# Radio Frequency Ablation (RFA) of Renal Cell Carcinoma Prior to Nephron Sparing Surgery: A pilot study to assess completeness of ablation, accuracy of post-ablation imaging and the contribution of RFA to technical ease of the surgery

Submission date 29/09/2006	<b>Recruitment status</b> Stopped	<ul><li>Prospectively registered</li><li>Protocol</li></ul>
Registration date	Overall study status	Statistical analysis plan
29/09/2006	Stopped	Results
Last Edited	Condition category	Individual participant data
16/10/2012	Cancer	Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## **Contact information**

## Type(s)

Scientific

#### Contact name

Dr Tze Wah

#### Contact details

Radiology/Ultrasound Department Lincoln Wing Beckett Street Leeds United Kingdom LS9 7TF +44 0113 206 4330 Tze.wah@leedsth.nhs.uk

## Additional identifiers

Protocol serial number

## Study information

#### Scientific Title

#### **Study objectives**

The principal aims are to assess the completeness of the RF ablation and the accuracy of radiology imaging (with contrast enhanced ultrasound, CT and MRI) in assessing the tumour for residual RCC after treatment by correlation with pathological examination of the explanted specimen.

### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Not provided at time of registration

#### Study design

Randomised controlled trial

#### Primary study design

Interventional

#### Study type(s)

Treatment

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

Cancer: Renal

#### **Interventions**

- 1. 5 patients in the control group (surgery only)
- 2. 5 patients will undergo percutaneous RFA of their RCC 14 days before laparoscopic or open partial nephrectomy

Please note, the trial was stopped due to a lack of recruitment.

#### Intervention Type

Other

#### **Phase**

**Not Specified** 

#### Primary outcome(s)

The efficacy of RFA using the current technique in achieving complete tumour ablation will be assessed. Greater than 90% tumour destruction is desirable with the current technique. For contrast enhanced US, CT and MRI the positive predictive value in assessing tumour

destruction will be evaluated by correlation with the histological analysis of the explanted kidneys. Accuracy of greater than 80% for each test would be desirable and all modalities should be comparable in predicting tumour destruction

### Key secondary outcome(s))

Not provided at time of registration

#### Completion date

01/06/2007

### Reason abandoned (if study stopped)

Participant recruitment issue

## **Eligibility**

#### Key inclusion criteria

10 candidates for partial nephrectomy ie with solitary RCC (less than 4 cm).

### Participant type(s)

**Patient** 

## Healthy volunteers allowed

No

#### Age group

Adult

#### Sex

**Not Specified** 

#### Key exclusion criteria

Not provided at time of registration

#### Date of first enrolment

01/06/2005

#### Date of final enrolment

01/06/2007

## Locations

#### Countries of recruitment

United Kingdom

England

### Study participating centre

### Radiology/Ultrasound Department

Leeds United Kingdom LS9 7TF

## Sponsor information

### Organisation

Record Provided by the NHSTCT Register - 2006 Update - Department of Health

## Funder(s)

## Funder type

Research organisation

#### **Funder Name**

Leeds Teaching Hospitals NHS Trust - NHS R&D Support Funding

#### Funder Name

CIRSE (Cardiovascular and Interventional Radiological Society of Europe)

## **Results and Publications**

Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration