

# Prostate Cancer Evidence of Exercise and Nutrition Trial: nutritional and physical activity interventions for men with localised prostate cancer - feasibility study

Submission date	Recruitment status	<input type="checkbox"/> Prospectively registered
30/10/2014	No longer recruiting	<input checked="" type="checkbox"/> Protocol
Registration date	Overall study status	<input type="checkbox"/> Statistical analysis plan
17/11/2014	Completed	<input checked="" type="checkbox"/> Results
Last Edited	Condition category	<input type="checkbox"/> Individual participant data
16/09/2021	Cancer	

## Plain English summary of protocol

<http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-diet-and-exercise-after-surgery-for-prostate-cancer-prevent>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### Protocol serial number

Protocol Version 1.1, 13.08.2014

## Study information

### Scientific Title

# The feasibility of a randomised controlled trial of dietary and physical activity interventions for men with localised prostate cancer: the PrEvENT trial

## Acronym

PrEvENT

## Study objectives

This study aims to investigate the feasibility of recruiting and randomising men, diagnosed with localised prostate cancer who are to be treated with radical prostatectomy, into a cohort study and nested RCT of physical activity and nutrition modification

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

NRES Committee South West - Cornwall & Plymouth, 09/07/2014, ref: 14/SW/0056

## Study design

Feasibility cohort study with a nested 2 x 3 factorial design open-label randomised controlled trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Prostate cancer

## Interventions

Participants will each be randomly allocated to one of two physical activity interventions, and one of three nutritional interventions. Men will be asked to follow their allocated interventions for six months.

### Physical activity interventions:

1. Brisk Walking - Walking at a brisk pace for 30 minutes, on at least 5 days a week, on top of your normal physical activity
2. Physical Activity Control - Carrying on with your normal levels of physical activity, if you request physical activity advice, standard, publicly available, information will be provided as per usual care

### Nutritional interventions:

1. Lycopene Supplement Capsules - Taking one lycopene capsule daily (this will be provided)
2. Plant Based Diet - Eating as many portions of fruit and vegetables per day as you can, aiming for at least 5 daily portions. In addition, swapping dairy milk for non-dairy alternatives, for example soy milk, almond milk or rice milk, as often as you can
3. Nutrition Control - Carrying on with usual diet, if you request nutritional advice, standard, publicly available, information will be provided as per usual care

## Intervention Type

## Behavioural

### Primary outcome(s)

1. As a feasibility trial, the dual primary outcomes will be randomisation rates and adherence to the intervention at six months following randomisation
2. Randomisation rates will be calculated as the proportion of eligible men, who agree to be randomised
3. Adherence to the intervention arms will be calculated independently for the two levels i.e. nutrition and physical activity
4. Adherence to the nutrition intervention will be assessed by analysis of mean serum, plasma or tissue levels, collected at cohort baseline, true trial baseline and 6 months post randomisation. Self-reported nutritional data will also be collected
5. Adherence to the physical activity intervention will be assessed via daily step count, recorded by pedometer and reported by the participants during the 6 month intervention phase. Self-reported physical activity data will also be collected

### Key secondary outcome(s)

1. Intervention tolerability (qualitatively collected data, reporting of adverse events)
2. Trial retention (number of participants successfully followed-up at the end of the 6 month trial, as a proportion of those who we recruited to the trial and randomised into a study arm at the start of the trial)
3. Change in prostate specific antigen (PSA) level (Change in participants absolute PSA level, from randomisation to 6 month follow up, collected via blood sample)
4. Change in insulin-like growth factor I (IGF-I) (Change in participants IGF-I, from randomisation to 6 month follow up, collected via blood sample)
5. Change in general nutrition (self-reported at baseline, 3 and 6 months, food frequency questionnaire (FFQ), Willett et al, 1985)
6. Change in general physical activity levels (self-reported at baseline, 3 and 6 months, Recent Physical Activity Questionnaire, Besson et al, 2010, accelerometers worn for two one week periods at cohort baseline and 6 month follow up)
7. Acceptability and ease of use of accelerometer (self-reported)
8. Urinary symptoms (collected at cohort baseline, true trial baseline, 3 and 6 month follow up, International Continence Society male - Short Form, (ICSmale-SF), Donovan et al., 2000)
9. Psychological factors (collected at cohort baseline, true trial baseline, 3 and 6 month follow up, Profile of Mood States - Short Form (POMS-SF), McNair et al, 1992 and Benefit Finding Scale, Antoni, 2001)
10. Health beliefs (collected at cohort baseline, true trial baseline, 3 and 6 month follow up, adapted from Prochaska & DiClemente, 1983; Ajzen, 1991)
11. Quality of life measures (collected at cohort baseline, true trial baseline, 3 and 6 month follow up, (Functional Assessment of Cancer Therapy - Prostate) FACT-P, Cella, 1997)
12. General health data (collected at cohort baseline, true trial baseline, 3 and 6 month follow up)
13. Cancer related fatigue (collected at cohort baseline, true trial baseline, 3 and 6 month follow up, Functional Assessment of Chronic Illness Therapy-Fatigue (FACT-Fatigue), Cella, 1997)
14. General lifestyle factors (Self-reported levels of smoking and drinking)
15. Weight, body mass index and body fat (nurse measured)
16. Attitudes and views of men and their spouses about nutrition and physical activity modification and participation in long term trials (Qualitatively collected data at 6 months follow up)

### Completion date

01/08/2016

# Eligibility

## Key inclusion criteria

1. Localised prostate cancer
2. To be undergoing radical prostatectomy
3. Be due to receive treatment at the Urology Centre, Southmead Hospital, North Bristol NHS Trust
4. Capacity to consent for themselves as judged by a member of the research team with appropriate training and experience
5. Be aged 18 or over, there is no upper age limit
6. Have sufficient understanding of the English language, including being able to read and speak English at a basic level

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Lower age limit

18 years

## Sex

Male

## Total final enrolment

108

## Key exclusion criteria

1. Inability to give informed consent or unavailability for follow-up
2. Being identified as unsuitable to participate following guidance of their clinician
3. Co-morbidities which could prevent participation in the intervention (RCT only) ie. this could include uncontrolled congestive heart failure or angina, recent myocardial infarction or breathing difficulties requiring oxygen use or hospitalisation. Additionally, the use of a mobility aid other than a walking stick
4. Allergies which would prevent participation in the intervention (RCT only) ie. allergy to lycopene
5. Religious beliefs that constrain them from participating in any aspect of the intervention (RCT only)
6. Any other additional reason for not being able to participate in any aspect of the intervention (RCT only)
7. Current heavy consumers of the nutritional element of the intervention, as judged by the research team (RCT only) ie. those who have been taking lycopene supplements daily for more than three months or eat more than five portions of fruit and vegetables every single day
8. Those who routinely exercise vigorously may not be suitable for the intervention (RCT only)

## Date of first enrolment

08/08/2014

**Date of final enrolment**

31/03/2016

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**University Hospitals Bristol Education Centre**

Bristol

United Kingdom

BS2 8AE

## Sponsor information

**Organisation**

University of Bristol (UK)

**ROR**

<https://ror.org/0524sp257>

## Funder(s)

**Funder type**

Government

**Funder Name**

National Institute for Health Research (NIHR) Bristol Nutritional Biomedical Research Unit based at University Hospitals Bristol NHS Foundation Trust (UK)

**Funder Name**

University of Bristol (UK)

**Alternative Name(s)**

Universitas Bristolensis, bristoluniversity, bristoluni

**Funding Body Type**

Government organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

United Kingdom

## 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	07/03/2017		Yes	No
<a href="#">Results article</a>	results	06/11/2019	11/11/2019	Yes	No
<a href="#">Protocol article</a>	protocol	07/03/2016		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes