

# Testing radical prostatectomy in men with oligometastatic prostate cancer that has spread to the bone

<b>Submission date</b> 20/01/2016	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 05/02/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 11/01/2023	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-surgery-for-men-with-prostate-cancer-that-has-spread-to>

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

## Secondary identifying numbers

N/A

# Study information

## Scientific Title

Testing Radical prostatectomy in men with prostate cancer and oligometastases to the bone (TRoMbone): a randomised controlled feasibility trial

## Acronym

TRoMbone

## Study objectives

It is feasible to randomise men with oligometastatic prostate cancer between treatment-as-usual and treatment-as-usual plus radical prostatectomy.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Oxford Research Ethics Committee, 14/09/2016, ref: 16/SC/0376

## Study design

Interventional multi-centre randomised 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

Newly diagnosed oligometastatic prostate cancer (1-3 skeletal lesions; no visceral lesions)

## Interventions

Current interventions as of 11/05/2017:

1. Radical prostatectomy (including extended pelvic lymphadenectomy) plus standard care
2. Standard care

The total duration of follow-up is 3 months in both arms and then they revert to standard NHS follow-up care

Previous interventions:

1. Radical prostatectomy (including extended pelvic lymphadenectomy) plus treatment-as-usual (androgen deprivation therapy)
2. Treatment-as-usual (androgen deprivation therapy)

The total duration of follow-up is 6 months in both arms and then they revert to standard NHS follow-up care.

### **Intervention Type**

Procedure/Surgery

### **Primary outcome measure**

Current secondary outcome measures as of 18/10/2017:

Feasibility to randomise, measured at 3 months

Previous primary outcome measures:

Feasibility to randomise, measured at 6 months

### **Secondary outcome measures**

Current primary outcome measures as of 18/10/2017:

1. Quality of life, measured by the EQ5D5L questionnaire at baseline and 3 months
2. Time to castrate resistance, assessed by PSA measurements at 3 months and then ongoing as routine NHS follow-up care schedules

Previous secondary outcome measures:

1. Quality of life, measured by the EQ5D5L questionnaire at baseline, 6 weeks, 3 months and 6 months
2. Time to castrate resistance, assessed by PSA measurements at 6 weeks, 3 months, 6 months, and then ongoing as routine NHS follow-up care schedules

### **Overall study start date**

20/02/2017

### **Completion date**

03/08/2018

## **Eligibility**

### **Key inclusion criteria**

Men under 75 years old with locally resectable, oligometastatic prostate cancer, and fit for radical prostatectomy

### **Participant type(s)**

Patient

### **Age group**

Mixed

### **Sex**

Male

**Target number of participants**

50

**Key exclusion criteria**

Current exclusion criteria as of 18/10/2017:

1. Contraindications to radical prostatectomy
2. Visceral metastases
3. Prior radiotherapy to the abdomen/pelvis or to skeletal metastases
4. Any systemic therapy of prostate cancer (including standard care) for 12 or more months
5. Participation in another prostate cancer clinical trial

Previous exclusion criteria:

1. Contraindications to radical prostatectomy
2. Visceral metastases
3. Prior radiotherapy to the abdomen/pelvis or to skeletal metastases
4. Any systemic therapy of prostate cancer (including treatment-as-usual) for 3 or more months
5. Participation in another prostate cancer clinical trial

**Date of first enrolment**

19/05/2017

**Date of final enrolment**

18/04/2018

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

England

United Kingdom

**Study participating centre**

**Oxford University Hospitals**

United Kingdom

OX3 7LE

**Study participating centre**

**University College London Hospitals**

United Kingdom

W1G 8PH

**Study participating centre**

**Royal Surrey County Hospital**

United Kingdom

GU2 7XX

# Sponsor information

## Organisation

University of Oxford (UK)

## Sponsor details

Oxford

Oxford

England

United Kingdom

OX3 7DQ

## Sponsor type

University/education

## ROR

<https://ror.org/052gg0110>

# Funder(s)

## Funder type

Charity

## Funder Name

Prostate Cancer Foundation

## Alternative Name(s)

CaP CURE, PCF

## Funding Body Type

Government organisation

## Funding Body Subtype

Trusts, charities, foundations (both public and private)

## Location

United States of America

# Results and Publications

## Publication and dissemination plan

To be confirmed at a later date

### Intention to publish date

20/11/2018

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be stored in a repository and not made available as they will form the basis for a further large randomized controlled trial.

### IPD sharing plan summary

Not expected to be made available

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol file</a>	version V3.0	30/10/2017	30/11/2017	No	No
<a href="#">HRA research summary</a>			28/06/2023	No	No