Pancreatitis of biliary origin: Optimal timiNg CHOlecystectomy (PONCHO) trial

Submission date Recruitment status [X] Prospectively registered 26/05/2010 No longer recruiting [X] Protocol [] Statistical analysis plan Registration date Overall study status 29/06/2010 Completed [X] Results Individual participant data **Last Edited** Condition category 16/10/2015 **Digestive System**

Plain English summary of protocol

Not provided at time of registration

Study website

http://www.pancreatitis.nl

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

Pancreatitis of biliary origin: Optimal timiNg CHOlecystectomy (PONCHO) trial. A randomised controlled multicentre trial of the Dutch Pancreatitis Study Group.

Acronym

PONCHO

Study objectives

Current hypothesis as of 24/04/2012

We hypothesise that early timing of laparoscopic cholecystectomy (ELC) would reduce recurrent biliary pancreatitis or other complications of gall-stone disease in patients with mild biliary pancreatitis.

Study conducted in accordance with the principles of the Declaration of Helsinki and in accordance with the Medical Research Involving Human Subjects Act (WMO).

Previous hypothesis

We hypothesise that early timing of laparoscopic cholecystectomy (ELC) would prevent recurrent biliary pancreatitis or other complications of gall-stone disease in patients with mild biliary pancreatitis.

Study conducted in accordance with the principles of the Declaration of Helsinki.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved by the Arnhem-Nijmegen Regional Committee on Research Involving Human Subjects (Commissie Mensgebonden Onderzoek [CMO] regio Arnhem-Nijmegen). The study protocol will also be approved by all participating hospitals.

Study design

Multicentre randomised controlled parallel group superiority trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Mild biliary pancreatitis

Interventions

1. Intervention group:

Laparoscopic cholecystectomy within 72 hours after randomisation (ELC).

2. Control group:

Laparoscopic cholecystectomy 25-30 days after randomization (ILC).

Patients are randomised when the treating physician feels the patient can be discharged within 1-2 days and all signs of acute disease have resolved.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Current primary outcome as of 24/04/2012

Composite endpoint: Unplanned re-admission for biliary events (recurrent biliary pancreatitis, acute cholecystitis, choledocholithiasis mandating ERCP, biliary colics) and mortality

Previous primary outcome

Composite endpoint: Unplanned re-admission for biliary events (recurrent biliary pancreatitis, acute cholecystitis, choledocholithiasis mandating ERCP, biliary colics)

Secondary outcome measures

- 1. Individual components of the primary endpoint
- 2. Number of biliary colics after randomisation
- 3. Length of hospital stay
- 4. Operation difficulty (VAS)
- 5. Duration
- 6. Complications and conversion rate of laparoscopic cholecystectomy
- 7. Costs per primary endpoint avoided
- 8. Quality adjusted life year (QALY) gained
- 9. Mortality
- 10. Patient satisfaction

Overall study start date

01/01/2011

Completion date

01/07/2013

Eligibility

Key inclusion criteria

Current inclusion criteria as of 24/04/2012

- 1. Age 18 years or older
- 2. Mild (non-severe) biliary pancreatitis; no pancreatic necrosis and/or peripancreatic collections and no persistent (>48hr) organ failure
- 3. First episode of acute pancreatitis
- 4. Written and oral informed consent (obtained prior to randomisation)

Previous inclusion criteria

- 1. Age 18 years or older
- 2. Mild (non-severe) biliary pancreatitis, without sterile pancreatic necrosis and/or peripancreatic collections.
- 3. Written and oral informed consent (obtained prior to randomisation)

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

266

Key exclusion criteria

Curent exclusion criteria as of 24/04/2012

- 1. Patients <18 years
- 2. Patients >75 years with ASA III
- 3. ASA IV and V patients
- 4. Patients with ongoing alcohol abuse or chronic pancreatitis
- 5. Pregnancy

Previous exclusion criteria

- 1. Patients <18 years
- 2. Patients >75 years with ASA III
- 3. ASA IV and V patients
- 4. Patients with history of alcohol abuse or chronic pancreatitis
- 5. Mild pancreatitis with sterile pancreatic necrosis and/or peripancreatic collections
- 6. Severe pancreatitis: persistent (>48hrs) organ failure or necrotizing pancreatitis

Date of first enrolment

01/01/2011

Date of final enrolment

01/07/2013

Locations

Countries of recruitment

Netherlands

Study participating centre Dutch Pancreatitis Study GroupNijmegen

Netherlands 6500HB

Sponsor information

Organisation

Radboud University Nijmegen Medical Centre (Netherlands)

Sponsor details

Dutch Pancreatitis Study Group Department of Surgery HP 557 PO Box 9101 Mobile: +31 (0)617401029 Nijmegen

Nijmegen Netherlands 6500HB

Sponsor type

Hospital/treatment centre

Website

http://www.pancreatitis.nl

ROR

https://ror.org/05wg1m734

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Radboud University Nijmegen Medical Centre (Netherlands) - internal funding

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

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	26/11/2012		Yes	No
Results article	results	26/09/2015		Yes	No