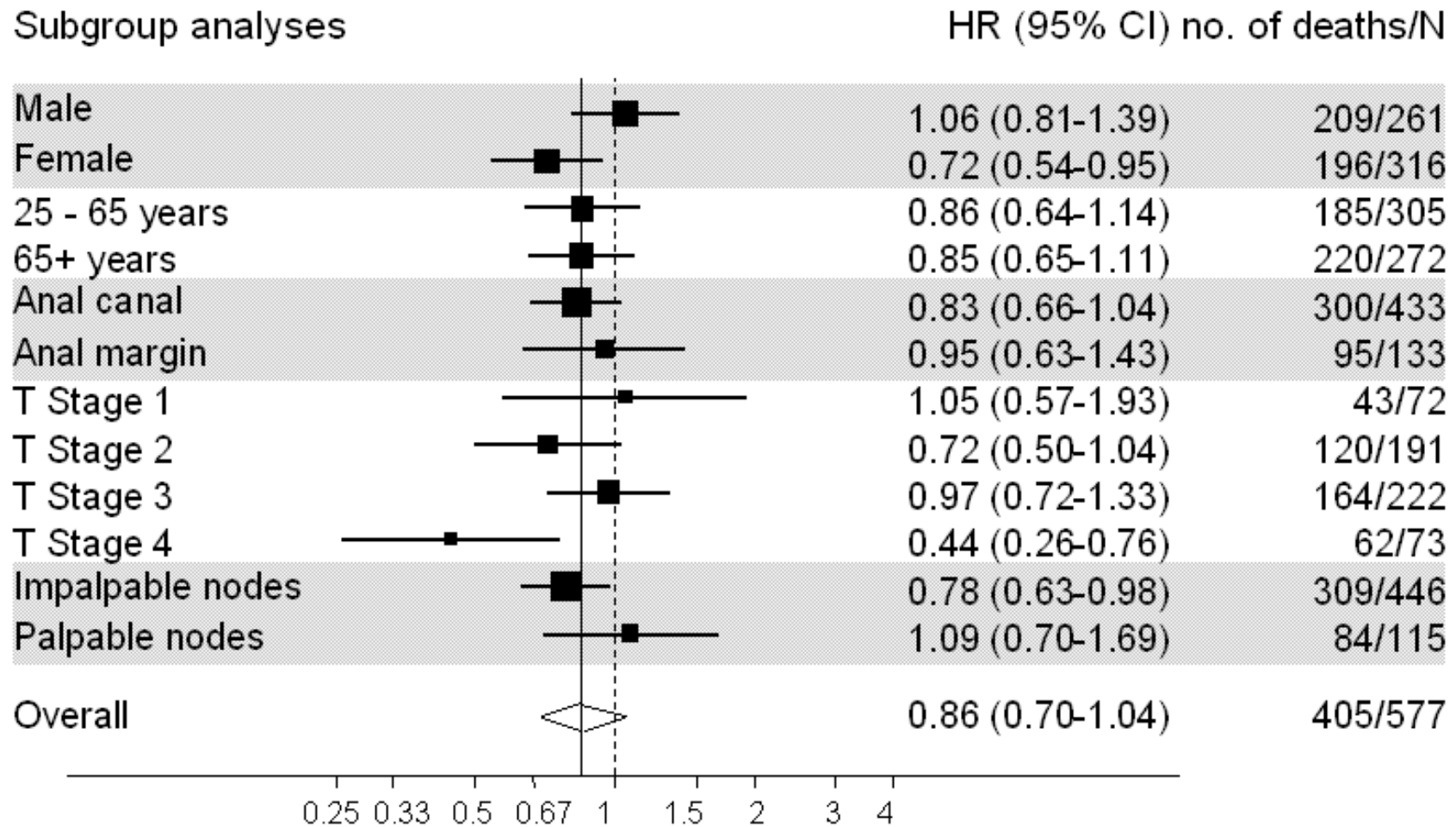
Relapse-free survival



Relapse-free survival - absolute risk difference for 5, 10 and 12 years



Overall Survival by subgroup



ACT I - Conclusions

CMT is associated with a clear and sustained benefit in patients with squamous carcinoma of the anus.

The magnitude of the benefit seen in the first few years is maintained as long as 12 years later.

Death from anal cancer is reduced by 12%.

CMT is confirmed as the standard of care for patients with anal cancer.

ACT I - Acknowledgements

Participating centres

London Hospital	Mount Vernon Hospital	Oldchurch Hospital	Ipswich Hospital
Kings College Hospital	St Bartholomews Hospital	Northampton General Hospital	St Thomas' Hospital
Cheltenham General Hospital	Hammersmith Hospital	Poole General Hospital	Leicester Royal Infirmary
Royal Surrey County Hospital	North Middlesex Hospital	St Mary's Hospital, Portsmouth	Princess Royal Hospital
Christie Hospital	Derriford Hospital	Lincoln County Hospital	South Cleveland Hospital
Beatson Oncology Centre	Royal Sussex County Hospital	Newcastle General Hospital	Raigmore Hospital
Charing Cross Hospital	Cookridge Hospital	Belfast City Hospital	Berkshire Cancer Centre
Westminster Hospital	St Lukes Hospital	Western General Hospital	Guy's Hospital
Middlesex Hospital	Weston Park Hospital	Southend Hospital	St Mary's Hospital London
Clatterbridge Hospital	Kent & Canterbury Hospital	Bath Hospital	Velindre Hospital
Queen Elizabeth Hospital	Nottingham City Hospital	Bristol Oncology Centre	Essex County Hospital
Royal Marsden Hospital	Groote Schuur Hospital	Royal South Hants Hospital	Walsgrave Hospital
Aberdeen Royal Infirmary	New Cross Hospital	Addenbrookes Hospital	Singleton Hospital
University College Hospital	Norfolk & Norwich Hospital	Royal Devon & Exeter Hospital	Pembury Hospital
James Cook University Hospital	Instituto Nazionale Tumori, Italy	Instituto Portugues, Portugal	