Randomised trial of Selective bladder Preservation Against Radical Excision (cystectomy) in muscle invasive T2/T3 transitional cell carcinoma of the bladder: a feasibility study

Recruitment status No longer recruiting	Prospectively registered		
	☐ Protocol		
Overall study status	Statistical analysis plan		
Completed	[X] Results		
Condition category Cancer	[] Individual participant data		
	No longer recruiting Overall study status Completed Condition category		

Plain English summary of protocol

https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-comparing-surgery-with-treatment-that-may-help-people-to-keep-their-bladder-after-invasive-bladder-cancer

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

ClinicalTrials.gov (NCT)

NCT00867347

Protocol serial number

ICR-CTSU/2006/10002

Study information

Scientific Title

Randomised trial of Selective bladder Preservation Against Radical Excision (cystectomy) in muscle invasive T2/T3 transitional cell carcinoma of the bladder: a feasibility study

Acronym

SPARE

Study objectives

Feasibility study: To determine the feasibility and patient acceptability of a multi-centre phase III randomised trial of radical cystectomy versus Selective Bladder Preservation (SBP) and to determine compliance rates with assigned treatment.

Main Trial: To determine if bladder preservation is equivalent to radical cystectomy in responders to neo-adjuvant chemotherapy in terms of overall survival.

Ethics approval required

Old ethics approval format

Ethics approval(s)

No ethics approval as of 18/08/2006.

Study design

Randomised multicentre phase III non-inferiority study with an initial feasibility stage

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Muscle Invasive Bladder Cancer

Interventions

Radical radiotherapy or radical cystectomy

Intervention Type

Other

Phase

Phase III

Primary outcome(s)

Feasibility Study:

- 1. Number of patients randomised over two years
- 2. Proportion of patients undergoing bladder preservation in SBP arm
- 3. Proportion of patients undergoing cystectomy in surgery arm

Main Trial:

1. Overall survival

Key secondary outcome(s))

- 1. Compliance with randomised treatment
- 2. Rate of salvage cystectomy after bladder preservation
- 3. Toxicity
- 4. Quality of life
- 5. Loco-regional progression free, metastasis free
- 6. Overall survival

Completion date

12/02/2010

Eligibility

Key inclusion criteria

- 1. Histologically confirmed Transitional Cell Carcinoma (TCC) of the bladder
- 2. Aged over 18 years
- 3. Clinical stage T2 or T3 N0 M0 (as classified by the TNM (Tumour, Nodes, Metastasis) Classification of the American Joint Committee on Cancer [AJCC])
- 4. World Health Organisation (WHO) performance status zero to one
- 5. Fit for radical cystectomy
- 6. Fit for radical radiotherapy
- 7. Receiving/received three cycles of gemcitabine-cisplatin or other protocol approved neo-adjuvant chemotherapy regimen and willing and fit to receive a fourth cycle according to study protocol
- 8. Satisfactory haematological profile (at time of chemotherapy administration):
- a. Haemoglobin [Hb] more than 10 gms/dl
- b. White Blood Cells (WBC) more than $3.0 \times 10^9/L$
- c. Platelet count more than 150 x 10^9/L
- 9. Liver function tests (Bilirubin, Aspartate Aminotransferase [AST], Alkaline phosphatase less than 1.5 x Upper Limit of Normal [ULN])
- 10. Written informed consent and available for long-term follow-up
- 11. Patients receiving chemotherapy are expected to have a glomerular filtration rate more than 50 ml/min though this is not part of formal inclusion criteria

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

- 1. Adenocarcinoma, Squamous Cell Carcinoma (SCC), small cell carcinoma or other variant histology (N.B. squamoid differentiation or mixed TCC/SCC is permitted)
- 2. Widespread Carcinoma In Situ (CIS) or CIS remote from muscle invasive tumour
- 3. Previous malignancy in the last five years except for adequately controlled non melanotic skin tumours, CIS of cervix or Lobular Carcinoma In Situ (LCIS) of breast
- 4. Pre-exisiting hydronephrosis
- 5. Previous pelvic radiotherapy
- 6. Any contra-indication to radical radiotherapy e.g. inflammatory bowel disease, radiosensitivity syndrome, severe diverticular disease
- 7. Bilateral total hip replacements
- 8. Pregnancy
- 9. Significant co-morbid medical conditions which would interfere with administration of any protocol treatment

Date of first enrolment

01/01/2006

Date of final enrolment

12/02/2010

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

ICR-CTSU

Sutton United Kingdom SM2 5NG

Sponsor information

Organisation

Institute of Cancer Research (UK)

ROR

https://ror.org/043jzw605

Funder(s)

Funder type

Charity

Funder Name

Cancer Research UK (ref: C1198)

Alternative Name(s)

CR_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request.

Contact details are the same as in the contact information section. Clinical data are available for sharing subject to completion of a data sharing application form, approval by the trial oversight committees and completion of a data sharing agreement. As part of the review the trialists would consider whether the existing trial consent covers the application, what anonymisation will be required and whether separate ethics approval would be required.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	15/03/2011		Yes	No
Results article	results	01/11/2017		Yes	No
Plain English results				No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes