

Colorectal endoscopic mucosal resection (a procedure to remove precancerous, early-stage cancer or other abnormal tissues from the digestive tract) and reducing delayed bleeding in high risk patients

Submission date 03/12/2021	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 19/01/2023	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 11/01/2024	Condition category Digestive System	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Delayed bleeding (bleeding from the bowel occurring more than 24 hours following endoscopic removal of polyps) is the most common complication following Endoscopic Mucosal Resection (EMR), occurring in up to 12% of cases depending on various risk factors. To date, there are no established guidelines to lessen this risk, with various studies of different treatment options showing some inconsistent and sometimes conflicting results. PuraStat® is a licenced product that can be applied through the endoscope directly following polyp removal to form a gel coat over the area where the polyp was removed. This product is already in use in UK hospitals in endoscopy procedures and has been proven to be completely safe.

The aim of the study is to collect data to help us understand whether applying PuraStat® after a colorectal polyp is removed can reduce the risk of delayed bleeding for a period of 30 days following EMR, compared to not using PuraStat® (standard practice).

Who can participate?

Patients undergoing EMR of colorectal polyps, and with high risk of delayed bleeding.

What does the study involve?

Patients with high delayed bleeding risk referred for EMR of colorectal polyps of 20mm or more in size will be randomised to receive either prophylactic application of PuraStat® to the EMR base (treatment group) or standard treatment (no PuraStat®, control group).

What are the possible benefits and risks of participating?

Whilst no financial reward can be made for taking part in the study, the information collected will be valuable to inform future practice.

There are no additional risks to taking part in the study as the risks of the procedure are not altered in the study.

Where is the study run from?

The study is Sponsored by Portsmouth Hospitals University NHS Trust (UK)

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

September 2021 to December 2024

Who is funding the study?

3-D Matrix UK Ltd.

Who is the main contact?

Prof Pradeep Bhandari (Chief Investigator), pradeep.bhandari@porthosp.nhs.uk

Contact information

Type(s)

Principal Investigator

Contact name

Prof Pradeep Bhandari

Contact details

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

281764

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

CPMS 50081, IRAS 281764

Study information

Scientific Title

Colorectal endoscopic mucosal resection and delayed bleeding: a prospective multicentre randomized controlled superiority trial comparing PuraStat® with conventional practice to reduce the risk of delayed bleeding after colorectal endoscopic mucosal resection in high-risk patients

Acronym

COLOSTAT

Study objectives

Use of a haemostatic gel (Purastat®) can reduce the risk of delayed bleeding after colorectal EMR in high-risk patients.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 13/09/2021, London - Bloomsbury Research Ethics Committee (Barlow House, 3rd Floor, 4 Minshull Street, Manchester, M1 3DZ, UK; +44 2071048285; bloomsbury.rec@hra.nhs.uk), ref: 12/LO/0568

Study design

Interventional randomized controlled 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 to request a patient information sheet.

Health condition(s) or problem(s) studied

Colorectal polyps

Interventions

Study participants will be randomised to receive either prophylactic application of PuraStat® to the EMR base (treatment group) or standard treatment (no PuraStat®, control group). Intraprocedural bleeding will be dealt with as per standard practice. All equipment needed to deliver thermal therapy will be ready during the entirety of the procedure thereby ensuring no delay in administration should it need to be used. Patient safety and care remains paramount and will not be compromised in this situation.

All therapeutic procedures will be performed by endoscopists with expertise in advanced assessment and resection of GI neoplasia. The endoscopes and all other devices used, including snares, will not be different from those routinely used, and are all CE approved.

After randomisation, the EMR resection technique will not be different from the standard technique.

Bowel preparation will be administered in line with the usual departmental guidelines.

All patients will have telephonic follow up at 1-7 days and then at 30 days (+/- 14 days) following the EMR procedure. Patients will be advised on how to seek medical help and how to notify the research team if bleeding occurred in the community.

Delayed bleeding will be treated according to routine clinical practice.

All these patients will have endoscopic follow up as per routine clinical practice (i.e. at 3-6 months, and at 12 months following EMR).

Sample size: 270 patients per group for a total of 540 subjects. After 75% of the planned subjects have been treated and completed the primary efficacy endpoint evaluation a single interim analysis will occur, during which the sample size may increase, but to no more than double the original sample size (540 per group, 1080 subjects)

Follow up duration is 30 days (+/- 14 days)

Planned study period is 2 years

Intervention is PuraStat® applied prophylactically to EMR base. Control is Standard treatment with no PuraStat®

Intervention Type

Other

Primary outcome measure

Delayed bleeding rate. Delayed bleeding is defined as bleeding after 24 hours but within 28 days of the procedure, which can be directly attributed to the EMR, resulting in hospital admission, significant HB drop (≥ 2 points), haemodynamic compromise, and/or need for endoscopic, radiological or surgical intervention or blood transfusion.

Secondary outcome measures

1. Rate of post polypectomy syndrome post EMR (pain, discomfort, fever, raised inflammatory markers) measured using standard pain scale, thermometer and blood tests at within 28 days post EMR
2. Amount of PuraStat® used (in MLS) measured using Purastat® syringe at time of Purastat® application during EMR procedure
3. Duration of time (in seconds) required to apply PuraStat® measured using a stop watch at time of Purastat® application during EMR procedure

Overall study start date

13/09/2021

Completion date

08/12/2024

Eligibility

Key inclusion criteria

1. Adult (aged 18 years or above at time of recruitment) patients referred for EMR of colorectal polyps
2. Polyp size: 20 mm or more
3. Polyp location:
 - 3.1. Proximal colon: All non-pedunculated polyps ≥ 20 mm
 - 3.2. Distal colon: All non-pedunculated polyps ≥ 20 mm and patient is on antiplatelet and/or anticoagulation
4. Participant is willing and able to give informed consent for participation in the study

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

Planned Sample Size: 540; UK Sample Size: 440

Key exclusion criteria

1. Adenoma with known (histologically confirmed) carcinoma
2. Coagulopathy (INR ≥ 1.5 , platelets < 50)
3. Poor bowel preparation
4. Patients who, according to Investigator's opinion, should not be included in the study for any reason, including inability to follow study procedures, e.g. cognitively impaired, debilitated or frail patients

Date of first enrolment

09/12/2021

Date of final enrolment

08/06/2023

Locations

Countries of recruitment

England

Italy

Spain

United Kingdom

Study participating centre

Queen Alexandra Hospital

Southwick Hill Road

Cosham

Portsmouth

United Kingdom

PO6 3LY

Study participating centre

Kings College Hospital

Mapother House

De Crespigny Park

Denmark Hill

London

United Kingdom

SE5 8AB

Study participating centre

Queen's Medical Centre, Nottingham University Hospital NHS Trust

Derby Road

Nottingham

United Kingdom

NG7 2UH

Study participating centre

St Marks Hospital

St. Marks Hospital

112 St. Marks Road

Maidenhead

United Kingdom

SL6 6DU

Study participating centre

John Radcliffe Hospital

Headley Way

Headington

Oxford

United Kingdom
OX3 9DU

Study participating centre
Gloucestershire Royal Hospital
Great Western Road
Gloucester
United Kingdom
GL1 3NN

Study participating centre
University College Hospital
235 Euston Road
Fitzrovia
London
United Kingdom
NW1 2BU

Study participating centre
St George's University Hospital
Cranmer Terrace
London
United Kingdom
SW17 0RE

Study participating centre
Humanitas Research Hospital
Milan
Italy
-

Study participating centre
Complejo Hospitalario de Navarra
Pamplona
Spain
-

Study participating centre

Hospital Clinic

Barcelona

Spain

-

Sponsor information

Organisation

Portsmouth Hospitals NHS Trust

Sponsor details

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research.office@porthosp.nhs.uk

Sponsor type

Hospital/treatment centre

Website

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

ROR

<https://ror.org/009fk3b63>

Funder(s)

Funder type

Industry

Funder Name

3-D Matrix, Ltd

Results and Publications

Publication and dissemination plan

The analysis of the data will be presented at national and international conferences, including the British Society of Gastroenterology annual general meeting, Digestive Diseases week (USA) and UEGW week (Europe), and ESGE days (Europe). Results will subsequently be published in peer reviewed scientific journals.

Intention to publish date

31/12/2025

Individual participant data (IPD) sharing plan

The current data sharing plans for this study are unknown and will be available at a later date

IPD sharing plan summary

Data sharing statement to be made available at a later date