

Stenting in benign oesophageal stricture

Submission date 28/07/2010	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 26/08/2010	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 05/02/2016	Condition category Digestive System	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

PB-PG-1208-17025

Study information

Scientific Title

Biodegradable stent in benign oesophageal stricture compared to standard balloon dilatation treatment: a two-arm 1:1 randomised clinical trial

Acronym

BESST

Study objectives

This pilot study addresses the potential effectiveness and cost-effectiveness of biodegradable stent placement in patients with benign oesophageal stricture. The study will determine the feasibility and utility of a randomised controlled trial design comparing biodegradable oesophageal stent or standard dilatation in symptomatic adult patients diagnosed with refractory oesophageal stricture.

The primary endpoint will be ability to swallow, assessed by a five point dysphagia score (assessed by a blinded observer at baseline, 3, 6 and 12 months). Secondary end points will include the acceptability of procedures and overall care to patients, the number of repeat endoscopic procedures (therapeutic and diagnostic), adverse events (including hospital admissions), quality of life assessed physically using surrogate markers such as weight and serum albumin and by generic quality of life assessment (EuroQol EQ-5D) and economic analysis.

Economic analysis will be conducted from an NHS perspective. Stochastic cost-effectiveness analysis will use patient-level, within-trial (1 year) cost and quality-adjusted life-year (QALY) data. Modelling using probabilistic methods will explore extrapolations of benefits beyond one-year.

The summative aim is to show the potential value of a new treatment option which may improve the quality of life for patients and be a cost-effective alternative for the NHS. The proposed pilot study is an essential step to establish the need for a larger trial and to provide the necessary evidence base to inform patients and the NHS.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Two-arm 1:1 prospective randomised controlled clinical trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Benign oesophageal strictures

Interventions

The study will involve endoscopic interventions of balloon dilatation with or without fluroscopy in one (control) arm and placement of a biodegradable stent in the other arm.

The treatment in each arm is a one time procedure. Patients will be followed up for a period of 12 months after the endoscopic intervention in each arm.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

The average dysphagia (swallowing) score response over 12 months

Secondary outcome measures

1. Acceptability of procedures to patients
2. Number of repeat endoscopic procedures
3. Frequency of refractory disease
4. Adverse events
5. Quality of life assessed physically using surrogate markers of weight, serum albumin and by generic quality of life assessment (EuroQol EQ-5D)
6. Patient level, NHS perspective, cost and cost-effectiveness analysis

Measured at 3, 6 and 12 months following the endoscopic intervention in both arms

Overall study start date

01/11/2010

Completion date

31/10/2013

Eligibility**Key inclusion criteria**

1. Signed written informed consent
2. Confirmed diagnosis of benign oesophageal stricture

3. Adults aged between 18 and 75 years, either sex
4. At least one previous oesophageal dilatation for management of their benign oesophageal stricture

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

50

Key exclusion criteria

1. Patients who do not fulfil the inclusion criteria
2. Patients with high strictures
3. Pregnant patients
4. Receiving anti-coagulants
5. Diagnosis of oesophageal cancer
6. Diagnosis of a terminal disease
7. A history of any medical illness which, in the Investigator's discretion would inhibit the patient's participation
8. Women of child bearing potential who refuse to use adequate contraception for three months post-intervention

Date of first enrolment

01/11/2010

Date of final enrolment

31/10/2013

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

Darlington Memorial and Bishop Auckland Hospitals

Department of Gastroenterology

Bishop Auckland
United Kingdom
DL14 6AD

Sponsor information

Organisation

County Durham and Darlington NHS Foundation Trust (UK)

Sponsor details

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Sponsor type

Hospital/treatment centre

Website

<http://www.cddft.nhs.uk>

ROR

<https://ror.org/03vamsh08>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research (NIHR) (UK) - Research for Patient Benefit (RfPB) programme (ref: PB-PG-1208-17025)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	28/12/2014		Yes	No