

# The first Therapeutic Interventions in Malignant Effusion trial

<b>Submission date</b> 11/03/2006	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 19/04/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 31/03/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-to-find-the-best-way-of-controlling-pain-during-and-after-pleurodesis>

## Contact information

### Type(s)

Scientific

### Contact name

Dr Robert Davies

### Contact details

Oxford Centre for Respiratory Medicine  
Churchill Hospital  
Old Road  
Headington  
Oxford  
United Kingdom  
OX3 7LJ

## Additional identifiers

### Clinical Trials Information System (CTIS)

2005-005226-31

### ClinicalTrials.gov (NCT)

NCT00644319

### Protocol serial number

1.1

# Study information

## Scientific Title

The first Therapeutic Interventions in Malignant Effusion trial

## Acronym

TIME1

## Study objectives

The TIME1 study is a 2 x 2 randomised factorial trial to assess whether non-steroidal (ibuprofen) analgesia and the use of small bore chest tubes will reduce pain during pleurodesis for malignant effusion, compared to standard care. The trial will also define whether non-steroidal use decreases pleurodesis efficacy.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

West Essex Local Research Ethics Committee, 24/04/2006, ref: 05/Q0301/61

## Study design

2 x 2 randomised factorial trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Malignant pleural effusion, including mesothelioma

## Interventions

Participants will undergo normal care (thoracoscopy and talc poudrage or talc slurry pleurodesis via drain), using standardised pre-procedure sedation and analgesia as per protocol. The sizes of chest tubes to be used are predefined (large [24F] and small [12F]). The analgesic regimens are:

1. NSAID: ibuprofen 800 mg three times daily (tds) to a maximum of 8-hourly
2. Opiate: diamorphine 2.5 mg, intravenous (IV) administration, four times daily (qds) to a maximum of 10 mg
3. Rescue: patients will always have access to rescue analgesia as required (diamorphine 2.5 mg IV)

Treatment continues from pleurodesis (day 0) to tube removal (day 3).

Participants will be randomised to one of the following arms:

1. Large bore (24F) chest drain and NSAID-based analgesic regimen
2. Small bore (12F) chest drain and NSAID-based analgesic regimen
3. Large bore chest drain (24F) and opiate-based analgesic regimen
4. Small bore chest drain (12F) and opiate-based analgesic regimen

## Intervention Type

Drug

**Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

Ibuprofen

**Primary outcome(s)**

Pain score over 72 hours post pleurodesis for malignant pleural effusion, taken by administering 100 mm visual analogue pain score (VAS), to calculate the total pain relief (TOTPAR) score, over 3 days

**Key secondary outcome(s)**

1. Success of pleurodesis at six weeks and three months post randomisation (time to relapse of pleural effusion, survival analysis)
2. Presence of chronic chest pain on the side of the pleurodesis at six weeks and three months post randomisation

**Completion date**

31/12/2009

**Eligibility**

**Key inclusion criteria**

1. Clinically confident diagnosis of malignant pleural effusion requiring pleurodesis

Definitions:

- 1.1. Histologically proven pleural malignancy
- 1.2. Typical features of pleural malignancy seen on direct vision during thoracoscopy
- 1.3. Pleural effusion in the context of histologically proven cancer elsewhere
2. Written informed consent
3. Expected survival more than one month

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

320

**Key exclusion criteria**

1. Age less than 18 years
2. Primary lymphoma or small cell lung carcinoma
3. Patients who are pregnant or lactating
4. Inability to give informed consent
5. History of gastrointestinal (GI) bleeding or of untreated peptic ulceration
6. Known sensitivity to non-steroidal anti-inflammatory drugs (NSAIDs) or opiates
7. Hypercapnic ventilatory failure
8. Known intravenous drug abuse
9. Severe renal or liver disease
10. Known bleeding diathesis
11. Warfarin therapy which must be continued
12. Current or recent (within two weeks) corticosteroid steroid therapy

**Date of first enrolment**

26/03/2007

**Date of final enrolment**

31/12/2009

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Oxford Centre for Respiratory Medicine**

Oxford

United Kingdom

OX3 7LJ

## Sponsor information

**Organisation**

University of Oxford (UK)

**ROR**

<https://ror.org/052gg0110>

## Funder(s)

**Funder type**

University/education

### Funder Name

University of Oxford (UK)

## Results and Publications

### 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="#">Results article</a>	results	01/12/2015		Yes	No
<a href="#">Plain English results</a>			31/03/2022	No	Yes