# Gamma probe detection in patients undergoing a PET scan

Submission date	<b>Recruitment status</b> No longer recruiting	<ul><li>Prospectively registered</li></ul>		
07/02/2014		Protocol		
Registration date	Overall study status	Statistical analysis plan		
24/04/2014	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
07/08/2019	Cancer			

#### Plain English summary of protocol

Background and study aims

Sentinel lymph node biopsy (SLNB) is the standard method used to assess the lymph nodes in the armpit in breast cancer patients when these are not palpable (felt by touch) or seen on ultrasound imaging. The gold standard for SLNB is the combined technique, using both radioactive tracer (a radioactive substance used in medical imaging) and blue dye. Technetium 99m (99mTc) is the tracer used in SLNB and is detected by a handheld device called a gamma probe. The readings from the gamma probe and/or the discolouration from the blue dye are used to find the SLNs. About 25-30% of patients undergoing SLNB will have cancer cells in the SLNs. In these patients all the lymph nodes in the armpit need to be removed a procedure known as axillary node clearance (ANC). At the moment the procedure is performed during a second operation, because there are no accurate techniques that can assess the SLN during the initial surgery. Cerenkov Luminescence Imaging (CLI) is a recently-discovered technique based on the observation that radiotracers also generate visible light. CLI allows widely available Positron Emission Tomography (PET) radiotracers, including 18F-fluorodeoxyglucose (18F-FDG), to be imaged. The uptake of 18F-FDG is generally greater in tumour tissue than in healthy tissue. This allows the cancerous tissue and non-cancerous tissue to be identified. 18F-FDG can also be detected by the gamma probe commonly used in SLNB. The gamma-probe signal from 18F-FDG may cause interference with the gamma-probe signal from 99mTc (called cross talk). This might interfere with SLNB procedure. This study has been designed to look at the amount of cross talk between the gamma-probe signal from 18F-FDG and the gamma-probe signal from 99mTc.

#### Who can participate?

Female patients aged 18 or over who are about to have a routine PET-scanning procedure will be invited to take part.

#### What does the study involve?

Participants will receive an injection of the radioisotope 18F-FDG for the PET scan. After they have been given the injection, a gamma probe will be placed in their right and then left armpit. The highest and lowest signal will be measured.

What are the possible benefits and risks of participating?

There are no direct benefits to the patient; however, participation in the study may benefit

future patients undergoing surgery for breast cancer if the technique works. There are no risks or side effects associated with this research study. The patient will not receive any drugs or undergo any invasive procedures as part of the study and the routine care will not be affected. This study is purely observational.

Where is the study run from? St Thomas Hospital (UK)

When is the study starting and how long is it expected to run for? February to May 2014

Who is funding the study? King's College London (UK)

Who is the main contact? Maarten Grootendorst maarten.grootendorst@kcl.ac.uk

## **Contact information**

#### Type(s)

Scientific

#### Contact name

Mr Maarten Grootendorst

#### Contact details

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## Additional identifiers

EudraCT/CTIS number

**IRAS** number

ClinicalTrials.gov number

**Secondary identifying numbers** Version 1.1 16/12/2013

## Study information

Scientific Title

#### Gamma-probe cross talk from 18F-FDG in technetium-99m energy window

#### Study objectives

The cross talk information will aid in establishing the required activities (MBq) of technetium-99 and 18F-FDG to enable successful sentinel lymph node (SLN) detection.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

South East Scotland Research Ethics Committee 01, 31/01/2014, ref: 14/SS/0013

#### Study design

Observational non-randomised study

#### Primary study design

Observational

#### Secondary study design

Other

#### Study setting(s)

Hospital

#### Study type(s)

Diagnostic

#### 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

Cancer

#### **Interventions**

This study has been designed to look at the amount of cross talk between the gamma-probe signal from 18F-FDG and the gamma-probe signal from 99mTc. Patients that are about to have a routine PET-scanning procedure will be invited to take part. They will receive an injection of the radioisotope 18F-FDG for the PET scan. After they have been given the injection, a gamma probe will be placed in their right and then left armpit. The highest and lowest signal will be measured. The study will be conducted at the clinical PET centre at St Thomas Hospital, and a maximum of 20 patients will take part in the study. There will be no further follow-up or patient contact once measurements have been obtained.

#### Intervention Type

Other

#### Phase

Not Applicable

#### Primary outcome measure

The highest and lowest measurement detected by the gamma probe in patients injected with 18F-FDG

#### Secondary outcome measures

No secondary outcome measures

#### Overall study start date

15/02/2014

#### Completion date

15/05/2014

## **Eligibility**

#### Key inclusion criteria

- 1. Female patients ≥ 18 years of age who are willing to participate in the study and who provide written informed consent
- 2. Patients receiving an intravenous 18F-FDG injection for a diagnostic PET-scan as part of routine care

#### Participant type(s)

**Patient** 

#### Age group

Adult

#### Lower age limit

18 Years

#### Sex

Female

#### Target number of participants

20

#### Total final enrolment

20

#### Key exclusion criteria

Patients with high 18F-FDG uptake in the thoracic or axillary region. The PET-report will be reviewed the day after the PET-scan to identify these patients. Hence, these patients will be excluded retrospectively.

#### Date of first enrolment

15/02/2014

#### Date of final enrolment

15/05/2014

### **Locations**

#### Countries of recruitment

England

**United Kingdom** 

## Study participating centre Guy's Hospital

London United Kingdom Se1 9RT

## Sponsor information

#### Organisation

King's College London - Guy's and St.Thomas' Foundation Trust (UK)

#### Sponsor details

Room 1.8 Hodgkin Building Guy's Campus London England United Kingdom SE1 1UL

#### Sponsor type

Hospital/treatment centre

#### **ROR**

https://ror.org/0220mzb33

## Funder(s)

#### Funder type

University/education

#### **Funder Name**

King's College London

#### Alternative Name(s)

Collegium Regale Londiniense, King's, KCL

#### **Funding Body Type**

Government organisation

#### Funding Body Subtype

Universities (academic only)

#### 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

#### IPD sharing plan summary

Not provided at time of registration

#### **Study outputs**

Output type	<b>Details</b> results	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		01/06/2017	07/08/2019	Yes	No
HRA research summary			28/06/2023	No	No