

# **SURAB study: comparing ABlation with active SURveillance, in the management of incidentally diagnosed small renal tumours: a feasibility study**

<b>Submission date</b> 25/07/2014	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 25/07/2014	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 09/03/2020	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## **Plain English summary of protocol**

<http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-at-treatments-for-small-kidney-cancers-surab>

## **Contact information**

### **Type(s)**

Scientific

### **Contact name**

Miss Ann Marie Hynes

### **Contact details**

Clinical Trials Unit  
Faculty of Medical Sciences  
Newcastle University  
1 – 4 Claremont Terrace  
Newcastle upon Tyne  
United Kingdom  
NE2 4AE  
+44 (0)191 208 7647  
[Ann.hynes@newcastle.ac.uk](mailto:Ann.hynes@newcastle.ac.uk)

## **Additional identifiers**

EudraCT/CTIS number

IRAS number

**ClinicalTrials.gov number**

**Secondary identifying numbers**

17090

## **Study information**

### **Scientific Title**

SURAB study: a randomised study comparing Ablation with active SURveillance, in the management of incidentally diagnosed small renal tumours: a feasibility study

### **Acronym**

SURAB

### **Study objectives**

The aim of this study is to establish whether a future definitive trial comparing active surveillance with ablative treatment for small kidney cancer is feasible. There is also a pre-pilot qualitative component to the study which will inform trial design.

More details can be found at <http://www.nets.nihr.ac.uk/projects/hta/1110701>

Protocol can be found at [http://www.nets.nihr.ac.uk/\\_\\_data/assets/pdf\\_file/0018/115560/PRO-11-107-01.pdf](http://www.nets.nihr.ac.uk/__data/assets/pdf_file/0018/115560/PRO-11-107-01.pdf)

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

14/NE/0155; First MREC approval date 26/07/2014

### **Study design**

Randomised; Interventional; Design type: Process of Care, Treatment

### **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 to request a patient information sheet

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

Topic: Cancer; Subtopic: Renal Cancer; Disease: Kidney

## **Interventions**

Ablation, Currently, centres have tended to develop expertise in either cryotherapy or radiofrequency ablation; centres will therefore offer only one form of ablation (the one in which they have expertise). There will also be an opportunity for departments which offer microwave ablation to participate in the trial.; Active Surveillance, Participants will be monitored for the duration of the trial; Follow Up Length: 6 month(s); Study Entry : Single Randomisation only

## **Intervention Type**

Other

## **Phase**

Not Applicable

## **Primary outcome measure**

The aim is to establish whether a future definitive trial comparing active surveillance with ablative treatment for small kidney cancer is feasible. This will be assessed quantitatively in terms of recruitment and retention rates and qualitatively in terms of the patients' experiences and understanding of the randomisation process and treatment options. Partition of reasons for loss to follow up, together with clinical data, will allow us to project likely retention at 5 years.

## **Secondary outcome measures**

All secondary outcomes will be rehearsed during the pilot trial with a view to refining the choice of outcomes for the main trial, based on data yield and quality.

Outcome data collection in the pilot feasibility trial will be timed to coincide with routine clinical assessments and will be collected from patients at 4,7 months post randomisation (3, 6 months post treatment).

The following secondary outcome questionnaires will be completed at baseline (within 14 days before randomisation) and at 3 and 6 months post treatment:

1. A general health questionnaire (SF-36)
2. Cancer specific health status and quality of life (FACT-G)
3. Anxiety and depression (STAI)

We have also developed and plan to test health economics data collection tools in the form of a participant costs questionnaire (PCQ). The PCQ has two parts: Part A to be administered at 3 month and 6 month and Part B at 6 month only.

## **Overall study start date**

01/10/2014

## **Completion date**

31/10/2016

## **Eligibility**

### **Key inclusion criteria**

1. Adult diagnosed with renal cancer < 4 cm (confirmation by radiology\* or by biopsy)
  2. ASA physical status classification system grade 1 or 2
  3. Age ≥18 years of age
  4. CT/MRI abdomen/chest with no evidence of metastases
  5. Patient has provided written informed consent prior to any study specific procedures
- \*Radiological confirmation requires noting an enhancing renal mass of >20 Hounsfield units.

**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

**Key exclusion criteria**

Current exclusion criteria as of 09/03/2015:

Patients the clinician does not feel would be suitable for the trial (e.g., due to concomitant disease)

1. Multiple small renal cancers in one kidney
2. Coagulopathy that cannot be corrected
3. Previous participation in this study
4. Inability to give informed consent; carer/proxy consent will not be allowed in this study

Previous exclusion criteria:

Patients the clinician does not feel would be suitable for the trial (e.g., due to concomitant disease)

1. Fuhrman grade 3 / 4
2. Multiple small renal cancers in one kidney
3. Coagulopathy that cannot be corrected
4. Previous participation in this study
5. Inability to give informed consent; carer/proxy consent will not be allowed in this study

**Date of first enrolment**

01/04/2015

**Date of final enrolment**

29/02/2016

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

England

United Kingdom

**Study participating centre**

**For full details on participating centres please contact:**

Clinical Trials Unit  
Faculty of Medical Sciences  
Newcastle University  
1 – 4 Claremont Terrace  
Newcastle upon Tyne  
United Kingdom  
NE2 4AE

## **Sponsor information**

### **Organisation**

Newcastle upon Tyne Hospitals NHS Foundation (UK)

### **Sponsor details**

CRO – Level 6; Leazes Wing  
Royal Victoria Infirmary  
Queen Victoria Road  
Newcastle Upon Tyne  
England  
United Kingdom  
NE1 4LP

### **Sponsor type**

Hospital/treatment centre

### **ROR**

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

## **Funder(s)**

### **Funder type**

Government

### **Funder Name**

Health Technology Assessment Programme

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

NIHR Health Technology Assessment Programme, HTA

### **Funding Body Type**

Government organisation

### **Funding Body Subtype**

National government

## Location

United Kingdom

# Results and Publications

## Publication and dissemination plan

Our exact publication policy is not yet known although conference presentations and a peer-reviewed journal article/s are highly likely. We do not plan to inform patients of results on an individual basis; however, we will aim to disseminate findings to the public (and hence patients) through a range of mechanisms (peer review journal, conference presentations etc).

## Intention to publish date

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Other

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/12/2017		Yes	No
<a href="#">Plain English results</a>			09/03/2020	No	Yes
<a href="#">HRA research summary</a>			28/06/2023	No	No