Diagnostic accuracy of MRI, diffusion-weighted MRI, FDGPET/CT and Fluoro-ethyl-choline PET /CT in the detection of lymph node metastases in surgically staged endometrial and cervical carcinoma

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
25/11/2011		☐ Protocol		
Registration date 14/12/2011	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited	Condition category	[] Individual participant data		
14/04/2022	Cancer			

Plain English summary of protocol

https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-comparing-mri-scanpet-ct-scan-cervical-womb-cancer-mapping

Contact information

Type(s)

Scientific

Contact name

Miss Hanna Nicholas

Contact details

Old Anatomy Building **Rutland Place** Charterhouse Square London United Kingdom EC1M 6BQ

mapping@qmcr.qmul.ac.uk

Additional identifiers

Clinical Trials Information System (CTIS)

2011-001290-78

ClinicalTrials.gov (NCT)

NCT01836484

Protocol serial number

10984

Study information

Scientific Title

Diagnostic accuracy of MRI, diffusion-weighted MRI, FDGPET/CT and Fluoro-ethyl-choline PET /CT in the detection of lymph node metastases in surgically staged endometrial and cervical carcinoma: a non-randomised study

Acronym

MAPPING

Study objectives

The aim of this trial is to demonstrate whether leading edge imaging technology [diffusion-weighted magentic resonance imaging (DW-MRI), F18-fluoroethylcholine (FEC)- PET/CT and 18F-fluorodeoxyglucose (FDG)-Positron emission tomography (PET) / computed tomography (CT)] can identify lymph node metastases with sufficient accuracy to allow non-invasive lymph node staging or minimally invasive lymph node sampling in the place of surgical lymphadenectomy in patients with endometrial and cervical carcinoma at risk of nodal metastases.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Non-randomised; Not Specified

Primary study design

Observational

Study type(s)

Diagnostic

Health condition(s) or problem(s) studied

Topic: National Cancer Research Network; Subtopic: Gynaecological Cancer; Disease: Cervix, Endometrium

Interventions

DW-MRI, DW-MRI; FDG-PET/CT, FDG-PET/CT; FEC-PET/CT, FEC-PET/CT; Study Entry: Registration only

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Comparison of DW-MRI, FDG-PET/CT, FEC-PET/CT with histology; Timepoint(s): Within NHS Cancer Plan for pre-operative care for Cancer Patients

Key secondary outcome(s))

- 1. To compare the diagnostic accuracy of FDG-PET/CT, DW-MRI and FEC-PET/CT to each other in the preoperative diagnosis of metastases in patients with endometrial and cervical cancer
- 2. To determine whether one imaging modality performs better than the other in particular subgroups, such as, particular histological sub-groups
- 3. To determine whether FEC-PET/CT uptake reflects changes in histologic findings

Completion date

01/06/2015

Eligibility

Key inclusion criteria

- 1. Females older than 18 years; (no upper limit)
- 2. Patients with histologically confirmed cancer of the cervix or endometrium
- 2.1. demonstrated clinically and/or on MRI. In patients with advanced disease being considered for chemoradiotherapy treatment, patients may be considered for entry if paraaortic nodal lymphadenectomy is being used to inform radiotherapy planning
- 2.2. In patients with endometrial cancer, a) stage 1A with myometrial invasion or any higher stage and grade 3 histology with lymphovascular space invasion, b) stage 1A with myometrial invasion or any other higher stage and serous papillary or clear cell subtypes. The MDT decision may be based on the combination of tumour characteristics on histology, clinical and imaging findings.
- 3. No contraindication to FDGPET/CT, FECPET/CT or MRI
- 4. Fit for surgical lymphadenectomy, as determined by the local MDT. The patient should also be considered fit for extended field radiotherapy in cases where lymphadenectomy is being undertaken to inform radiotherapy planning
- 5. Able and willing to give written informed consent and to comply with the study protocol procedures; Target Gender: Female; Lower Age Limit 18 no age limit or unit specified

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

Total final enrolment

147

Key exclusion criteria

- 1. Known contraindication to MRI or PET/CT scan
- 2. Known allergy to FDG or FEC
- 3. Not considered fit for lymphadenectomy (open or laparoscopic) or, where appropriate, radiotherapy, as determined by the local MDT
- 4. If the patient is pregnant or breastfeeding
- 5. Females of childbearing potential must be willing to use an effective method of contraception (hormonal or barrier method of birth control; abstinence) from the time consent is signed until 6 weeks after treatment discontinuation
- 5. Note: subjects are not considered of childbearing potential if they are surgically sterile (they have undergone bilateral tubal ligation or bilateral oophorectomy) or they are postmenopausal 6. Females of childbearing potential must have a negative pregnancy test prior to being registered for the study
- 7. Medical or psychiatric illness, which makes the patient unsuitable or unable to give informed consent

Date of first enrolment

01/02/2012

Date of final enrolment

01/06/2015

Locations

Countries of recruitment

United Kingdom

England

Study participating centre Old Anatomy Building

London United Kingdom EC1M 6BQ

Sponsor information

Organisation

Barts and The London Trust (UK)

ROR

Funder(s)

Funder type

Charity

Funder Name

Cancer Research UK (CRUK) (UK)

Alternative Name(s)

CR_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Basic results		02/01/2021	14/04/2022	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes