# Outcomes of patients with bleeding in the gastrointestinal tract, following treatment with Hemospray

Submission date	<b>Recruitment status</b> Recruiting	Prospectively registered		
20/07/2018		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
05/09/2018	Ongoing	[X] Results		
<b>Last Edited</b> 19/04/2021	<b>Condition category</b> Digestive System	Individual participant data		

#### Plain English summary of protocol

Background and study aims

The treatment of gastrointestinal bleeding can be challenging. Endoscopy (the use of a tube with a camera to see inside the body) into the stomach can deliver treatment of the bleeding in the form of injections, clips and heat therapy. Hemospray is a white powder that can be sprayed onto the bleeding lesion via an endoscope to stop gastrointestinal bleeding through formation of a barrier. The aim of this project was to study the effectiveness of Hemospray to treat gastrointestinal bleeding.

Who can participate?
Adults with gastrointestinal bleeding

#### What does the study involve?

Patients with gasrointestinal bleeding will have an endoscopy procedure where they are treated with Hemospray to treat the bleeding, either alone or in combination with injections, clips or heat therapy. Hemospray is currently part of standard care for patients with gastrointestinal bleeding, and its use is at the discretion of the endoscopy doctor. There is no direct participation in this study for patients, as this study was completed through observation of the medical records of these patients.

What are the possible benefits and risks of participating?

There are no known benefits of participation in this study, as Hemospray treatment is standard care for gastrointestinal bleeding. There are no known risks of participating in this study, and the only risk Hemospray treatment itself carries is the potential for an allergic reaction.

Where is the study run from?
University College London Hospital, UK

When is the study starting and how long is it expected to run for? January 2016 to January 2026

Who is funding the study?

This study is not funded, as Hemospray treatment is part of patient's standard of care and this study only involves observing the outcomes of this standard treatment

Who is the main contact?

Dr Rehan Haidry, Consultant Gastroenterologist, University College London Hospital (UCLH) rehan.haidry@nhs.net

#### Study website

https://secure.amplitude-registry.com/EndoscopyRegistry

## Contact information

#### Type(s)

Scientific

#### Contact name

Dr Durayd Alzoubaidi

#### **ORCID ID**

http://orcid.org/0000-0001-8308-1667

#### Contact details

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# Additional identifiers

**EudraCT/CTIS** number

**IRAS** number

ClinicalTrials.gov number

Secondary identifying numbers

n/a

# Study information

#### Scientific Title

Outcomes from an international multi-centre registry of patients with acute gastrointestinal bleeding undergoing endoscopic treatment with Hemospray

#### Study objectives

Hemospray is effective in the management of gastrointestinal bleeding

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Presented to the London - South East Research Ethics Committee. The outcome was that the project would more appropriately be classified and managed as service evaluation and development rather than research, therefore no ethics approval is required.

#### Study design

Observational prospective multi-centre international registry

#### Primary study design

Observational

#### Secondary study design

Case series

#### Study setting(s)

Hospital

#### Study type(s)

Treatment

#### Participant information sheet

The use of Hemospray is part of standard care of patients, therefore no participant sheet is available.

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

Gastrointestinal bleeding

#### **Interventions**

Participants were treated with Hemospray after endoscopic procedures as per routine clinical practice and their clinical records were observed for a 30 day period.

#### Intervention Type

Device

#### Primary outcome measure

Endoscopic hemostasis of gastrointestinal bleeding when Hemospray is used on its own as monotherapy, dual therapy or rescue therap within 5 minutes of application of Hemospray.

#### Secondary outcome measures

The following are tracked over the 30 days of observation of hospital records:

- 1. Re-bleeding in less than 24 hours post initial endoscopy, at 24-72 hours, 4-7 days, 7-14 days and more than 14 days after the initial endoscopic therapy with Hemospray
- 2. 7 day and 30 day all-cause mortality
- 3. Baseline pathology and disease specific outcomes
- 4. Adverse events

#### Overall study start date

#### Completion date

01/01/2026

# **Eligibility**

#### Key inclusion criteria

- 1. Aged 18 years or older
- 2. Gastrointestinal bleeding

#### Participant type(s)

**Patient** 

#### Age group

Adult

#### Lower age limit

18 Years

#### Sex

Both

#### Target number of participants

10000

#### Key exclusion criteria

- 1. Allergic to Hemospray
- 2. Known perforation

#### Date of first enrolment

26/12/2016

#### Date of final enrolment

01/01/2026

# Locations

#### Countries of recruitment

England

France

Germany

**United Kingdom** 

United States of America

# Study participating centre University College London Hospital

235 Euston Road Fitzrovia London United Kingdom NW1 2BU

# Sponsor information

#### Organisation

N/A

#### Sponsor details

N/A

N/A

**United Kingdom** 

N/A

#### Sponsor type

Not defined

#### Website

N/A

# Funder(s)

#### Funder type

Not defined

#### **Funder Name**

None

# **Results and Publications**

#### Publication and dissemination plan

Currently being considered for submission to Gastrointestinal Endoscopy (GIE).

## Intention to publish date

01/10/2018

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are available from Dr Durayd Alzoubaidi (d.alzoubaidi@ucl.ac.uk)

# IPD sharing plan summary

Available on request

#### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	17/06/2017		Yes	No
Results article		01/01/2020	19/04/2021	Yes	No