

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	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 28/04/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 28/04/2006	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

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)

Utrecht

Netherlands

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Sponsor information

Organisation

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

Sponsor details

Heidelberglaan 100

Utrecht

Netherlands

3584 CX

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