

The ADENOMA study - a study of a device to improve detection of polyps during colonoscopy

Submission date 27/08/2014	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 06/10/2014	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 21/05/2021	Condition category Digestive System	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-at-a-device-that-may-help-to-find-polyps-in-the-bowel-the-adenoma-study>

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

ClinicalTrials.gov (NCT)

NCT02552017

Protocol serial number

v 5.0, 07.08.2014

Study information

Scientific Title

Accuracy of Detection using ENdocuff Optimisation of Mucosal Abnormalities

Acronym

ADENOMA

Study objectives

It is predicted that using the Endocuff Vision will improve the adenoma detection rate.

Primary objective:

1. To detect a difference in adenoma detection rate between Endocuff-Assisted Colonoscopy (EAC) and Standard Colonoscopy (SC)

Secondary objectives:

1. To detect a difference in mean adenomas detected per procedure (MAP2) between EAC and SC
2. To establish the rate of cuff exchange (that is, how often the cuff has to be removed)
3. To demonstrate non-inferiority of caecal intubation rates and insertion time to caecum between EAC and SC
4. To demonstrate non-inferiority in complete withdrawal time in procedures where no polyps are detected between EAC and SC
5. To demonstrate non-inferiority of patient satisfaction with EAC compared to SC
6. To identify any difference in future colonoscopic workload produced by increased ADR in terms of number of potential follow-up procedures based on BSG adenoma surveillance guidelines between the EAC and SC groups

These outcomes will be analysed on an intention-to-treat basis.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NRES Committee North East - York. REC, ref. 14/NE/1111 - review date 12/09/2014

Study design

Multicentre prospective randomised controlled interventional study

Primary study design

Interventional

Study type(s)

Diagnostic

Health condition(s) or problem(s) studied

Conditions requiring colonoscopy assessment, colonic adenomas

Interventions

Two study arms:

1. Control arm - routine colonoscopy performed in standard fashion with no Endocuff Vision attached to scope
2. Intervention arm - colonoscopy performed with Endocuff Vision device attached to end of colonoscope

Intervention will be for the duration of the colonoscopy only. Participants will also complete a patient experience questionnaire immediately after, and within a week after, the procedure.

Histology results of any polyps detected will be reviewed by the research team, and 30-day adverse events recorded.

Intervention Type

Device

Phase

Not Applicable

Primary outcome(s)

Adenoma detection rate (ADR)

Key secondary outcome(s)

1. Mean adenomas detected per procedure (MAP)
2. The rate of cuff exchange (that is, how often the cuff has to be removed)
3. Caecal intubation rates and insertion time to terminal ileum (to demonstrate non-inferiority)
4. Complete withdrawal time in procedures where no polyps are detected (to demonstrate non-inferiority)
5. Patient satisfaction
6. To identify any difference in future colonoscopic workload produced by increased adenoma detection rate in terms of number of potential follow-up procedures based on BSG adenoma surveillance guidelines between the EAC and SC groups

Completion date

30/06/2016

Eligibility

Key inclusion criteria

1. Age 18 years and over
2. Referral for screening, surveillance or diagnostic colonoscopy
3. Ability to give informed consent

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Absolute contraindications to colonoscopy
2. Established or suspicion of large bowel obstruction or pseudo-obstruction
3. Known colon cancer or polyposis syndromes
4. Known colonic strictures
5. Known severe diverticular segment (that would be likely to prevent passage of the colonoscope)
6. Patients with acute colitis (ulcerative, Crohns and diverticulitis)
7. Patients lacking capacity to give informed consent
8. Pregnancy

Date of first enrolment

06/10/2014

Date of final enrolment

30/06/2016

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

South Tyneside Hospital

South Shields

United Kingdom

NE34 0PL

Sponsor information

Organisation

South Tyneside NHS Foundation Trust (UK)

ROR

<https://ror.org/044j2cm68>

Funder(s)

Funder type

Industry

Funder Name

ARC Medical Design Ltd (UK)

Results and Publications

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	01/02/2019		Yes	No
HRA research summary			28/06/2023	No	No
Plain English results				No	Yes