

# CONSERVE study

<b>Submission date</b> 24/05/2012	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 24/05/2012	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 29/03/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-study-looking-3-different-treatments-for-kidney-cancer-conserve>

## Contact information

### Type(s)

Scientific

### Contact name

Miss Melinda Jeffels

### Contact details

William Leech Building  
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NE2 4HH

## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

NCT01608165

Secondary identifying numbers

12184

## Study information

**Scientific Title**

A feasibility study for a multicentre randomised controlled trial to compare surgery (partial nephrectomy) with needle ablation techniques (radiofrequency ablation/cryotherapy) for the treatment of people with small renal masses (4cm)

**Acronym**

CONSERVE

**Study objectives**

The number of people diagnosed with kidney cancer has doubled over the past 20 years, making it the eight most common cancer in the UK. Most tumours are less than 4cm in size, but over 80% of these are malignant (cancerous) and if left untreated, will slowly grow and spread. Current standard treatment for these small kidney cancers is to remove the diseased part of the kidney in an operation called a partial nephrectomy, but this can be quite a difficult operation. Because of the small tumour size and difficulties with the operation, other treatments have been developed to destroy the tumours. These treatments include radiofrequency ablation, which means that the tumour is destroyed by heat, and cryoablation, which means that the tumour is frozen and destroyed.

Although removing the part of the diseased kidney in an operation is the tried and tested way to treat the kidney cancer, it does have risks and complications, such as bleeding. The other two treatments are less intrusive to the patient, and are less complicated as they do not require such a large operation as having part of the kidney removed, but it is not known if they are as good at destroying all of the tumour, and whether or not patients who have their tumour destroyed with these new methods require further treatment in future.

In this study, we are trying to determine if a large-scale study comparing these treatments is possible which is why this is called a feasibility study. We are also looking at whether patients would be willing to be randomly assigned to a treatment group. The results of this study will then be compared to see how effective each of the treatments were and whether the number of patients who were happy to be randomly assigned to a treatment could be used to determine the number of patients required in a large-scale trial.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

First MREC 09 May 2012 ref: 12/NE/0147

**Study design**

Randomised interventional treatment 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 below to request a patient information sheet

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

Renal Cancer; Kidney

## Interventions

Cryoablation, Participants in this study may be randomised to undergo cryoablation as treatment for their small renal mass; Partial Nephrectomy, Participants in this study may be randomised to undergo a partial nephrectomy as treatment for their small renal mass; Radiofrequency ablation, Participants in this study may be randomised to undergo radiofrequency ablation as treatment for their small renal mass; Follow Up Length: 6 month(s)

## Intervention Type

Other

## Phase

Not Applicable

## Primary outcome measure

To estimate the number of patients with a renal mass <4cm who agree to trial randomisation measured at over 18 months of recruitment

## Secondary outcome measures

1. Evaluation of treatment of tumour by CT scan and biopsy measured at using CT scans at 1, 3 and 6 months after treatment and renal biopsy at 6 months
2. Qualitative interview responses for after treatment for patients who are eligible measured at eight to sixteen weeks after treatment
3. Qualitative interview responses for patients who decline randomisation measured at two to sixteen weeks after recruitment interaction
4. Quality of Life questionnaire reporting differences measured within 14 days of randomisation, and at 3 months and 6 months follow-up

## Overall study start date

15/06/2012

## Completion date

15/12/2013

# Eligibility

## Key inclusion criteria

1. Age = 18 years
2. ASA physical status classification system of 1 or 2
3. Radiological confirmation of (>20 Hounsfield Unit) enhancing renal mass (< 4cm) or biopsy proven renal cancer

4. CT abdomen/chest/pelvis with no enlarged nodes or distant metastases
5. Patient has provided written informed consent for participation in the study prior to any study specific procedures
6. Target Gender: Male & Female
7. Lower Age Limit 18 years

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

Planned Sample Size: 60; UK Sample Size: 60; Description: As this study is open to competitive recruitment, this breakdown of samples size is an estimation

**Total final enrolment**

74

**Key exclusion criteria**

1. Coagulopathy
2. Concomitant disease that would render the patient unsuitable for the study
3. Presence of urosepsis
4. Cancer which is completely buried in the kidney
5. More than one small renal cancer mass
6. Previous participation in this study
7. Inability to give informed consent; carer/proxy assent will not be allowed in this study

**Date of first enrolment**

15/06/2012

**Date of final enrolment**

15/12/2013

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

England

United Kingdom

**Study participating centre**

**William Leech Building**  
Newcastle Upon Tyne  
United Kingdom  
NE2 4HH

## **Sponsor information**

### **Organisation**

Newcastle upon Tyne Hospitals NHS Foundation Trust (UK)

### **Sponsor details**

Leazes Wing  
Royal Victoria Infirmary  
Queen Victoria Road  
Newcastle Upon Tyne  
England  
United Kingdom  
NE1 4LP  
+44 (0)191 233 6161  
webmaster@rmpd.org.uk

### **Sponsor type**

Hospital/treatment centre

### **Website**

<http://www.newcastle-hospitals.org.uk/>

### **ROR**

<https://ror.org/05p40t847>

## **Funder(s)**

### **Funder type**

Charity

### **Funder Name**

Cancer Research UK

### **Alternative Name(s)**

CR\_UK, Cancer Research UK - London, CRUK

### **Funding Body Type**

Private sector organisation

## Funding Body Subtype

Other non-profit organizations

## Location

United Kingdom

# Results and Publications

## Publication and dissemination plan

Not provided at time of registration

## Intention to publish date

## Individual participant data (IPD) sharing plan

Not provided at time of registration

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Plain English results</a>		27/06/2016	29/03/2022	No	Yes