A multi-centre double blind randomised controlled trial of aspirin and/or folate supplementation for the prevention of recurrent colorectal adenomas

Submission date	Recruitment status	Prospectively registered
01/07/2001	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
01/07/2001	Completed	[X] Results
Last Edited	Condition category	Individual participant data
18/10/2018	Cancer	

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Prof Richard Logan

Contact details

School of Community Health Sciences Medical School University of Nottingham Nottingham United Kingdom NG7 2UH +44 (0)115 823 0452 Richard.Logan@nottingham.ac.uk

Additional identifiers

Protocol serial number ukCAP

Study information

Scientific Title

A multi-centre double blind randomised controlled trial of aspirin and/or folate supplementation for the prevention of recurrent colorectal adenoma

Study objectives

To determine whether aspirin (300 mg/day) and/or folic acid (0.5 mg/day) could be used to prevent further colorectal adenomas in the high risk group of patients with previous colorectal adenomas removed by colonoscopy.

Ethics approval required

Old ethics approval format

Ethics approval(s)

- 1. LREC approval (Nottingham): gained on 19/11/98 (ref: EC98/203)
- 2. MREC approval (Trent): gained on 02/12/03 (ref: 98/4/055)

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Recurrent colorectal adenomas

Interventions

Arm A: aspirin and folate

Arm B: aspirin and placebo folate Arm C: placebo aspirin and folate

Arm D: placebo aspirin and placebo folate

Aspirin 300 mg E.C/day; folate 500 ug/day

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Aspirin, folate

Primary outcome(s)

Percentage of patients who developed one or more recurrent colorectal adenomas or cancers

Key secondary outcome(s))

- 1. Number of recurrent adenomas detected during follow-up
- 2. Percentage of patients who developed advanced colorectal neoplasia during follow-up

Completion date

01/07/2005

Eligibility

Key inclusion criteria

Eligible patients who have had:

- 1. Removal of adenomas greater than 0.5 cm after fixation or adenomas greater than 0.7 cm at the time of removal, within the last six months
- 2. A previous history of removal of such adenomas and have had adenoma of any size removed in the six months prior to recruitment These adenomas will be histologically confirmed and removed by either colonoscopy, flexi-sigmoidoscopy or via Transanal Endoscopic Microsurgery (TEMS) procedure

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Αll

Key exclusion criteria

- 1. Over 75 years at time of recruitment
- 2. Serious medical conditions likely to preclude successful completion of the trial
- 3. Existing use of prescribed Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) including aspirin
- 4. Known aspirin intolerance or sensitivity
- 5. Active bleeding disorders or upper Gastrointestinal (GI) ulceration, including use of anticoagulants
- 6. Previous resection of the large bowel

Date of first enrolment

01/12/1997

Date of final enrolment

01/07/2005

Locations

Countries of recruitment

United Kingdom

England

Denmark

Study participating centre School of Community Health Sciences Nottingham United Kingdom NG7 2UH

Sponsor information

Organisation

Cancer Research UK (CRUK) (UK)

ROR

https://ror.org/054225q67

Funder(s)

Funder type

Charity

Funder Name

Cancer Research UK (CRUK) (UK)

Alternative Name(s)

CR_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Study outputs

Output type	Details results	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		01/01/2008		Yes	No
Plain English results				No	Yes