

Can restricting the blood supply to part of the stomach lead to weight loss in severely overweight patients?

Submission date 25/08/2021	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 27/09/2021	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 27/02/2025	Condition category Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Recently some studies in animals have shown that if the blood supply to a specific area of the stomach is reduced (the stomach fundus or the top of the stomach), the stomach reduces the production of a hormone called ghrelin. This hormone is the only hormone known to cause an increase in appetite. One of the ways to reduce the blood supply to the stomach fundus is by a procedure called catheter embolisation. This is very similar to other catheter angiograms such as leg or heart angiograms. It can be done painlessly under local anaesthetic in the x-ray room within the hospital and takes usually less than 1 hour to perform. The participants would need to stay in hospital for 2 hours afterwards for observation. Although this procedure has not been done before for weight loss specifically, it is very often done for other conditions like bleeding stomach ulcers and has been shown to be safe in these situations. Indeed some researchers have found that patients having stomach embolisations for bleeding stomach ulcers lost more weight than patients having embolisations to other organs or other areas of the stomach. The aim of this study is to find out whether this could be an effective and safe technique to help with weight loss.

Who can participate?

Patients aged 18 years or older with a body mass index (BMI) between 35 and 50 kg/m², living within 25 miles of the enrolling institution and able to lie face up

What does the study involve?

Participants are randomly allocated to undergo either embolisation or a "sham" procedure. A sham procedure involves a small needle into the wrist under local anaesthetic, but not proceeding any further. The study also involves dietary and exercise advice under the supervision of a specialist dietician and an obesity medicine physician, and routine investigations of blood pressure, blood tests to look at stomach hormones and blood sugar levels, and a simple test to look at the stomach lining (endoscopy) and also at how the stomach empties. The participants are followed up on a regular basis for 12 months. The researchers hope to show that this procedure is effective at reducing weight and improving obesity-related comorbidities.

What are the possible benefits and risks of participating?

There is a possibility that participants will be able to lose weight due to the intervention. There is also a possibility that because of the procedure or medical care, other conditions related to obesity will become less severe or disappear. No serious risks or side effects have been reported with catheter embolisation. To date, only five gastric erosions have been reported (damage to the stomach lining healing within 30-90 days), and one case (out of 65) of pancreatitis (inflammation of the pancreas). Complications during catheter insertion through the artery in the wrist or groin are rare. The risk of a complication occurring is estimated to be less than 1 in 1,000 during every procedure. Complications include artery blocking and local bruising (haematoma). There is a 1-3% (1-3 in 100) risk of bleeding or infection when inserting a catheter through the artery in the wrist or groin.

Where is the study run from?

Imperial College London (UK)

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

August 2021 to July 2024

Who is funding the study?

National Institute for Health Research (NIHR) (UK)

Who is the main contact?

Dr Claire Smith, embio@imperial.ac.uk

Contact information

Type(s)

Scientific

Contact name

Dr Claire Smith

Contact details

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

247521

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

19SM4996, CPMS 41656, IRAS 247521

Study information

Scientific Title

Left gastric artery embolisation for weight loss in obese patients with BMI 35-50 kg/m²: the EMBIO trial

Acronym

EMBIO

Study objectives

To evaluate the efficacy of left gastric artery embolisation (LGAE) on weight loss and obesity-related comorbidities at pre-determined times points over a 12-month follow-up period.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 11/10/2019, London - Central Research Ethics Committee (Skipton House, 80 London Road, London, SE1 6LH, UK; +44 (0) 207 104 8007; NRESCommittee.London-Central@nhs.net), REC ref: 19/LO/0509

Study design

Multi-centre double-blinded randomized controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

No participant information sheet available

Health condition(s) or problem(s) studied

Obesity

Interventions

The trial interventionist will randomise the patient to either left gastric artery embolisation (LGAE) or a placebo procedure 1 to 1 using the online OpenClinica database. All participants will

follow the hospital's standard tier 3 clinical lifestyle program for weight loss from the time of the intervention up to 12 months.

Intervention Type

Device

Phase

Phase II

Drug/device/biological/vaccine name(s)

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Primary outcome measure

Absolute difference in percent weight loss (in kg) measured using weighing scales between baseline weight and weight at 12 months post-treatment

Secondary outcome measures

1. Absolute difference in percent weight loss (in kg) measured using weighing scales between baseline weight and weight at 3 and 6 months
2. Total body loss (TBL) i.e. the absolute change in weight (in kg) measured using weighing scales from baseline to 12 months
3. Proportion of patients in each arm with $\geq 5\%$ TBL measured using weighing scales at 12 months
4. Gut hormones (e.g. blood test for ghrelin, PYY, GLP-1) measured at baseline, month 3, month 6 and month 12
5. Hunger and satiety scores obtained using Visual Analogue Scales at baseline, month 3, month 6 and month 12
6. Food intake measured using meal test and food diaries at baseline, month 3, month 6 and month 12
7. Delay in gastric emptying measured using paracetamol test using participants plasma sample measured at baseline, month 3, month 6 and month 12
8. Eating behaviour and quality of life measured using questionnaires (SF36-V2, IQWOL lite, HADS, DEBQ, EPIC FFQ) at baseline, month 3, month 6 and month 12
9. Markers of obesity-related complications measured by blood tests for HbA1c, fasting glucose, insulin and blood pressure recording at baseline, month 3, month 6 and month 12
10. Frequency of adverse events based on the clinical judgement of the investigator at month 3, month 6 and month 12
11. Preference of treatment arm recorded by asking the participant to indicate their treatment arm preference meaning that they will need to answer the following question during visits at months 3, 6 and 12: 'Knowing what has happened now - would you have chosen the same procedure?

Overall study start date

02/08/2021

Completion date

09/07/2024

Eligibility

Key inclusion criteria

1. Adults aged 18-70 years
2. BMI 35-50 kg/m²
3. Ability to lie supine
4. Appropriate anatomy of the left gastric artery and coeliac plexus on CT angiogram
5. Willing and able to provide informed consent

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Upper age limit

70 Years

Sex

Both

Target number of participants

76

Key exclusion criteria

1. Haematological, hepatic or renal dysfunction
2. Weight >150 kg
3. HbA1c >8.5%
4. Known renal, vascular or aortic disease
5. Malignancy
6. Prior major abdominal surgery, prior gastric or bariatric surgery
7. Prior abdominal radiotherapy
8. Gastrointestinal (GI) bleeding or bleeding diathesis
9. Allergy to iodinated contrast,
10. Known gastric ulceration or active H. pylori infection
11. Positive pregnancy test in females of childbearing age
12. Chronic Non-steroidal anti-inflammatory drug (NSAID) use
13. Current use of insulin or sulphonylurea
14. Current use of anti-tricyclic anti-depressants or steroids

Date of first enrolment

14/03/2022

Date of final enrolment

20/07/2023

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

St Mary's Hospital

Imperial College Healthcare NHS Trust

Bariatric Clinic

London

United Kingdom

W2 1NY

Study participating centre

University College Hospital

University College London Hospitals NHS Foundation Trust

Bariatric Clinic

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Sponsor information

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Sponsor type

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ROR

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Funder(s)

Funder type

Government

Funder Name

Efficacy and Mechanism Evaluation Programme

Alternative Name(s)

NIHR Efficacy and Mechanism Evaluation Programme, EME

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

The trial results will be presented at an international conference and published in a high impact peer-reviewed journal. No additional documents are available.

Intention to publish date

01/06/2025

Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication.

IPD sharing plan summary

Other

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No
Protocol article		28/09/2023	29/09/2023	Yes	No