

# NEW CLINICAL TRIAL OPEN FOR INCLUSION

## PROTOCOL TITLE

OligoCare TwiCs (Trials within Cohorts) study comparing toxicity in single-fraction vs multiple-fraction SBRT for metastasis-directed treatment (SPRINT)

## ALIAS

SPRINT

## CTO NUMBER

CTO24063EOR

## SPONSOR

EORTC

## KEY INCLUSION AND EXCLUSION CRITERIA

The target population includes patients with oligometastatic disease of primary breast, prostate, NSCLC and colorectal cancer in whom all lesions that will be treated with radical radiotherapy are amenable to single-fraction SBRT.

- Patient is part of the RP1822-OligoCare. As in OligoCare, ALL active cancer lesions will be treated with radical intent (surgery or radiotherapy).
- All lesions that will be treated with radical radiotherapy have to be amenable to single-fraction SBRT. The following lesions are never considered amenable:

Pulmonary metastases within 1 cm of proximal bronchial tree, oesophagus or brachial plexus

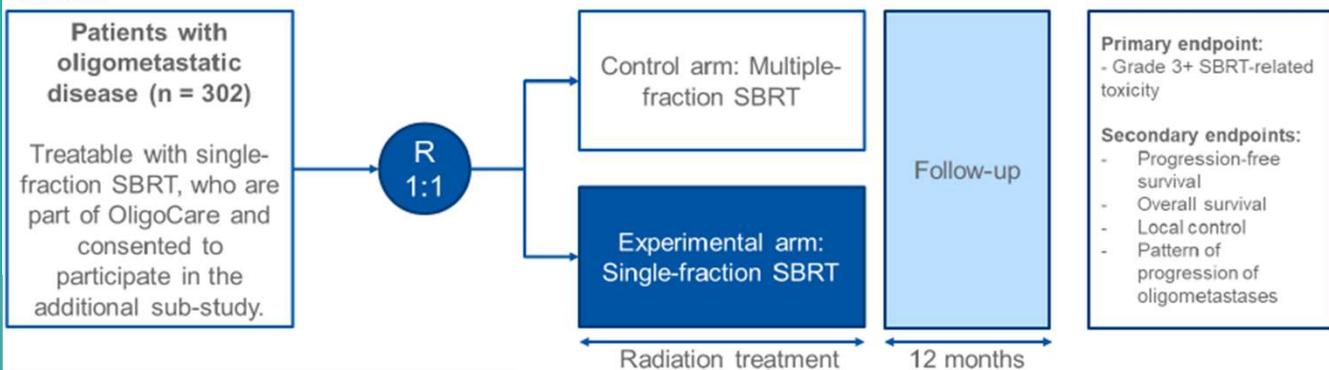
Metastases within < 5 mm of any hollow GI structure: oesophagus, stomach, small bowel, large bowel

Metastases within < 5 mm of the spinal cord, the cauda equina or the brachial plexus

Extracranial metastases > 5 cm in largest diameter

Brain metastases > 3 cm in largest diameter.

## DESIGN



### Stratification factors:

- Anatomical location (lungs vs liver/adrenal vs others)
- Intended BED for fractionated treatment ( $\leq$  vs  $>$  80 Gy)
- OMD state (de novo and repeat vs induced)
- Centre

Step 1: The patient is included in the Oligocare trial.

Step 2: In the case of multiple fraction SBRT, the patient will be randomised. If the patient is randomised to the experimental treatment (1 fraction), the patient signs a second ICF (after randomisation). There is no second ICF when randomised to the standard treatment.

## PRINCIPAL INVESTIGATOR

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## STUDY COORDINATOR(S)

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