

A randomised trial comparing argon plasma coagulation (APC) and self-expanding metal stents (SEMS) in oesophageal cancer

Submission date 12/09/2003	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 12/09/2003	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 22/09/2014	Condition category Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Study objectives

To test the hypothesis that early stent insertion is superior to argon plasma coagulation of oesophageal cancer in the palliative treatment of malignant dysphagia.

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

Health condition(s) or problem(s) studied

Cancer: oesophageal

Interventions

Patients not eligible for surgery, presenting with dysphagia (score of >2) will be randomised to primary treatment with either APC or SEMS. Dysphagia management will be as per randomised arm until clinical indication to crossover. Where the stricture prevents passage of the scope into the stomach, through-the-scope balloon will be performed. Either APC or stenting will be used to overcome tumour obstruction of the oesophagus. Providing the patient is able to swallow liquids after the procedure, they will be discharged for reassessment at 1 week, at which stage a second treatment can be considered to achieve a dysphagia score of 2. If this is not achieved with two treatments, crossover to stenting should be considered. Those patients who have had successful APC will attend the endoscopy unit for repeat treatments at 4 weekly intervals unless dysphagia deems earlier intervention appropriate. Stent patients will be assessed at 1 week, then monthly with quality of life questionnaires in the clinic. Patients requiring further intervention after SEMS insertion due to overgrowth would be considered for re-stenting; those

with tumour ingrowth would crossover to APC. Quality of life will be quantified using EORTC QLQ-C30 and QLQ-OES, prior to intervention and at 4 weekly intervals. Dysphagia scores will be recorded prior to primary intervention, at 1 week after intervention and at 4 weekly intervals. At randomisation, length and position to tumour, histology, disease staging, body mass index and Karnofsky performance score will be recorded.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

1. Comparison of reductions in dysphagia scores between the two groups
2. Comparison of quality of life scores between the two groups
3. Number of interventions per arm and consequent cost analysis

Secondary outcome measures

Not provided at time of registration

Overall study start date

04/12/2002

Completion date

04/12/2005

Eligibility

Key inclusion criteria

Patients with oesophageal cancer who are not eligible for surgery following multi-disciplinary team discussion who are unable to swallow semi-solid food

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

Not provided at time of registration

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

04/12/2002

Date of final enrolment

04/12/2005

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Southern Derbyshire Acute Hospitals NHS Trust

Derby

United Kingdom

DE22 3NE

Sponsor information

Organisation

Department of Health (UK)

Sponsor details

Richmond House

79 Whitehall

London

United Kingdom

SW1A 2NL

Sponsor type

Government

Website

<http://www.doh.gov.uk>

Funder(s)

Funder type

Government

Funder Name

Southern Derbyshire Acute Hospitals NHS Trust (UK)

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