Study to Compare the Combination of Ribociclib Plus Goserelin Acetate With Hormonal Therapy Versus Combination Chemotherapy in Premenopausal or Perimenopausal Patients With Advanced or Metastatic Breast Cancer (Right Choice)

11/08/2025 01:15:20

Main Information	
Primary registry identifying number	Protocol number
LBCTR2019060241	CLEE011A3201C
MOH registration number	
Study registered at the country of origin	Study registered at the country of origin: Specify
Yes	
Type of registration	Type of registration: Justify
Prospective	N/A
Date of registration in national regulatory agency	
Primary sponsor	Primary sponsor: Country of origin
Novartis Pharma Services Inc.	Novartis Pharmaceuticals
Date of registration in primary registry	Date of registration in national regulatory agency
07/10/2020	
Public title	Acronym
Study to Compare the Combination of Ribociclib Plus Goserelin Acetate With Hormonal Therapy Versus Combination Chemotherapy in Premenopausal or Perimenopausal Patients With Advanced or Metastatic Breast Cancer (Right Choice)	RIGHT CHOICE
Scientific title	Acronym
A Phase II Randomized Study of the Combination of Ribociclib Plus Goserelin Acetate With Hormonal Therapy Versus Physician Choice Chemotherapy in Premenopausal or Perimenopausal Patients With Hormone Receptor-positive/ HER2-negative Inoperable Locally Advanced or Metastatic Breast Cancer	
Brief summary of the study: English	
To compare the combination of Ribociclib plus goserelin acetate with hormonal therapy versus combination chemotherapy in premenopausal or perimenopausal patients with advanced or metastatic breast cancer A phase II randomized study of the combination of Ribociclib plus goserelin acetate with Hormonal Therapy versus physician choice hemotherapy in premenopausal or perimenopausal patients with hormone receptorpositive/ HER2-negative inoperable locally advanced or metastatic breast cancer - RIGHT Choice Study	
Brief summary of the study: Arabic	
حول العلاج المشترك المؤلف من ريبوسيكليب وخلات الغوسيريلين مع العلاج الهورموني مقابل العلاج ات ما قبل انقطاع الطمث أو في فترة ما حول انقطاع الطمث المصابات بسرطان الثدي المنقدَم محليًا أو	دراسة مرحلة ثانية عشوانيّة التوزيع . الكيميائي المختار من الطبيب لدى المريض

بيب لدى المريضات ما قبل انقطاع الطمت او في قدره ما حول انقطاع الطمت المصابات بسر طن الندي المنعدم محت او در اسة "رايت تشويس" (الخيار الصحيح) – HER2 النقلي غير القابل للجر احة الإيجابي مستقبلة اليهور مون/السلبيّ

Bir Hassan, Jnah, next to Ogero Beirut- Lebanon
 clinicaltrials@moph.gov.lb

Lebanon Clinical Trials Registry

Health conditions/problem studied: Specify

Advanced Breast Cancer

Interventions: Specify

•Combination Product: Docetaxel / Capecitabine

Docetaxel (IV Infusion) / Capecitabine (Tablets for oral use):

Docetaxel once, on day 1 of the 3-weeks cycle Capecitabine twice daily, on Days 1 to 14, followed by a 1-week rest period, in 3 weeks cycle.

Docetaxel (60 - 75 mg/m²)/capecitabine (1600 - 2500 mg/m²)

Other Names: Combination chemotherapy group. •The chemotherapy regimen will be decided by the treating physician.

REPUBLIC OF LEBANON

MINISTRY OF PUBLIC HEALTH

Combination Product: Capecitabine / Vinorelbine

Capecitabine (Tablets for oral use) / Vinorelbine (Capsule for Oral use/IV infusion)

Capecitabine twice daily on days 1 to 14, followed by a 1-week rest period, in 3 weeks cycle Vinorelbine, once, on Day 1 and Day 8 in 3 weeks cycles

Capecitabine (1600 - 2500 mg/m2/day)/vinorelbine (60 to 80 mg/m2 [oral] or (25 to 30 mg/m2 [IV infusion]

Other Names: Combination chemotherapy group. •The chemotherapy regimen will be decided by the treating physician.

Combination Product: Paclitaxel / Gemcitabine

Paclitaxel (IV Infusion) / Gemcitabine (IV Infusion):

Paclitaxel via 3-hour intravenous (IV) infusion on Day 1 in 3-weeks cycles, OR Paclitaxel via 1 hour intravenous (IV) infusion on Day 1 and day 8- in 3-weeks cycles.

Gemcitabine at via 30 minute IV infusion on Day 1 and Day 8 in 3 weeks cycles.

Paclitaxel (175 mg/m2) (on Day 1 in 3-weeks cycles)/ gemcitabine (1000 - 1250 mg/m2/day)

OR

Paclitaxel (80 - 90 mg/m2) (on Day 1 and Day 8 in 3-weeks cycles) / gemcitabine (800 1000 mg/m2)

Other Names: Combination chemotherapy group. •The chemotherapy regimen will be decided by the treating physician.

•Drug: Ribociclib dose: 600 mg Days 1 to 21 of each 28 day cycle Tablets for oral use

Other Names: Endocrine treatment arm: •NSAI + goserelin+ ribociclib

Drug: Letrozole OR Anastrozole

Letrozole:

Dose: 2.5 mg All days of every cycle without interruption). Tablets for oral use

Anastrozole:

dose: 1 mg All days of every cycle without interruption. Tablets for oral use

The NSAI (letrozole or anastrozole) will be decided by the treating physician.

Other Names: Endocrine treatment arm: NSAI + goserelin+ ribociclib

•Drug: Goserelin dose: 3.6 mg Day 1 of each 28 day cycle Subcutaneous implant

Other Names: Endocrine treatment arm: NSAI + goserelin+ ribociclib



•Combination Product: Capecitabine / Vinorelbine

Capecitabine (Tablets for oral use) / Vinorelbine (Capsule for Oral use/IV infusion)

Capecitabine twice daily on days 1 14, followed by a 1-week rest period, in 3 weeks cycle Vinorelbine, once, on Day 1 and Day 8 in 3 weeks cycles

Capecitabine (1600 - 2500 mg/m2/day)/vinorelbine (60 to 80 mg/m2 [oral] or (25 to 30 mg/m2 [IV infusion]

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OR

Paclitaxel (80 - 90 mg/m2)/ gemcitabine (800 1000 mg/m2)

Other Names: Combination chemotherapy group. •The chemotherapy regimen will be decided by the treating physician.

Key inclusion and exclusion criteria: Inclusion criteria

1.Patient is an adult female \geq 18 years old and < 60 years old at the time of informed consent.

2.Patient has a histologically and/or cytologically confirmed diagnosis of estrogen-receptor positive and/or progesterone receptor positive breast cancer based on the most recently analyzed tissue sample and all tested by local laboratory. ER should be more than 10% ER positive or Allred ≥5 by local laboratory testing.

3.Patient has HER2-negative breast cancer defined as a negative in situ hybridization test or an IHC status of 0, 1 + or 2 + If IHC is 2 +, a negative in situ hybridization (FISH, CISH, or SISH) test is required

4.Women with advanced (locoregionally recurrent or metastatic) breast cancer not amenable to curative therapy. Patients must fulfill at least one of the following criteria to be considered that combination chemotherapy is needed according to PI's judgment: •Symptomatic visceral metastases

•Rapid progression of disease or impending visceral compromise.

•Markedly symptomatic non visceral disease if the treating physician opt to give chemotherapy for rapid palliation of patients symptoms.

5.Patient is premenopausal or perimenopausal at the time of study entry.

a.Premenopausal status is defined as either:

□Patient had last menstrual period within the last 12 months. OR

 \Box If on tamoxifen within the past 14 days, plasma estradiol must be \geq 10 pg/mL and/or FSH \leq 40 IU/I or in the premenopausal range, according to local laboratory definition.

□ In case of therapy induced amenorrhea, with a plasma estradiol ≥10 pg/mL and/or FSH ≤40 IU/I or in the premenopausal range according to local laboratory definition.

□Patients who have undergone bilateral oophorectomy are not eligible.

b.Perimenopausal status is defined as neither premenopausal nor postmenopausal

6.Patients must have not received any prior hormonal therapy and chemotherapy for advanced breast cancer, except LHRH agonist. Patients who received ≤ 14 days of tamoxifen or a NSAI (letrozole or anastrozole) with or without LHRH agonist for advanced breast cancer prior to randomization are eligible. Patient must have measurable disease.

Key inclusion and exclusion criteria: Gender	Key inclusion and exclusion criteria: Specify gender
Female	
Key inclusion and exclusion criteria: Age minimum	Key inclusion and exclusion criteria: Age maximum
18	59

Key inclusion and exclusion criteria: Exclusion criteria

1.Patient has received prior systemic anti-cancer therapy (including hormonal therapy and chemotherapy, or any CDK4/6 inhibitor for advanced

breast cancer.

Patients who received (neo) adjuvant therapy for breast cancer are eligible. If the prior neo (adjuvant) therapy included aromatase inhibitors, the disease free interval must be greater than 12 months from the completion of aromatase inhibitor treatment until randomization.
 Patients who are receiving ≤ 14 days of tamoxifen or NSAI or LHRH agonists ≤ 28 days for advanced breast cancer prior to randomization are eligible.

2.Patient has received extended-field radiotherapy or limited field radiotherapy ≤ 2 weeks prior to randomization, and has not recovered to grade 1 or better from related side effects of such therapy (with the exception of alopecia or other toxicities not considered a safety risk for the patient at investigator's discretion). Patient from whom $\geq 25\%$ of the bone marrow has been previously irradiated are also excluded. 3.Patient has a concurrent malignancy or malignancy within 3 years of randomization, with the exception of adequately treated, basal or squamous cell skin carcinoma, non-melanomatous skin cancer or curatively resected cervical cancer.

4.Patients who have lung metastases with oxygen demand in resting status.

5.Patients who have liver metastases with bilirubin > 1.5 mg/dL

6.Patients with CNS involvement unless they meet ALL of the following criteria:

•At least 4 weeks from prior therapy completion (including radiation and/or surgery) to starting the study treatment.

•Clinically stable CNS tumor at the time of screening and not receiving steroids and/or enzyme inducing anti-epileptic medications for brain metastases

·Leptomeningeal metastases is not allowed, even with stable clinical condition

Type of study

Interventional

Type of intervention	Type of intervention: Specify t	уре
Pharmaceutical	N/A	
Trial scope	Trial scope: Specify scope	
Therapy	N/A	
Study design: Allocation	Study design: Masking	
Randomized controlled trial	Open (masking not used)	
Study design: Control	Study phase	
Active	2	
Study design: Purpose	Study design: Specify purpose	
Treatment	N/A	
Study design: Assignment	Study design: Specify assignm	nent
Parallel	N/A	
IMP has market authorization	IMP has market authorization: Specify	
Yes, Lebanon and Worldwide	US,EU, other countries. For Leba	anon: Postmenopausal women
Name of IMP	Year of authorization	Month of authorization
Ribociclib	2017	8
Type of IMP		
Others		
Pharmaceutical class		
Orally bioavailable, highly selective small molecule inhibitor of cyclin-depend (CDK4/6).	lent kinases 4 and 6	
Therapeutic indication		
Premenopausal Women With Hormone Receptor-positive (HR+) HER2-neg Breast Cancer	ative (HER2-) Advanced	
Therapeutic benefit		
Increase PFS (Progression Free Survival)		
Study model	Study model: Explain model	

N/A	N/A
Study model: Specify model N/A	
Time perspective N/A Time perspective: Specify perspective N/A	Time perspective: Explain time perspective N/A
Target follow-up duration	Target follow-up duration: Unit
Number of groups/cohorts	
Biospecimen retention None retained	Biospecimen description NA
Target sample size	Actual enrollment target size
Date of first enrollment: Type Anticipated	Date of first enrollment: Date 08/01/2020
Date of study closure: Type Anticipated	Date of study closure: Date 15/12/2022
Recruitment status Recruiting	Recruitment status: Specify
Date of completion 09/02/2021	
IPD sharing statement plan No	IPD sharing statement description Undecided

Additional data URL https://clinicaltrials.gov/ct2/show/record/NCT03839823?id=right+choice&rank=1&view=record

Admin comments



Trial status

Approved

Secondary Identifying Numbers		
Full name of issuing authority	Secondary identifying number	
Clinicaltrials.gov	NCT03839823	

Sources of Monetary or Material Support

Name

Novartis Pharma Services Inc.

Secondary Sponsors	
Name	
NA	

Contact for Public/Scientific Queries						
Contact type	Contact full name	Address	Country	Telephone	Email	Affiliation
Public	Fadi Farhat	Saida	Lebanon	03753155	drfadi.trials@gm ail.com	Hammoud Hospital
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Public	Nagi Elsaghir	Beirut	Lebanon	03-827955	ns23@aub.edu.l b	American University of Beirut Medical Center
Public	Mona Ayoubi	Tripoli	Lebanon	03-280069	ayoubi_mona @hotmail.co M	Nini Hospital

Centers/Hospitals Involved in the Study				
Center/Hospital name	Name of principles investigator	Principles investigator speciality	Ethical approval	
Hammoud Hospital University Medical Center	Dr Fadi Farhat	Hematology Oncology	Approved	
Makassed General Hospital	Dr Anas Mugharbel	Hematology Oncology	Approved	
Hotel Dieu De France	Dr Marwan Ghosn	Hematology Oncology	Approved	
American University of Beirut Medical Center	Dr Nagi El Saghir	Hematology Oncology	Approved	
Nini Hospital	Dr Mona Ayoubi	Hematology Oncology	Approved	

Ethics Review				
Ethics approval obtained	Approval date	Contact name	Contact email	Contact phone
Makassed General Hospital	30/04/2019	Mariam Rajab	research.makassed@hotmail.com	01636941
Hammoud Hospital University Medical Center	05/04/2019	Ahmad Zaatari	zaatari@hammoudhospital.com	+961 (0) 7 723111 ext 1160
Hotel Dieu de France	06/06/2019	Nancy Alam	nancy.alam@usj.edu.lb	01 421000 ext 2335
American University of Beirut Medical Center	14/10/2019	Fuad Ziyadeh	fz05@aub.edu.lb	961 (0) 1 350 000 ext:5445
Nini Hospital	25/11/2019	Nabil Kabbara	Nabil.kabbara@hopitalnini.com	961 (0) 6 431 400 ext 1062



Countries of Recruitment

Name
Lebanon
Malaysia
Singapore
Taiwan
Egypt
India
Jordan
Turkey
Taiwan

Health Conditions or Problems Studied			
Condition Code Keyword			
Breast Cancer	Breast, unspecified (C50.9)	Advanced Breast Cancer	

Interventions		
Intervention	Description	Keyword
ICF, Physical Exam, Radiology , ECG, local Labs	ICF, Physical Exam, Radiology , ECG, local Labs	ICF, Physical Exam, Radiology , ECG, local Labs

Primary Outcomes		
Name	Time Points	Measure
Progression Free Survival	12 months	12 months

Key Secondary Outcomes		
Name	Time Points	Measure
•Overall response rate (ORR)	12 months	12 months
Clinical Benefit Rate	12 months	12 months



Trial Results	
Summary results	
Study results globally	
Date of posting of results summaries	Date of first journal publication of results
Results URL link	
Baseline characteristics	
Participant flow	
Adverse events	
Outcome measures	
URL to protocol files	