# The role of Quixil Human Surgical Sealant in Mastectomy and Wide Local Excision with Axillary Clearance

Submission date	Recruitment status	[] Pro
29/09/2006	Stopped	[] Pro
Registration date	Overall study status	[] Sta
29/09/2006	Stopped	[] Re
Last Edited	Condition category	[] Ind
17/08/2012	Cancer	[] Re

### Plain English summary of protocol

Not provided at time of registration

### **Contact information**

**Type(s)** Scientific

**Contact name** Mr DW England

### **Contact details**

GI Surgery Queen Elizabeth Hospital Birmingham United Kingdom B15 2TH

## Additional identifiers

EudraCT/CTIS number

**IRAS number** 

ClinicalTrials.gov number

Secondary identifying numbers N0265160831

- Prospectively registered
  - ] Protocol
  - Statistical analysis plan
  - ] Results
  - ] Individual participant data
  - ] Record updated in last year

### Study information

#### Scientific Title

#### **Study objectives**

Does the use of Quixil surgical sealant reduce the post-operative blood and lymph loss, thereby reducing the time to drain removal, shortening the post-operative hospital stay?

**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

**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 below to request a patient information sheet

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

Cancer: Breast

#### Interventions

Patients undergoing either mastectomy or Wide Local Excision with axillary clearance / level 1&2 sampling, will be randomised to either receive an application of Quixil surgical sealant at wound closure or standard wound closure. Quixil will he spray applied to all wound surfaces prior to closure and drain insertion, in the group randomised to receive this arm of treatment. Two low vacuum suction drains will be placed, one in the axilla and the other in the chest wound. Vacuum will be applied after wound closure or 5 minutes, which ever is longer.

Time to drain removal and discharge from hospital, and drain output volumes will be the primary end points. Patient's demographic data and operative data will be collected to ensure standardisation of the two randomised groups. Any operative and postoperative complications will be recorded including wound seroma formation. Patients will be followed up in the out patients department to examine the wound at fourteen days. 17/08/2012: Please note that this study was stopped in 2008 due to issues with participant recruitment

Intervention Type

Drug

**Phase** Not Specified

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

**Primary outcome measure** Not provided at time of registration

**Secondary outcome measures** Not provided at time of registration

Overall study start date 19/09/2003

Completion date 19/09/2008

Reason abandoned (if study stopped)

Participant recruitment issue

# Eligibility

#### Key inclusion criteria

40 patient volunteers with proven breast cancer already booked to undergo surgery. Inclusion Criteria:

1. Patients with breast cancer undergoing either mastectomy or WLE and axillary clearance

2. Patients able and willing to sign the Patient Informed Consent Form and agree to the study requirements

3. Patients with a normal coagulation profile

**Participant type(s)** Patient

Patient

**Age group** Adult

**Sex** Female

**Target number of participants** 40

Key exclusion criteria

- 1. Patients with signs and/or symptoms of systemic and/or local infection
- 2. Patients having a re-operation
- 3. Patients with suspected inflammatory breast cancer
- 4. Patients requiring concomitant surgery
- 5. Patients taking any form of anticoagulants

Date of first enrolment 19/09/2003

Date of final enrolment 19/09/2008

### Locations

**Countries of recruitment** England

United Kingdom

**Study participating centre GI Surgery** Birmingham United Kingdom B15 2TH

### Sponsor information

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

**Sponsor details** The Department of Health, Richmond House, 79 Whitehall London United Kingdom SW1A 2NL +44 (0)20 7307 2622 dhmail@doh.gsi.org.uk

Government **Website** http://www.dh.gov.uk/Home/fs/en

Sponsor type

## Funder(s)

**Funder type** Government

**Funder Name** University Hospital Birmingham NHS Trust (UK), NHS R&D Support Funding

### **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