

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

17 Aug 2026

### Comparison of the Effectiveness of Magnesium Supplement with not Taking of Magnesium Supplement on Doxorubicin- Induced Cardiotoxicity in Breast Cancer Patients

#### Protocol summary

##### Study aim

Determination of the effect of magnesium against doxorubicin-induced cardiotoxicity .

##### Design

This clinical trial has a control group. The study is a phase 2-3, prospective, randomized, open-label trial planned for 80 patients

##### Settings and conduct

This study will be conducted as a two-group randomized clinical trial at the Cancer Institute of Imam Khomeini Hospital. Eligible patients, after referral by an oncologist and obtaining informed consent, will be randomly assigned to one of two intervention groups (receiving magnesium citrate supplementation along with standard chemotherapy regimen) or control (receiving only standard chemotherapy regimen). The sampling process, intervention prescription, and patient follow-up will be performed at the oncology clinic of the aforementioned hospital. Since patients are aware of their group, blinding was not performed.

##### Participants/Inclusion and exclusion criteria

Inclusion criteria: Histopathologically confirmed breast adenocarcinoma, HER2-negative, grade 1-2, stage 1-2, candidates for doxorubicin/cyclophosphamide chemotherapy, age 18-65 years, normal cardiac, renal, and hepatic function. Exclusion criteria: Hypermagnesemia, hypomagnesemia, oral magnesium supplementation within the previous 21 days

##### Intervention groups

Intervention: Oral magnesium citrate 420 mg every 12 h for 4 chemotherapy cycles (8 weeks), manufactured by Ofogh Tolid Darou Pars, plus standard doxorubicin/cyclophosphamide chemotherapy. Control: Standard doxorubicin/cyclophosphamide chemotherapy only.

##### Main outcome variables

Plasma magnesium, red blood cell magnesium, left

ventricular ejection fraction, electrocardiographic findings, serum troponin, serum albumin, serum lactate, plasma fibrinogen, erythrocyte sedimentation rate, C-reactive protein, neutrophil-to-lymphocyte ratio.

#### General information

##### Reason for update

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT20251210068277N1**

Registration date: **2026-07-14, 1405/04/23**

Registration timing: **prospective**

Last update: **2026-07-14, 1405/04/23**

Update count: **0**

##### Registration date

2026-07-14, 1405/04/23

##### Registrant information

##### Name

Sara Assadi Eydivand

##### Name of organization / entity

##### Country

Iran (Islamic Republic of)

##### Phone

+98 21 6405 9215

##### Email address

saraassadi2711@gmail.com

##### Recruitment status

**recruiting**

##### Funding source

##### Expected recruitment start date

2026-07-23, 1405/05/01

##### Expected recruitment end date

2026-12-22, 1405/10/01

##### Actual recruitment start date

empty

**Actual recruitment end date**  
empty

**Trial completion date**  
empty

**Scientific title**  
Comparison of the Effectiveness of Magnesium Supplement with not Taking of Magnesium Supplement on Doxorubicin- Induced Cardiotoxicity in Breast Cancer Patients

**Public title**  
Investigation the protective role of oral magnesium supplementation on Doxorubicin- induced cardiotoxicity

**Purpose**  
Prevention

**Inclusion/Exclusion criteria**  
**Inclusion criteria:**  
Patients who are being treated with a doxorubicin-containing drug regimen for the first time will be selected. All patients that breast adenocarcinoma is confirmed histopathologically in them and have negative human epidermal growth factor receptor 2 , grade 1 or 2 and stage 1 or 2 will undergo a chemotherapy regimen containing doxorubicin and cyclophosphamide (AC) will be included in the study. In order to control for confounding factors and reduce heterogeneity due to differences in treatment history and type of chemotherapy regimen, only patients with breast adenocarcinoma who had no history of chemotherapy and would be candidates for AC regimen were included in the study All patients will receive the standard AC chemotherapy regimen including: Doxorubicin (Adriamycin) 60mg/m2 and Cyclophosphamide 600mg/m2 each 2 weeks 4 times Normal kidney function (Glomerular filtration rate (GFR) > 60 milliliter in minute( ml/min), normal serum level of Blood urea nitrogen and creatinine (Bun and Cr)) Normal liver function (given that liver function tests (LFT) are normal).  
**Exclusion criteria:**  
Underlying heart disease such as heart failure, arrhythmia, ischemic heart disease Age over 65 years Pre-existing hypermagnesemia hypomagnesemia Taking magnesium supplements within the past 21 days

**Age**  
From **18 years** old to **65 years** old

**Gender**  
Female

**Phase**  
2-3

**Groups that have been masked**  
*No information*

**Sample size**  
Target sample size: **80**

**Randomization (investigator's opinion)**  
Randomized

**Randomization description**  
After meeting the inclusion criteria and obtaining informed consent, participants will be allocated in a 1:1 ratio to the intervention and control groups. The random sequence will be created using SPSS version 26 software

and through the generation of random numbers (Random Number Generator). In order to maintain a balance in the number of people in the two groups during the study, a random block method with a block size of 4 will be used. 20 blocks of 4 will be formed, and each patient will receive a code in the order of entry. The allocation list will be prepared by someone outside the outcome assessment team and will be kept in opaque, sealed, numbered envelopes and sequentially stored. After each participant enters the study, the relevant envelope will be opened in numerical order and the allocation group will be determined. The cardiac outcome assessor (ECG and echocardiography) will not be aware of the group allocation of the patients

**Blinding (investigator's opinion)**

Not blinded

**Blinding description**

**Placebo**

Not used

**Assignment**

Parallel

**Other design features**

**Secondary Ids**

empty

**Ethics committees**

**1**

**Ethics committee**

**Name of ethics committee**

Imam Khomeini Hospital Ethics Committee

**Street address**

No.19, Facing the Helicopter Runway, South-West Side, Office of the Vice President for Research in the Vice President for Academic Affairs, Imam Khomeini Hospital, Keshavarz Boulevard

**City**

Tehran

**Province**

Tehran

**Postal code**

3314114197

**Approval date**

2025-12-02, 1404/09/11

**Ethics committee reference number**

IR.TUMS.IKHC.REC.1404.404

**Health conditions studied**

**1**

**Description of health condition studied**

breast cancer

**ICD-10 code**

C50

**ICD-10 code description**

Malignant neoplasm of breast

## Primary outcomes

### 1

#### **Description**

Left ventricular ejection fraction

#### **Timepoint**

Measurement of ejection fraction before the intervention and 2 weeks after the completion of the intervention

#### **Method of measurement**

Transthoracic echocardiography

### 2

#### **Description**

Nonspecific ST-T changes on ECG

#### **Timepoint**

Before the intervention and 2 weeks after the completion of intervention

#### **Method of measurement**

Standard twelve-lead ECG recording

### 3

#### **Description**

Plasma Troponin level

#### **Timepoint**

Before the intervention and 2 weeks after the completion of intervention

#### **Method of measurement**

Serum troponin measurement with a dedicated ELISA kit

### 4

#### **Description**

Serum magnesium level

#### **Timepoint**

Before the intervention and 2 weeks after the completion of the intervention

#### **Method of measurement**

Measurement of serum magnesium concentration with a biochemistry autoanalyzer

### 5

#### **Description**

Serum albumin level

#### **Timepoint**

Before the intervention and 2 weeks after the completion of the intervention

#### **Method of measurement**

Serum albumin measurement with an autobiochemistry analyzer

### 6

#### **Description**

Serum lactate level

#### **Timepoint**

Before the intervention and 2 weeks after the completion of the intervention

#### **Method of measurement**

Serum lactate measurement with an autobiochemistry

analyzer

### 7

#### **Description**

Plasma fibrinogen level

#### **Timepoint**

Before the intervention and 2 weeks after the completion of the intervention

#### **Method of measurement**

Plasma fibrinogen measurement by coagulation method

### 8

#### **Description**

Erythrocyte sedimentation rate(ESR)

#### **Timepoint**

Before the intervention and 2 weeks after the completion of the intervention

#### **Method of measurement**

Measurement by Westergren method

### 9

#### **Description**

C-reactive protein(CRP)

#### **Timepoint**

Before the intervention and 2 weeks after the completion of the intervention

#### **Method of measurement**

Measurement with a dedicated kit using the ELISA method

### 10

#### **Description**

Neutrophil to lymphocyte ratio

#### **Timepoint**

Before the intervention and 2 weeks after the completion of the intervention

#### **Method of measurement**

Calculation of the neutrophil to lymphocyte ratio based on the results of a complete blood cell count

### 11

#### **Description**

Magnesium levels inside red blood cells

#### **Timepoint**

Before the intervention and 2 weeks after the completion of the intervention

#### **Method of measurement**

Measurement of red blood cell magnesium with a dedicated kit using the ELISA method

## Secondary outcomes

empty

## Intervention groups

## 1

### Description

Intervention group: Patients with breast adenocarcinoma who have no history of receiving chemotherapy and are candidates for the doxorubicin and cyclophosphamide chemotherapy regimen will receive oral magnesium citrate supplement (product of Ofogh Pharmaceutical Company, Pars Pharmaceutical Manufacturing Company, with a concentration of 420 mg of elemental magnesium per tablet) at the same time as the start of the first cycle of chemotherapy with the standard doxorubicin and cyclophosphamide regimen (standard treatment includes doxorubicin at a dose of 60 mg/m<sup>2</sup> and cyclophosphamide at a dose of 600 mg/m<sup>2</sup>, once every 14 days for a total of 4 cycles) in the amount of one tablet (420 mg) every twelve hours for 4 chemotherapy cycles (equivalent to 8 weeks). The method of administration will be oral, preferably after meals. Also, a 20-30 minute face-to-face educational session will be held for each patient by a member of the research team, which will include the correct way to take the supplement, possible gastrointestinal side effects and warning signs for stopping use, the importance of adhering to daily intake and monitoring cardiac symptoms, and how to contact the research team in case of any complications. Patients in this group will also receive all supportive and standard care in accordance with the department's protocol

### Category

Prevention

## 2

### Description

Control group: Patients with breast adenocarcinoma who have no history of chemotherapy and are candidates for the chemotherapy regimen of doxorubicin and cyclophosphamide will receive only standard treatment including doxorubicin and cyclophosphamide according to the center's treatment protocol including doxorubicin at a dose of 60 mg/m<sup>2</sup> and cyclophosphamide at a dose of 600 mg/m<sup>2</sup>, once every 14 days for a total of 4 cycles, and will not receive any magnesium supplements during the study period. A face-to-face educational session for this group will also be held for 15 to 20 minutes by a member of the research team, the content of which will include an explanation of the importance of following up on cardiac symptoms and how to contact the research team in case of any complications. All supportive and standard care will also be provided for this group according to the department's protocol

### Category

N/A

## Recruitment centers

## 1

### Recruitment center

#### Name of recruitment center

The Cancer Institute of Imam Khomeini Hospital

#### Full name of responsible person

Dr. Farahnaz Jazaeri

#### Street address

Dr. Gharib Street, Keshavarz Boulevard

#### City

Tehran

#### Province

Tehran

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1419733141

#### Phone

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#### Email

Imamhospital@tums.ac.ir

## Sponsors / Funding sources

## 1

### Sponsor

#### Name of organization / entity

Tehran University of Medical Sciences

#### Full name of responsible person

Dr Ramin Kordi

#### Street address

No. 604-605, 6th Floor, Central University Organization, corner of Qods St. and Keshavarz Blvd., Tehran, Iran.

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#### Province

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141765383761

#### Phone

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#### Email

vcr@sina.tums.ac.ir

#### Grant name

#### Grant code / Reference number

#### Is the source of funding the same sponsor organization/entity?

Yes

#### Title of funding source

Tehran University of Medical Sciences

#### Proportion provided by this source

100

#### Public or private sector

Public

#### Domestic or foreign origin

Domestic

#### Category of foreign source of funding

empty

#### Country of origin

#### Type of organization providing the funding

Academic

## Person responsible for general inquiries

### Contact

#### Name of organization / entity

Tehran University of Medical Sciences

#### Full name of responsible person

Dr.Farahnaz Jazaeri

**Position**

Associate professor

**Latest degree**

Ph.D.

**Other areas of specialty/work**

Medical Pharmacy

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**Person responsible for scientific inquiries**

**Contact**

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**Full name of responsible person**

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**Position**

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**Latest degree**

Ph.D.

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**Person responsible for updating data**

**Contact**

**Name of organization / entity**

Tehran University of Medical Sciences

**Full name of responsible person**

Sara Assadi Eydivand

**Position**

Master's student

**Latest degree**

Bachelor

**Other areas of specialty/work**

Toxicology

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saraassadi2711@gmail.com

**Sharing plan**

**Deidentified Individual Participant Data Set (IPD)**

Undecided - It is not yet known if there will be a plan to make this available

**Study Protocol**

Undecided - It is not yet known if there will be a plan to make this available

**Statistical Analysis Plan**

Undecided - It is not yet known if there will be a plan to make this available

**Informed Consent Form**

Undecided - It is not yet known if there will be a plan to make this available

**Clinical Study Report**

Undecided - It is not yet known if there will be a plan to make this available

**Analytic Code**

Undecided - It is not yet known if there will be a plan to make this available

**Data Dictionary**

Undecided - It is not yet known if there will be a plan to make this available