

# Does taking vitamin D3 before esophageal surgery reduce the risk of lung complications?

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<b>Registration date</b> 31/01/2025	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 29/01/2025	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Oesophageal cancer is a major cause of cancer-related deaths worldwide. The main treatment is esophagectomy, a complex surgery with high risks. Up to 40% of patients experience complications after surgery, especially lung issues like pneumonia and acute respiratory distress syndrome (ARDS). This study investigates whether taking a high dose of vitamin D3 before surgery can reduce the risk of these lung complications.

### Who can participate?

Adults over 18 years old with oesophageal cancer scheduled for esophagectomy can participate in this study.

### What does the study involve?

Participants are randomly assigned to receive either a single high dose of vitamin D3 or a placebo before their surgery. The study monitors their lung health and recovery after the operation.

### What are the possible benefits and risks of participating?

The potential benefit is a reduced risk of lung complications after surgery. The risks are minimal since vitamin D3 is generally safe, but there may be some side effects from the high dose.

### Where is the study run from?

University Hospital Bratislava (Slovakia)

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

September 2018 to June 2025

### Who is funding the study?

The study is funded by the Slovak Society of Anesthesia & Intensive Care Medicine.

### Who is the main contact?

Dr Katarina Tarabova, [katarina.tarabova@ru.unb.sk](mailto:katarina.tarabova@ru.unb.sk)

## Contact information

### Type(s)

Scientific, Principal investigator

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## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### ClinicalTrials.gov (NCT)

Nil known

### Protocol serial number

No EC/193/2018

# Study information

## Scientific Title

The association between preoperative single high-dose vitamin D3 supplementation and ARDS (Acute respiratory distress syndrome) incidence in patients after esophageal resection for carcinoma- a randomised, placebo-controlled trial (ESOVID)

## Acronym

ESOVID

## Study objectives

The study aims to investigate whether preoperative supplementation with oral cholecalciferol would reduce the risk of ARDS development following oesophagectomy, as measured by the extravascular lung water index (EVLWI) and pulmonary vascular permeability index (PVPI).

## Ethics approval required

Ethics approval required

## Ethics approval(s)

approved 26/09/2018, The Local Ethics Committee, University Hospital Bratislava (Ruzinovska 6, Bratislava, 82606, Slovakia; +421 248234793; okf@ru.unb.sk), ref: No EC/193/2018

## Study design

Randomized double-blind placebo-controlled Phase II study

## Primary study design

Interventional

## Study type(s)

Treatment

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

Esophageal cancer, acute respiratory distress syndrome

## Interventions

Randomisation Process

- Randomisation Method: Patients were randomised using a dice. An even number assigned patients to the treatment group, while an odd number assigned them to the placebo group.

## Study Arms

### 1. Treatment Group

- Number of Patients: 40

- Treatment:

- 3-5 days before surgery: 300,000 IU of vitamin D3 (15 ml)

- Day of Surgery: Standard surgical procedures

- Postoperative Days (POD) 1 to 6: Monitoring and evaluations

- Measurements:

- Calcium & 25-OH vitamin D plasma levels

- Extravascular Lung Water Index (EVLWI) & Pulmonary Vascular Permeability Index (PVPI) after

catheterisation and 1 hour postoperatively

- One-lung ventilation (OLV) duration
- Tidal volume during OLV
- Amount of intraoperative fluid administration
- Follow-Up:
- POD1: EVLWI & PVPI measurements
- POD1 to POD6: Sequential Organ Failure Assessment (SOFA) evaluation
- POD6: Calcium & 25-OH vitamin D plasma levels

## 2. Placebo Group

- Number of Patients: 40
- Treatment:
- 3-5 days before surgery: Medium-chain triglyceride (MCT) oil (15 ml)
- Day of Surgery: Standard surgical procedures
- Postoperative Days (POD) 1 to 6: Monitoring and evaluations
- Measurements:
- Calcium & 25-OH vitamin D plasma levels
- EVLWI & PVPI after catheterisation and 1 hour postoperatively
- OLV duration
- Tidal volume during OLV
- Amount of intraoperative fluid administration
- Follow-Up:
- POD1: EVLWI & PVPI measurements
- POD1 to POD6: SOFA evaluation
- POD6: Calcium & 25-OH vitamin D plasma levels

## Summary

- Total Duration of Treatment: 3-5 days before surgery to POD6
- Follow-Up Duration: From the day of surgery to POD6
- Randomisation Details: Dice roll (even for treatment, odd for placebo)

## Intervention Type

Supplement

## Primary outcome(s)

1. Extravascular lung water index (EVLWI) and pulmonary vascular permeability index (PVPI) evaluation one hour postoperatively and on postoperative Day 1.
2. Acute respiratory distress syndrome incidence during the hospital stay.

## Key secondary outcome(s)

1. Impact of cholecalciferol supplementation on vitamin D3 plasma levels at surgery day and postoperative day 6.
2. Effect of preoperative cholecalciferol supplementation on the need for mechanical ventilation and its duration of mechanical ventilation duration in patients with respiratory failure.
3. Effect of preoperative cholecalciferol supplementation on SOFA score.
4. Effect of preoperative cholecalciferol supplementation on the presence of respiratory complications.
5. Effect of preoperative cholecalciferol supplementation on length of ICU stay.
6. Effect of preoperative cholecalciferol supplementation on 30 and 90-day mortality.
7. Effect of preoperative cholecalciferol supplementation on 3-year survival.

**Completion date**

30/06/2025

## Eligibility

**Key inclusion criteria**

1. Patients over 18 years old
2. Planned transthoracic oesophagectomy for oesophageal carcinoma
3. One-lung ventilation during operation
4. Ability to obtain written consent for participation in the study

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

84

**Key exclusion criteria**

1. Known intolerance to oral cholecalciferol
2. Inability to swallow
3. Known sarcoidosis, hyperparathyroidism, or nephrolithiasis
4. Serum calcium >2.65 mmol/l
5. Undergoing haemodialysis
6. Pregnant or breastfeeding
7. Diagnosis of chronic obstructive pulmonary disease (COPD) with a forced expiratory volume in one second (FEV1) less than 50% predicted or resting oxygen saturation of less than 92%
8. Oesophageal resection without the use of OLV
9. Failure to obtain informed consent

**Date of first enrolment**

01/01/2019

**Date of final enrolment**

30/06/2022

## Locations

**Countries of recruitment**

Slovakia

**Study participating centre**  
**University Hospital Bratislava**  
Ruzinovska 6  
Bratislava  
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82606

## Sponsor information

**Organisation**  
University Hospital Bratislava

## Funder(s)

**Funder type**  
Hospital/treatment centre

**Funder Name**  
Slovak Society of Anesthesia & Intensive Care Medicine

**Funder Name**  
University Hospital Bratislava

## Results and Publications

### Individual participant data (IPD) sharing plan

The datasets generated and analysed during the current study will be available upon request from Dr Katarina Tarabova, PhD., e-mail: [katarina.tarabova@ru.unb.sk](mailto:katarina.tarabova@ru.unb.sk)

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	in English		29/01/2025	No	Yes
	in Slovak				

<a href="#">Participant information sheet</a>			29/01/2025	No	Yes
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes