

# Therapeutic interventions for stones of the ureter

<b>Submission date</b> 07/02/2013	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 21/02/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 21/03/2022	<b>Condition category</b> Urological and Genital Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Ureteric stones (kidney stone) are very common and painful; 2-3% of the general population (1.8 million in the UK) have suffered from this condition. Ureteric stones can pass in their own time and some patients only require initial treatment with pain killers and, if appropriate, anti-sickness medication and drugs which relax the muscle fibres of the ureter. In some cases the treatments described above do not work or patients are not suitable for such care and further routine intervention (stone removal) is required. This study is investigating two methods used to remove stones: extracorporeal shockwave lithotripsy (ESWL), which is a shockwave treatment applied from the outside of the body, and ureteroscopic stone treatment, a telescopic procedure to remove the stone.

### Who can participate?

Patients aged 16 or older who have a single ureteric stone in the ureter

### What does the study involve?

Participants are randomly allocated to be treated with either ESWL or ureteroscopy. All participants are followed up for a period of six months. Participants complete questionnaires about their general health, pain and use of painkillers at the time they join the study, directly before their treatment and again one week after the procedure. At about 8 weeks and 6 months after joining the trial participants complete further questionnaires. In addition, following their ureteric stone treatment, participants return to an outpatient clinic at their recruiting hospital to check how they are getting on. If their symptoms are still not adequately controlled they may receive further treatment as necessary.

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

There may be no direct benefit to patients who take part, but they will be helping doctors to assess which treatment is best and safest.

### Where is the study run from?

The study is co-ordinated by the Centre for Healthcare Randomised Trials (CHaRT) and is co-sponsored by the University of Aberdeen and NHS Grampian (UK)

When is the study starting and how long is it expected to run for?

March 2013 to February 2017

Who is funding the study?

NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre, Health Technology Assessment programme (NETSCC HTA) (UK)

Who is the main contact?

Prof. S McClinton

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## Contact information

### Type(s)

Scientific

### Contact name

Prof Sam McClinton

### Contact details

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## Additional identifiers

### Protocol serial number

HTA 10/137/01, 3/087/12

## Study information

### Scientific Title

A multicentre randomised controlled trial of extracorporeal shockwave lithotripsy, as first treatment option, compared with direct progression to ureteroscopic treatment, for ureteric stones

### Acronym

TISU

### Study objectives

The hypothesis being tested is that outcome in patients receiving extracorporeal shockwave lithotripsy (ESWL) as their first treatment option is not inferior to outcome in patients receiving direct ureteroscopic retrieval.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

NRES Committees - North of Scotland, 15/02/2013, ref: 13/NS/0002

**Study design**

Multicentre randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Ureteric stone treatment

**Interventions**

Participants will be randomly allocated to either ESWL or ureteroscopy.

Extracorporeal shockwave lithotripsy (ESWL) involves generation of a shock-wave, external to the body, focused on the stone, causing it to fragment with the fragments subsequently passing spontaneously. A variety of systems (differing means of generating shock-waves, different focusing mechanisms) are available. It is routinely performed in an outpatient setting with pain relief or sedation as required. Recruitment will occur only in established centres with fixed-site lithotripters. This will allow some standardisation of protocols on times to treatment and ESWL delivery. Up to two sessions of ESWL will be considered as one intervention as per standard practice.

Ureteroscopy is the use of small semi-rigid or flexible ureteroscopes, in conjunction with intracorporeal lithotripsy devices, such as the holmium laser, to directly visualise and fragment ureteric stones. Smaller stones, in the lower ureter, can often be removed intact using basketing devices. It is currently most often performed as a day-case procedure (but may require hospital admission depending on complexity) and usually requires general anaesthesia.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome(s)**

The study has a primary clinical and a primary economic outcome reflecting the multidimensional nature of the possible effects the intervention may have.

Clinical: Clearance of ureteric stones operationally defined as no further intervention required to facilitate stone clearance up to 6 months from randomisation.

Economic: Incremental cost per quality adjusted life years (QALYs) gained at 6 months from randomisation. QALYs are based on the responses to the EQ-5D.

**Key secondary outcome(s)**

Patient-reported, measured at pre and 1 week post intervention, 8 weeks and 6 months post randomisation:

1. Severity of pain measured by the Numeric Rating scale (NRS)
2. Generic health profile measured by the SF-12 (8 weeks and 6 months only)
3. Health status measured by the EQ5D
4. Use of analgesia
5. Acceptability of received procedure (8 weeks and 6 months only)

Clinical: Further interventions received, complications up to 6 months post randomisation

Economic: NHS primary and secondary care use and costs up to 6 months, patient costs; incremental cost per surgical interventions averted.

**Completion date**

28/02/2017

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

1. Presence of stone confirmed by Computed Tomography Scan of the Kidneys, Ureters and Bladder (CTKUB)
2. Patients with a ureteric stone requiring removal
3. Adults  $\geq 16$  years of age
4. Single ureteric stone requiring treatment
5. Suitable for either ESWL or ureteroscopic treatment
6. Capable of giving written informed consent, which includes adherence with the requirements of the trial.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

613

**Key exclusion criteria**

1. Pregnancy
2. Stones not confirmed by CTKUB
3. Bilateral ureteric stone(s)
4. Patients with abnormal urinary tract anatomy (such as a horseshoe kidney or ileal conduit)
5. Patients unable to understand or complete trial documentation

**Date of first enrolment**

01/03/2013

**Date of final enrolment**

28/02/2017

## **Locations**

**Countries of recruitment**

United Kingdom

Scotland

**Study participating centre**

**Aberdeen Royal Infirmary**

Aberdeen

United Kingdom

AB25 2ZB

## **Sponsor information**

**Organisation**

University of Aberdeen

**ROR**

<https://ror.org/016476m91>

**Organisation**

NHS Grampian

**ROR**

<https://ror.org/00ma0mg56>

## **Funder(s)**

**Funder type**

Government

**Funder Name**

## Health Technology Assessment Programme

### Alternative Name(s)

NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### 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?
<a href="#">Results article</a>	sub study results	10/02/2021	22/02/2021	Yes	No
<a href="#">Results article</a>		31/03/2021	21/02/2022	Yes	No
<a href="#">Results article</a>		01/03/2022	21/03/2022	Yes	No
<a href="#">Protocol article</a>	protocol	22/05/2018		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Other publications</a>	evaluation of recruitment processes	11/08/2017		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes