

# Photodynamic versus white light-guided treatment of non-muscle invasive bladder cancer

<b>Submission date</b> 25/07/2014	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 25/07/2014	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 26/04/2023	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-white-light-blue-light-surgery-people-bladder-cancer-photo>

## Contact information

### Type(s)

Scientific

### Contact name

Mr Steven Penegar

### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

## Study information

### Scientific Title

PHOTodynamic versus white light-guided treatment of non-muscle invasive bladder cancer: randomised trial of clinical and cost-effectiveness

### Acronym

PHOTO

### Study objectives

Bladder cancer is a high priority area for research into clinical and cost-effective management and the findings from the PHOTO trial are likely to remain highly relevant and important to the needs of the NHS over the next 20 years, the expected life span of the equipment for the PDD technology. A further compelling reason for the study is the current piecemeal adoption of PDD within the NHS, resulting in variation in provision of PDD service. This gives further urgent need for better quality evidence to guide providers of bladder cancer services and the relevant practice guidance authorities to make early decisions around wholesale adoption or disinvestment in PDD technology.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

NRES Committee North East - Newcastle & North Tyneside 2, 16/07/2014, ref: 14/NE/1062

### Study design

Randomised; Interventional; Design type: Treatment

### 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 the contact details below to request a patient information sheet

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

Topic: Cancer; Subtopic: Bladder Cancer; Disease: Bladder (superficial)

### Interventions

Randomisation will be undertaken centrally using either the secure web-based or the 24-hour Interactive Voice Response randomisation system at the Centre for Healthcare Randomised Trials (CHaRT) in Aberdeen, using minimisation by centre and gender, to allocate participants 1:1 to the control and experimental groups. The minimisation algorithm will incorporate a random element in order to prevent deterministic treatment allocation.

Guidance on treatment and follow up of NMIBC, developed by the European Association of Urology (EAU), recommend that patients who have high risk disease, or where there are indications that the TURT may not have been complete, should have a further resection of the original disease site 26 weeks after initial treatment. This reresection is intended to ensure that the initial resection was as complete as possible and to check that muscle invasive disease, which would require further radical treatment, has not been missed. Following initial or reresection, patients in both intermediate and high risk groups are recommended to receive further (adjuvant) intravesical treatment with the aim of reducing the risk of future recurrence and progression. Patients in the intermediate risk group are usually given further treatment with chemotherapy once a week for 6 weeks. Patients in the high risk group are treated with intravesical immunotherapy weekly for 6 weeks and may have further treatments every few months for up to 3 years. Patients will have 3 monthly cystoscopies to check for any sign of recurrence for 2 years, then 6 monthly to five years, after which they will continue to be followed up annually.

#### **PHOTO follow-up schedule**

All participants will be followed up according to EAU guidelines, with regular cystoscopies initially 3 monthly following surgery (either initial TURT or second TURT for those who have one). The PHOTO trial will collect the following information at the 3,6,9,12,18,24 and 36 month routine visits:

1. Outcome of cystoscopy
2. Adverse event information

Participants will be asked to complete quality of life and health service utilisation questionnaires 3, 6, 12, 18, 24 and 36 months post randomisation. Participants will also be asked to complete a patient costs questionnaire 30 months after randomisation. Questionnaires will be posted to patients homes by CHaRT.

#### **Intervention Type**

Other

#### **Phase**

Phase III

#### **Primary outcome measure**

1. To compare time to recurrence, for each of the two treatment strategies, with a principal point of interest at 3 years.
2. To evaluate cost effectiveness by the incremental cost for recurrence avoided and cost utility as the incremental cost per quality adjusted life year (QALY) gained at three years.

#### **Secondary outcome measures**

Secondary objectives will further explore clinical and cost effectiveness of photo dynamic surgery:

Clinical effectiveness:

1. Measure relative rate of disease progression at 3 years
2. Measure relative harms and safety
3. Measure health-related quality of life (HRQoL) and cancer specific survival

**Overall study start date**

01/09/2014

**Completion date**

23/06/2021

## Eligibility

**Key inclusion criteria**

1. Adult men and women aged  $\geq 16$  years
2. First suspected diagnosis of bladder cancer
3. Visual/ultrasound/CT diagnosis of intermediate/high risk NMIBC
  - 3.1. White light visual appearances of intermediate or high risk disease ( $\Rightarrow$  3cm, two or more tumours, or flat velvety erythematous changes alerting a clinical suspicion of CIS).
  - 3.2. Suspicion of papillary bladder tumour  $> 3$ cm based on ultrasound or computerized tomography (CT) scanning (without hydronephrosis)
4. Written informed consent for participation prior to any study specific procedures
5. Willing to comply with lifestyle guidelines

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

Planned Sample Size: 533; UK Sample Size: 533

**Total final enrolment**

538

**Key exclusion criteria**

1. Visual evidence of low risk NMIBC (solitary tumour  $< 3$ cm)
2. Visual evidence of MIBC on preliminary cystoscopy, i.e. nonpapillary or sessile mass (attached directly by its base without a stalk)
3. Imaging evidence of MIBC CT/USS (this includes the presence of hydronephrosis, which may be present despite clear imaging of MIBC in the bladder)
4. Upper tract (kidney or ureteric) tumours on imaging
5. Any other malignancy in the past 2 years (except: nonmelanomatous skin cancer cured by excision, adequately treated carcinoma in situ of the cervix, DCIS/LCIS of the breast or prostate cancer in patients who have a life expectancy of  $> 5$  years upon trial entry)
6. Evidence of metastases
7. Porphyria or known hypersensitivity to porphyrins

8. Known pregnancy (based on history and without formal testing, in keeping with day-to-day NHS practice of PDD use)
9. Any other conditions that in the Principal Investigators opinion would contraindicate protocol treatment
10. Unable to provide informed consent
11. Unable or unwilling to complete follow up schedule (including questionnaires)

**Date of first enrolment**

23/10/2014

**Date of final enrolment**

14/02/2018

## **Locations**

**Countries of recruitment**

England

Scotland

United Kingdom

Wales

**Study participating centre**

**Freeman Hospital**

Freeman Road  
Newcastle upon Tyne  
United Kingdom  
NE7 7DN

**Study participating centre**

**Royal Devon and Exeter Hospital**

Barrack Road  
Exeter  
United Kingdom  
EX2 5DW

**Study participating centre**

**Churchill Hospital**

Old Road  
Oxford  
United Kingdom  
OX3 7LE

**Study participating centre**  
**Ninewells Hospital and Medical School**  
Dundee  
United Kingdom  
DD2 1UB

**Study participating centre**  
**University College Hospital London**  
235 Euston Road  
London  
United Kingdom  
NW1 2BU

**Study participating centre**  
**Princess Of Wales Hospital**  
Coity Road  
Bridgend  
United Kingdom  
CF31 1RQ

**Study participating centre**  
**St Peter's Hospital**  
Guildford Road  
Chertsey  
United Kingdom  
KT16 0PZ

**Study participating centre**  
**Western General Hospital**  
Crewe Road South  
Edinburgh  
United Kingdom  
EH4 2XU

**Study participating centre**  
**Castle Hill Hospital**  
Castle Road

Cottingham  
United Kingdom  
HU16 5JQ

**Study participating centre**  
**Basingstoke and North Hampshire Hospital**  
Aldermaston Road  
Basingstoke  
United Kingdom  
RG24 9NA

**Study participating centre**  
**James Cook University Hospital**  
Marton Road  
Middlesbrough  
United Kingdom  
TS4 3BW

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

**Study participating centre**  
**Darent Valley Hospital**  
Darent Wood Road  
Dartford  
United Kingdom  
DA2 8DA

**Study participating centre**  
**Southampton General Hospital**  
Tremona Road  
Southampton  
United Kingdom  
SO16 6YD

**Study participating centre**  
**St James's University Hospital**  
Beckett Street  
Leeds  
United Kingdom  
LS9 7TF

**Study participating centre**  
**Morriston Hospital**  
Heol Maes Eglwys  
Swansea  
United Kingdom  
SA6 6NL

**Study participating centre**  
**Royal Stoke University Hospital**  
Newcastle Road  
Stoke-on-Trent  
United Kingdom  
ST4 6QG

**Study participating centre**  
**Salisbury District Hospital**  
Odstock Road  
Salisbury  
United Kingdom  
SP2 8BJ

**Study participating centre**  
**Aberdeen Royal Infirmary**  
Foresterhill  
Aberdeen  
United Kingdom  
AB25 2ZN

**Study participating centre**  
**Royal Derby Hospital**  
Uttoxeter Road  
Derby  
United Kingdom  
DE22 3NE



**Study participating centre**  
**Barnet General Hospital**  
Wellhouse Lane  
Barnet  
United Kingdom  
EN5 3DJ

**Study participating centre**  
**Lister Hospital**  
Coreys Mill Lane  
Stevenage  
United Kingdom  
SG1 4AB

## **Sponsor information**

**Organisation**  
Newcastle upon Tyne Hospitals NHS Foundation Trust (UK)

**Sponsor details**  
Northern Centre for Cancer Care  
Freeman Road  
High Heaton  
Newcastle upon Tyne  
England  
United Kingdom  
NE7 7DN

**Sponsor type**  
Hospital/treatment centre

**ROR**  
<https://ror.org/05p40t847>

## **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

**Publication and dissemination plan**

The main trial results will be published in a peer-reviewed journal.

**Intention to publish date**

30/09/2022

**Individual participant data (IPD) sharing plan**

The current data sharing plans for the current study are unknown and will be made available at a later date

**IPD sharing plan summary**

Data sharing statement to be made available at a later date

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	03/09/2019	05/10/2020	Yes	No
<a href="#">Results article</a>		02/09/2022	27/09/2022	Yes	No
<a href="#">Results article</a>		01/10/2022	28/10/2022	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No