

# Feasibility study of radiofrequency endoscopic ablation, with ultrasound guidance, as a non-surgical, adrenal sparing treatment for aldosterone-producing adenomas

<b>Submission date</b> 03/01/2018	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 12/01/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 23/06/2022	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

High blood pressure (hypertension) causes strokes and heart attacks. While most patients need long-term treatment with pills, some have a cause which can be removed, curing the hypertension. The commonest curable cause is a benign nodule (adenoma) in one of the hormone glands, the adrenals, causing a condition called primary hyperaldosteronism. About one in 20 patients have such a nodule, but difficulties with diagnosis, and reluctance to undergo surgery for a benign condition, limit the number having adrenal gland surgery to fewer than 300 per year in the UK. A potential, and exciting, solution to this dilemma is to use a momentary electric current to cauterise the nodule (radiofrequency ablation), without affecting the rest of the adrenal gland, and avoiding the need for surgery. Nodules in the left adrenal gland are easily reached under mild sedation using a similar procedure as is standard for investigating stomach ulcers (endoscopy). The aim of this study is to show that this approach (called endoscopic ultrasound guided radiofrequency ablation) is very safe, and to provide initial evidence that the hormone abnormality is cured.

### Who can participate?

Patients aged 18 and over with primary hyperaldosteronism

### What does the study involve?

A probe is placed under ultrasound guidance by an experienced endoscopist into the identified aldosterone-producing adenoma of the affected left adrenal gland. Ablation is then achieved using electrical energy for a total of up to 25 minutes (10x90 second applications with 60 seconds rest between applications) to remove the aldosterone-producing adenoma. All patients following treatment attend follow up clinic visits as per the study schedule. The total duration for treatment to follow up is 6 months.

### What are the possible benefits and risks of participating?

The study is expected to demonstrate that the treatment is safe and offers similar cure rates to

surgical removal of the whole adrenal gland, which is the usual treatment. If ablation is effective, its benefit is transformational, allowing patients to have the benefits of surgery without the side effects, and opening up a potential cure for hypertension to a much larger number of patients. Although the endoscopic route is likely to be lower risk there needs to be a formal assessment of its safety and potential effectiveness for controlling high blood pressure.

Where is the study run from?  
St Bartholomew's Hospital (UK)

When is the study starting and how long is it expected to run for?  
April 2016 to September 2022

Who is funding the study?  
British Heart Foundation (BHF) (UK)

Who is the main contact?  
Jackie Salsbury  
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## Contact information

**Type(s)**  
Scientific

**Contact name**  
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## Additional identifiers

**Clinical Trials Information System (CTIS)**  
Nil known

**ClinicalTrials.gov (NCT)**  
NCT03405025

**Protocol serial number**  
34735

## Study information

**Scientific Title**

Feasibility study of RadioFrequency endoscopic Ablation, with ULtrasound guidance, as a non-surgical, Adrenal Sparing treatment for aldosterone-producing adenomas

**Acronym**

FABULAS

**Study objectives**

High blood pressure (hypertension) causes strokes and heart attacks. While most patients need long-term treatment with pills, some have a cause which can be removed, curing the hypertension. The commonest curable cause is a benign nodule in one of the hormone glands, the adrenals. About one in 20 patients have such a nodule, but difficulties with diagnosis, and reluctance to proceed to surgery for a benign condition, limit the number having adrenal gland surgery to fewer than 300 per year in the UK. A potential, and exciting, solution to this dilemma is to use a momentary electric current to cauterise the nodule (radiofrequency ablation), without affecting the rest of the adrenal gland, and avoiding the need for surgery. Nodules in the left adrenal gland are easily reached under mild sedation using a similar procedure as is standard for investigating stomach ulcers (endoscopy). This study is designed to show that this approach (endoscopic ultrasound guided radiofrequency ablation) is very safe, and to provide initial evidence that the hormone abnormality is cured.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

London - Bloomsbury Research Ethics Committee, 17/10/2017, ref: 17/LO/0948, IRAS project ID: 222446

**Study design**

Non-randomised; Interventional; Design type: Treatment, Management of Care

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Aldosterone producing adenoma

**Interventions**

Treatment is via a single monopolar probe placed under EUS guidance by an experienced endoscopist into the identified aldosterone-producing adenoma of the affected left adrenal gland. Ablation is then achieved using an RFA generator to deliver sequential doses of electrical energy at 10W for a total of up to 25 minutes (10x90 second applications with 60 seconds rest between applications) to ablate the aldosterone producing adenoma. All patients following treatment will undergo surveillance with follow up clinic visits as per study schedule. The total duration for treatment to follow up is 6 months.

**Intervention Type**

## Procedure/Surgery

### Primary outcome(s)

There will be a hierarchical co-primary endpoint. The first co-primary is whether the recorded patient safety outcome data establishes that perforation, haemorrhage infarction of major organs did not occur. This will be assessed at 48 hours.

The second co-primary endpoint is efficacy, assessed biochemically at 3 months post ablation. This will be achieved by:

1. Accurate adverse event reporting
2. Clinical assessment by history and examination looking for features of blood loss, perforation, or inflammation/infarction of peri-adrenal tissues
3. Blood tests for Hb, WBC, Renal function, amylase, liver function Tests, C Reactive Protein. urinalysis for blood and protein

### Key secondary outcome(s)

The difference from baseline measurements at 3 and 6 months following ablation for biochemical and radiological parameters as follows:

1. Plasma electrolytes
2. Aldosterone and renin ratio at 3 and 6 months
3. 3 month PET CT will be performed post ablation for radiological disappearance, diameter size and SUV measurements
4. The reduced use/or no longer taking supplementary potassium
5. Home BP will be measured 3 reading twice a day for 4 days preceding clinic visit
6. Assessment of cure will be performed at the site not involved in patient care, and subject to ratification by the safety committee, who are not involved in the study
7. Reduction in/or no longer taking antihypertensive medication
8. No/or reduced doses of potassium supplementation

### Completion date

30/09/2022

## Eligibility

### Key inclusion criteria

1. Patients aged 18 and above
2. Diagnosis of primary hyperaldosteronism (PHA) based on published Endocrine Society guidelines
3. Positive serum aldosterone renin ratio (ARR) with another local diagnostic confirmatory test (MRI or CT imaging)

There are 3 inclusion subset groups:

Group 1:

1. Left-sided APA proven on either AVS or PET CT
2. Patients wishing to take fewer drugs for their hypertension
3. Patients not usually referred for surgery because the benefit: risk is considered too low
4. Patients aged  $\geq 60$  whose BP is at or near target (BP140/90 for most patient groups, BP 130/80 if co-morbidities listed in Hypertension guidelines) on treatment with four or more drugs
5. Patients with identified macroadenomas (APAs  $\geq 1$  cm in diameter), who have at least 1 cm of peri-adrenal fat on axial and coronal projections

#### Group 2:

1. Patients aged 18 years and above with diagnosis of PA and either
2. A definite unilateral left APA, but the patient does not want surgery
3. Probable but not unequivocal evidence of a unilateral left adrenal APA

#### Group 3:

Patients over 18 years of age meeting criteria for surgery, but consent to undergo endoscopic ablation instead.

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

Patient

#### **Healthy volunteers allowed**

No

#### **Age group**

Adult

#### **Lower age limit**

18 years

#### **Sex**

All

#### **Key exclusion criteria**

1. Inability to give informed consent
2. Any patients continuing on beta blockers/direct renin blockers
3. Pregnant women or those unable or unwilling to take secure contraceptive precautions
4. Any illness, condition or drug regimen considered a contraindication by the PI/CI

#### **Date of first enrolment**

20/01/2018

#### **Date of final enrolment**

20/11/2020

## **Locations**

#### **Countries of recruitment**

United Kingdom

#### **Study participating centre**

**St Bartholomew's Hospital**

West Smithfield

London

United Kingdom

EC1 A7BE

# Sponsor information

## Organisation

University College London

## ROR

<https://ror.org/02jx3x895>

# Funder(s)

## Funder type

Charity

## Funder Name

British Heart Foundation (BHF); Grant Codes: PG/16/40/32137

## Alternative Name(s)

The British Heart Foundation, the\_bhf, BHF

## Funding Body Type

Private sector organisation

## Funding Body Subtype

Trusts, charities, foundations (both public and private)

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

The 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="#">HRA research summary</a>			28/06/2023	No	No