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The effect of Continuous Positive Airway Pressure (CPAP) on the collapsed lung during single-lung-ventilation in patients undergoing robot-assisted thoracoscopic esophageal resection: pulmonary complications, local and systemic cytokine production

Submission date 28/04/2006	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 28/04/2006	**Overall study status** Completed	
Last Edited 28/04/2006	**Condition category** Cancer	

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
N/A

Study information

Scientific Title

Acronym
COCTAIL

Study objectives
Continuous positive airway pressure on the deflated lung prevents total alveolar collapse, resulting in less local and systemic cytokine response, causing less pulmonary complications.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics approval received from the local medical ethics committee

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
Esophageal cancer

Interventions
Continuous Positive Airway Pressure (CPAP) to the collapsed lung during single-lung-ventilation versus no CPAP.

Intervention Type

Other

Phase
Not Specified

Primary outcome measure
Local and systemic cytokine production.

Secondary outcome measures
1. Pulmonary complications
2. Ventilation time
3. Intensive care unit (ICU) stay
4. Hospital stay

Overall study start date
05/04/2006

Completion date
05/04/2008

Eligibility

Key inclusion criteria
1. Patients with resectable carcinoma of the esophagus or junction that will undergo robot-assisted thoracoscopic esophago-lymphadenectomy with gastric conduit formation
2. American Society of Anesthesiologists (ASA) classification <4
3. Written informed consent

Participant type(s)
Patient

Age group
Adult

Sex
Both

Target number of participants
30

Key exclusion criteria
1. Moderate/severe lung function impairment ascertained by pulmonary function tests, requiring high dose steroid therapy
2. No epidural catheter

Date of first enrolment
05/04/2006

Date of final enrolment
05/04/2008

Locations

Countries of recruitment
Netherlands

Study participating centre
University Medical Center Utrecht (UMCU)
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Sponsor information

Organisation
University Medical Center Utrecht (UMCU), Department of Surgery (The Netherlands)

Sponsor details
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Sponsor type
University/education

ROR
https://ror.org/0575yy874

Funder(s)

Funder type
Research organisation

Funder Name
Comprehensive Cancer Centre (Integraal Kankercentrum)

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