

# An open randomised comparison of the clinical effectiveness and costs of protocol driven opioid analgesia, celiac plexus block, or thoracoscopic splanchnicectomy for pain relief in patients with abdominal malignancy

<b>Submission date</b> 25/04/2003	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 25/04/2003	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 19/10/2018	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-study-looking-at-pain-relief-for-people-with-advanced-abdominal-cancer>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### Protocol serial number

HTA 97/09/53

# Study information

## Scientific Title

An open randomised comparison of the clinical effectiveness and costs of protocol driven opioid analgesia, celiac plexus block, or thoracoscopic splanchnicectomy for pain relief in patients with abdominal malignancy

## Acronym

NaTTS

## Study objectives

Thoracoscopic splanchnicectomy (TS) or percutaneous celiac plexus block (CPB) may reduce the need for opioids, and their side effects, and may improve quality of life in patients with painful upper GI cancer. This study aims:

1. To show better early pain relief when protocol driven opioid analgesia is supplemented with TS or CPB. This will be determined as the percentage of patients who obtain good pain relief 1 & 2 weeks after study entry (primary end point).
2. To determine the effect at 1, 2 weeks and monthly intervals until death of these interventions on opioid consumption, opioid side effects, and health related quality of life.
3. To compare survival time in the three groups of patients.
4. To evaluate total health care costs (to the hospital, community services and patient) between study entry and death in the three groups and to determine as appropriate the cost-utility, cost effectiveness or mean cost per patient of TS or CPB. From this to form an evidence based judgement of the cost-effectiveness of wider application of this new technology.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Randomised controlled trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Gastrointestinal cancer

## Interventions

Protocol-driven opioid analgesia, celiac plexus block, or thoracoscopic splanchnicectomy for pain relief in patients with abdominal malignancy.

## Intervention Type

Other

**Phase**

Not Specified

**Primary outcome(s)**

To show better early pain relief when protocol driven opioid analgesia is supplemented with TS or CPB. This will be determined as the percentage of patients who obtain good pain relief 1 & 2 weeks after study entry (primary end point).

**Key secondary outcome(s)**

Not provided at time of registration

**Completion date**

31/10/2005

**Eligibility****Key inclusion criteria**

Patients with gastrointestinal cancer

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

Not provided at time of registration

**Date of first enrolment**

01/02/2002

**Date of final enrolment**

31/10/2005

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Southampton General Hospital**  
Southampton  
United Kingdom  
SO16 6YD

## Sponsor information

### Organisation

University of Southampton (UK)

### ROR

<https://ror.org/01ryk1543>

## Funder(s)

### Funder type

Government

### Funder Name

NIHR Health Technology Assessment Programme - HTA (UK)

## Results and Publications

### 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?
<a href="#">Results article</a>	results	01/10/2009		Yes	No
<a href="#">Plain English results</a>				No	Yes