

# Does giving an anti-epileptic drug before surgery help prevent seizures in patients with glioma (a type of brain tumour) who have not previously had a seizure?

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<b>Registration date</b> 02/07/2019	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 04/07/2025	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Gliomas are the most common type of primary brain tumour, with about 6000 new cases each year in the UK. 1 in 5 patients (20%) with a suspected glioma will present with an epileptic seizure and be treated with an anti-epileptic drug (AED). 4 in 5 patients (80%) do not present with seizures. Up to half of these patients will develop epilepsy requiring AED over their lifetime. Seizures can cause anxiety, loss of independence, affect quality of life & sometimes threaten life. AEDs prevent seizures in 50% of patients with epilepsy and reduce the frequency and severity of seizures in a further 20-30%. Currently, some doctors prescribe AEDs to patients before neurosurgery for tumours, whilst others do not. Researchers need to find out whether AEDs are effective and worthwhile to give the best advice to surgeons and patients in future. Previous studies of AEDs to prevent seizures in patients with a brain tumour have not shown clear results. However, these studies have included tumour types where the risk of seizures is low and they used older AEDs that may interfere with chemotherapy used in brain tumours and have a high risk of side effects. The newer AED, levetiracetam, has fewer side effects and does not interfere with chemotherapy drugs. There is a balance of potential advantages and disadvantages for prescribing levetiracetam. The aim of this study is to find out whether giving patients with a suspected primary brain tumour (cerebral glioma), who have never had a seizure, levetiracetam before surgery to see if it will help prevent them from developing seizures. This will help to give neurosurgeons in the UK the best advice about how to treat patients with a cerebral glioma.

### Who can participate?

Patients due to have surgery who have recently been diagnosed with a possible brain tumour, and who have never had an epileptic seizure

### What does the study involve?

Participants have a series of tests and examinations to confirm that they are eligible. They are then randomly allocated into two groups. The first group receive levetiracetam daily for 1 year.

The second group receive no anti-epileptic drug; this is currently normal practice. Participants are contacted by the trials research nurse monthly by phone to check about any seizures or side effects. If there is a seizure, participants are asked to contact their usual treating team. A neurologist reviews the participant to confirm whether a seizure has occurred. Participants who have a seizure are asked to complete a seizure diary card and questionnaire about the severity of their seizure. All participants are asked to complete questionnaires about their symptoms and possible side effects at entry into the study and every 3 months for a minimum of 1 year. There is no need for any additional blood tests or additional hospital visits. Participants are able to continue on levetiracetam at the end of the study or come off it if they wish.

What are the possible benefits and risks of participating?

It is not known whether there will be a direct benefit to the participants. The researchers hope to be able to find out if taking levetiracetam before surgery will have any effect on delaying, stopping or altering the severity of any seizure that happens after the surgery. Participants taking levetiracetam might expect a lower risk of developing seizures, although the size of this effect is as yet unknown. The results of the trial will hopefully allow the researchers to provide the best advice on preventing seizures in patients with suspected cerebral glioma. A disadvantage of taking part in the study is that participants could experience side effects of levetiracetam. The levetiracetam is given at a lower dose for the first two weeks before increasing to the required dose to help reduce the side effects.

Where is the study run from?

Scottish Clinical Trials Unit, Edinburgh (SCTRU) (UK)

When is the study starting and how long is it expected to run for?

February 2019 to November 2023

Who is funding the study?

The study is funded by the National Institute for Health Research (NIHR). UCB Pharma, the manufacturer of levetiracetam, have provided this drug free of charge for patients taking part in this study that are allocated to the levetiracetam group

Who is the main contact?

Mrs Tracy McEleney, Service Manager, Public Health Scotland (PHS) Research Office, Edinburgh (UK), [phs.researchoffice@phs.scot](mailto:phs.researchoffice@phs.scot)

## Contact information

### Type(s)

Public

### Contact name

Mrs Tracy McEleney

### Contact details

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## Additional identifiers

**Clinical Trials Information System (CTIS)**  
2018-001312-30

**ClinicalTrials.gov (NCT)**  
Nil known

**Protocol serial number**  
HTA 16/31/136

## Study information

### Scientific Title

Seizure PRophylaxis IN Glioma (SPRING): a Phase III randomised trial comparing prophylactic levetiracetam versus no prophylactic antiepileptic drug in patients with newly diagnosed presumed supratentorial glioma

**Acronym**  
SPRING

### Study objectives

There is no consensus regarding the need for prophylactic AEDs in newly-diagnosed suspected glioma patients who have not experienced seizures. Unfortunately, data regarding prophylactic AED use is scant and inconclusive. Most of the available evidence comes from older, small studies that enrolled patients with brain metastases and benign tumours in addition to gliomas. Furthermore, these studies universally evaluated prophylaxis with first-generation AEDs such as phenytoin, phenobarbital, carbamazepine, and valproic acid. These drugs have higher rates of early adverse effects (such as rash, haematological or liver upset) compared to levetiracetam, and they have important interactions with other drugs including corticosteroids and chemotherapeutics. Levetiracetam is an effective, safe, and well-tolerated medication. It has no known drug interactions and does not require serum level monitoring. It is however frequently associated with fatigue (15%), behavioural problems (13-38%) and problems with aggression. A definitive clinical trial is needed to determine whether the policy of prophylactic levetiracetam therapy reduces the risk of first seizures in this patient population. In addition, evaluation of the impact of levetiracetam on fatigue, behaviour and aggression is needed in this vulnerable population with already high rates of fatigue, cognitive and behavioural problems. There is some evidence that levetiracetam may worsen these symptoms. There is a need to study this area in a well-designed randomised controlled trial.

**Ethics approval required**  
Old ethics approval format

### Ethics approval(s)

Approved 05/02/2019, East of England – Essex REC (The Old Chapel, Royal Standard Place, Nottingham, NG1 6FS; Tel: +44 (0)207 104 8115; Email: nrescommittee.eastofengland-essex@nhs.net); REC ref: 18/EE/0389

**Study design**

Two-arm multicentre phase III randomised trial

**Primary study design**

Interventional

**Study type(s)**

Prevention

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

Glioma

**Interventions**

After a patient has consented to participate in the study and after ensuring that the patient meets all eligibility criteria, sites will randomise the patient using a web-based randomisation system. This will not be a blinded study and will not have placebo control and as such will be a "real world" study of prophylactic anti-epileptic drug (AED) vs no AED. Patients will be randomised into one of two arms:

Group 1: Levetiracetam 500 mg twice daily for 2 weeks then increasing to 750 mg twice daily thereafter for 1 year. Patients should have a minimum of 2 doses of 500 mg prior to surgery. (In those with moderate chronic kidney disease stage 3 (estimated Glomerular Filtration Rate eGFR 30-59 mL/min/1.73m<sup>2</sup>) a starting dose of 250 mg twice a day for 2 weeks, then increasing to 500 mg twice a day thereafter).

Group 2: no AED treatment (standard care)

**Intervention Type**

Drug

**Phase**

Phase III

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

Levetiracetam

**Primary outcome(s)**

Number of patients developing seizures measured using two-sided type I error level of 5% at 1 year

**Key secondary outcome(s)**

1. Time to first seizure measured using accelerated failure time model at 1 year
2. Time to first tonic clonic seizure measured using accelerated failure time model at 1 year
3. Mood, personality, fatigue and memory measured using Mann-Whitney U test (exact method) at 1 year
4. Severity of first seizure should it occur, measured using the LAEP questionnaire at pre surgery (baseline) and 3 monthly to coincide with clinic visits
5. Quality of life, measured using the relative changes in health-related quality of life (HRQoL) resulting from the physical and psychological benefit together with any harms associated with each treatment strategy . This will be administered at pre-surgery (baseline), 3 months, 6 months, 9 months and 12 months post randomisation
6. Progression-free survival determined clinically based upon interpretation of MRI scans, clinical

state of the patient and steroid dose at 1 year of randomisation

7. Overall survival measured by using by the median overall survival time for each study arm, tabulated together with the corresponding 80% confidence interval. This will be measured at 1 year of randomisation

8. Costs to the NHS and personal social services (PSS) measured using a within-trial economic analysis which will estimate the incremental cost per quality-adjusted life year (QALY) gained over a 12-month time horizon. The perspective of the analysis (i.e. whose costs and benefits are considered) will be the NHS and personal social services, but the researchers will also take a wider perspective by including costs borne by trial participants, for example out of pocket expenses on health care and the time and travel costs of accessing care. This will be measured over the 12 months trial follow-up

9. Cost-effectiveness of prophylactic levetiracetam measured as incremental cost per QALY at 12 months and modelled over estimated survival

### **Completion date**

02/11/2023

## **Eligibility**

### **Key inclusion criteria**

Patients:

1. Patients with suspected cerebral glioma on MRI or CT
2. Capable of giving informed consent
3. Patients must be  $\geq 16$  years old
4. Patients must have a Karnofsky performance status of  $>60$
5. Patients must be able to safely swallow pills
6. Planned surgery for presumed glioma (biopsy or resection)

Carers:

Capable of giving informed consent

### **Participant type(s)**

Mixed

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

16 years

### **Sex**

All

### **Total final enrolment**

107

### **Key exclusion criteria**

**Patients:**

1. Pregnant
2. History of any type of seizure for at least 10 years prior to randomisation
3. Known Severe Chronic Kidney Disease (CKD4 - eGFR <30 ml/min)
4. Concomitant methotrexate
5. Concomitant Anti-Epileptic Drug (including use for other reasons (e.g. pain))
6. Concomitant Benzodiazepines
7. Hypersensitivity to Levetiracetam

**Date of first enrolment**

15/07/2019

**Date of final enrolment**

31/08/2022

## **Locations**

**Countries of recruitment**

United Kingdom

England

Scotland

**Study participating centre**

**Western General Hospital**

Crewe Road South

Edinburgh

United Kingdom

EH4 2XU

**Study participating centre**

**The Walton Centre**

Department of Neurosurgery

The Walton Centre

Lower Lane

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United Kingdom

L9 7LJ

**Study participating centre**

**Kings College Hospital**

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**Study participating centre**  
**Queen Elizabeth Hospital**  
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B15 2WB

**Study participating centre**  
**Addenbrookes**  
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CB2 0QQ

**Study participating centre**  
**Leeds General Infirmary**  
Great George Street  
Leeds  
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LS1 3EX

**Study participating centre**  
**Queen Elizabeth University Hospital**  
1345 Govan Road  
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United Kingdom  
G51 4TF

**Study participating centre**  
**Charing Cross Hospital**  
Fulham Palace Road  
London  
United Kingdom  
W6 8RF

**Study participating centre**  
**Hull Royal Infirmary**  
Anlaby Road  
Hull  
United Kingdom  
HU3 2JZ

**Study participating centre**  
**Royal Stoke University Hospital**  
Newcastle Road  
Stoke-on-trent  
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ST4 6QG

**Study participating centre**  
**University Hospital Southampton**  
Southampton University Hospital  
Tremona Road  
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SO16 6YD

**Study participating centre**  
**Salford Royal Hospital**  
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Eccles  
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M6 8HD

**Study participating centre**  
**John Radcliffe Hospital**  
Headley Way  
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Oxford  
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OX3 9DU

**Study participating centre**



**Royal Preston Hospital**  
Sharoe Green Lane  
Fulwood  
Preston  
United Kingdom  
PR2 9HT

## Sponsor information

**Organisation**  
Public Health Scotland

**ROR**  
<https://ror.org/023wh8b50>

## Funder(s)

**Funder type**  
Government

**Funder Name**  
National Institute for Health Research

**Alternative Name(s)**  
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**  
Government organisation

**Funding Body Subtype**  
National government

**Location**  
United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

All presentations and publications relating to the trial must be authorised by the Trial Management Group. The main trial results will be published in the name of the trial in a peer-reviewed journal, on behalf of all collaborators. The manuscript will be prepared by the Trial

Management Group, representatives from SCTRU and high accruing clinicians. The trials offices and all participating centres and clinicians will be acknowledged in this publication. Any data that might detrimentally affect the progress of the trial will not be released prior to the end of the trial. No investigator may present or attempt to publish data concerning their patients, which is directly relevant to the questions posed in the trial, until the main results have been published.

## IPD sharing plan summary

Other

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Protocol file</a>	version V5.1	04/02/2019	11/07/2019	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes