

# An observational study of patients with asbestos exposure and pleural disease to assess the feasibility of a future interventional trial where repeat biopsies are taken

<b>Submission date</b> 06/01/2022	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 08/02/2022	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 29/04/2025	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Mesothelioma is a cancer most commonly affecting the tissue layers which line the lung and inside of the chest wall (the pleura). It most commonly presents with a collection of fluid surrounding the lung (pleural effusion). Mesothelioma is strongly associated with asbestos exposure, which causes intense inflammation of the pleura, but does not occur until many decades after exposure. Benign asbestos pleural effusion (BAPE) is a non-cancerous condition also associated with asbestos exposure and pleural effusion. However, about 12% of patients diagnosed with BAPE are later diagnosed with mesothelioma. It is not currently known what triggers the change from benign pleural inflammation to mesothelioma. The Meso-ORIGINS study aims to define this by performing 2 years of surveillance, collecting measurements from repeat pleural fluid and biopsy (tissue) samples, repeat blood tests and scans. The aim of this study is to determine whether it will be possible to recruit sufficient numbers of patients to Meso-ORIGINS and to work out whether it will possible to perform all of the repeat tests that might be helpful (including biopsies) and whether patients would agree to have these performed.

### Who can participate?

Patients of any age with benign asbestos pleural disease

### What does the study involve?

Participants will be followed up for 6 months. At 6 months they will have an ultrasound assessment to assess the feasibility of local anaesthetic thoracoscopy and ultrasound-guided biopsy. The participants will also complete a questionnaire to assess their response to various other surveillance strategies. The researchers will also collect data from online databases.

What are the possible benefits and risks of participating?

There are no risks to participants as this is an observational study only. There are no direct benefits to patients but the study results should help inform future management of patients with their condition.

Where is the study run from?

Queen Elizabeth University Hospital, Glasgow (UK)

When is the study starting and how long is it expected to run for?

November 2018 to February 2021

Who is funding the study?

1. June Hancock Mesothelioma Research Fund (UK)
2. Glasgow Clinical Research Facility (UK)
3. Investigator initiated and funded (UK)

Who is the main contact?

Prof. Kevin Blyth

Kevin.blyth@glasgow.ac.uk

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-to-find-out-more-about-mesothelioma-meso-origins>

## Contact information

### Type(s)

Principal investigator

### Contact name

Prof Kevin Blyth

### Contact details

Institute of Cancer Sciences  
University of Glasgow  
Garscube Estate  
Bearsden  
Glasgow  
United Kingdom  
G61 1QH  
+44 (0)7540 534058  
kevin.blyth@glasgow.ac.uk

## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### Integrated Research Application System (IRAS)

253522

**ClinicalTrials.gov (NCT)**

Nil known

**Protocol serial number**

GN17ON341, IRAS 253522, CPMS 41018

## Study information

### Scientific Title

The Meso-ORIGINS feasibility study: an observational study investigating patients with non-malignant asbestos-associated pleural inflammation

### Study objectives

The current feasibility study will address important areas of uncertainty regarding the current Meso-ORIGINS design, including the technical feasibility and patient acceptability of the proposed surveillance protocol (including repeat local anaesthetic thoracoscopy [LAT]) and the sample size estimate. Alternative strategies for surveillance for transformation to malignant pleural mesothelioma (MPM) will be explored including imaging, blood tests for biomarkers and breath tests.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Approved 30/11/2018, South Central - Hampshire B Research Ethics Committee (Level 3, Block B, Whitefriars, Lewins Mead, Bristol, BS1 2NT, UK; +44 (0)2071048055; nrescommittee.southcentral-hampshireb@nhs.net), REC ref: 18/SC/0617

### Study design

Observational study and retrospective cohort study

### Primary study design

Observational

### Study type(s)

Diagnostic

### Health condition(s) or problem(s) studied

Benign asbestos pleural disease and mesothelioma

### Interventions

The trial will recruit patients with benign asbestos pleural disease and follow them up for 6 months. At 6 months the patients will have an ultrasound assessment to assess local anaesthetic thoracoscopy and ultrasound-guided biopsy feasibility. The patients will also complete a questionnaire to assess their response to various other surveillance strategies.

There is also a retrospective cohort arm to the study which will involve the collection of data from online databases. The following data will be recorded retrospectively for all eligible patients using local anaesthetic thoracoscopy, video-assisted thoracoscopic surgery (VATS) and image-guided biopsy databases and electronic health records at study centres (all data will be

recorded in a linked anonymised format):

1. Demographics (age, gender, occupation, asbestos exposure)
2. Baseline clinical data:
  - 2.1. X-ray and CT findings
  - 2.2. Local anaesthetic thoracoscopy findings (date of procedure, views obtained, nature of abnormalities, number of biopsies, lung apposition post-procedure, whether pleurodesis or indwelling pleural catheter performed)
  - 2.3. Histology results
  - 2.4. Blood tests (neutrophils, lymphocytes, platelets, CRP, albumin, LDH, total protein)
  - 2.5. Pleural fluid results (colour, cytology, LDH, albumin, glucose and total protein)
3. Follow-up data (any new pleural or mesothelioma diagnosis since initial biopsy)

## **Intervention Type**

Mixed

## **Primary outcome(s)**

Prospective arm:

Recruitment rate recorded as the number of eligible participants who consent to participate in the study by 12 months

Retrospective arm:

Number of eligible patients diagnosed with mesothelioma within 2 years of a diagnosis of BAPE divided by the total number of eligible patients, measured using electronic health records

## **Key secondary outcome(s)**

Prospective arm:

Outcomes including hypothetical consent to surveillance strategies (blood tests, breath tests, CT scan, MRI scan, pleural fluid sampling, local anaesthetic thoracoscopy) and reasons if declining consent, assessed using patient questionnaires at study visit 2 (6 months after recruitment, or at study visit 1 if recruited more than 6 months following diagnosis)

Retrospective arm:

Logistic regression model for mesothelioma transition using patient baseline data from first presentation with pleural disease as predictors

## **Completion date**

15/02/2021

# **Eligibility**

## **Key inclusion criteria**

1. History of asbestos exposure or compatible radiology, e.g. pleural plaques
2. Histological diagnosis compatible with benign asbestos pleural effusions (BAPE) including benign fibrinous pleurisy, non-specific pleuritis, atypical mesothelial proliferation  
Plus for the prospective feasibility study only - histological diagnosis made at LAT
3. Informed written consent
4. Expected prognosis  $\geq 6$  months
5. No age range was specified prior to recruitment

## **Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

39

**Key exclusion criteria**

1. Histological diagnosis of MPM or secondary pleural malignancy
2. Pleural infection, empyema or granulomatous pleuritis

Plus for the retrospective cohort study only:

<2 years follow-up completed at the point of enrolment

**Date of first enrolment**

01/01/2019

**Date of final enrolment**

01/01/2020

**Locations****Countries of recruitment**

United Kingdom

England

Scotland

**Study participating centre**

**Queen Elizabeth University Hospital**

1345 Govan Road

Glasgow

United Kingdom

G51 4TF

**Study participating centre**

**University Hospital of South Manchester NHS Foundation Trust**

Wythenshawe Hospital

Southmoor Road

Wythenshawe

Manchester  
United Kingdom  
M23 9LT

**Study participating centre**

**Churchill Hospital**

Churchill Hospital  
Old Road  
Headington  
Oxford  
United Kingdom  
OX3 7LE

**Study participating centre**

**University Hospital Bristol**

Bristol Royal Infirmary  
Marlborough Street  
Bristol  
United Kingdom  
BS2 8HW

## **Sponsor information**

**Organisation**

NHS Greater Glasgow and Clyde

**ROR**

<https://ror.org/05kdz4d87>

## **Funder(s)**

**Funder type**

Charity

**Funder Name**

June Hancock Mesothelioma Research Fund

**Alternative Name(s)**

JHMRF

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

United Kingdom

**Funder Name**

Glasgow Clinical Research Facility

**Funder Name**

Investigator initiated and funded

## Results and Publications

**Individual participant data (IPD) sharing plan**

Study data will be stored in the PREDICT-Meso database in a linked anonymised format. Information regarding data sharing options can be found on the PREDICT-Meso website (<https://www.predictmeso.com>) or via application to the PREDICT-Meso Project Manager (Alexandrea.Macpherson@glasgow.ac.uk). Consent for use of data in subsequent research was only obtained from patients in the prospective study, therefore only these data can be shared.

**IPD sharing plan summary**

Stored in non-publicly available repository

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	prospective observational data	08/08/2023	09/08/2023	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	version 3.1	01/05/2019	04/02/2022	No	Yes
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Protocol file</a>	version 1.1	10/05/2019	04/02/2022	No	No