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Evaluation of the role of Lymphadenectomy In high-risk Prostate cancer SurgEry

Submission date
02/08/2024

Recruitment status
No longer recruiting

Registration date
06/08/2024

Overall study status
Ongoing

Last Edited
12/08/2026

Condition category
Cancer

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Every year in the UK, nearly 50,000 people are diagnosed with prostate cancer and over 10,000 men die from it. Prostate cancer that has not spread elsewhere in the body but is at risk of doing so is referred to as high-risk localised prostate cancer. Established treatment options for high-risk prostate cancer are surgery and radiotherapy. In the UK, 4000 patients a year undergo surgery for high-risk prostate cancer. When surgeons operate on men with high-risk prostate cancer, they remove the entire prostate gland and, in some cases, also remove the nearby lymph nodes (an immune tissue that forms the early landing sites for cancer spread) in a surgery called pelvic lymph node dissection (PLND). It is thought that PLND gives better cancer clearance and reduces recurrence, which is seen in 30-50% of men with high-risk disease. However, complications can arise from PLND. These complications may reduce the quality of life, and along with the increased surgical time required, lymph node surgery in addition to removing the prostate might result in additional costs to the NHS. The study team surveyed UK surgeons and found variable practice with 35% of eligible patients getting lymph node excision. Surgeons stated that the current evidence was not good enough to inform decisions about whether it was beneficial to do a lymph node excision knowing that there are potential harms, and a clinical trial comparing lymph node excision to no lymph node excision was urgently required. This clinical trial aims to compare the two treatments in terms of their effect over 3 years on, prostate cancer recurrence, quality of life, complication rates, survival and use of NHS resources. Everyone who takes part will have an equal chance of either having their lymph nodes removed or not during their prostate cancer PCa surgery. The study will recruit 1080 patients from 25 hospitals across the UK.

Who can participate?
Adults aged 18 years old and over with biopsy-proven clinically localised high-risk prostate cancer who are suitable for radical prostatectomy

What does the study involve?
Adults who consent to participate in ELIPSE will be randomly allocated to one of the two types of surgery mentioned above. After the surgery, they will be sent participants questionnaires for

up to 36 months to collect information on several things, including cancer recurrence, harms, quality of life, time to return to normal activities, and costs. Further information will also be collected from their routine follow-up that is recorded in their medical records.

What are the possible benefits and risks of participating?
Participants may not benefit personally from taking part but, by taking part, will help inform the treatment of future patients who need to have radical prostatectomy. The results of the ELIPSE study will help doctors, surgeons, patients and health services decision-makers understand whether it is better to remove lymph nodes during a radical prostatectomy, or not. Both types of surgery are already being used in the NHS to treat patients. There are risks associated with all surgical procedures but there should be no additional risk in taking part in the study.

Where is the study run from?
The Cardiff and Vale University Health Board are leading the study. The day-to-day management of the study is being led by the University of Aberdeen. Hospital sites across the UK will take part.

When is the study starting and how long is it expected to run for?
February 2024 to August 2029

Who is funding the study?
The National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) Programme

Who is the main contact?
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Additional identifiers

Integrated Research Application System (IRAS)
329888

Central Portfolio Management System (CPMS)
63289

National Institute for Health and Care Research (NIHR)
152686

Study information

Scientific Title
A randomised controlled trial comparing the clinical and cost-effectiveness of lymph node removal in patients undergoing curative surgery for localised high-risk prostate cancer

Acronym
ELIPSE

Study objectives
Radical prostatectomy plus pelvic lymph node dissection offers better cancer control than radical prostatectomy alone in patients undergoing surgery for high-risk prostate cancer.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 04/07/2024, West of Scotland REC 5 (NHS Greater Glasgow & Clyde, West of Scotland Research Ethics Service, Ward 11, Dykebar Hospital, Grahamston Road, Paisley, PA2 7DE, United Kingdom; +44 (0)141 314 0213; WoSREC5@ggc.scot.nhs.uk), ref: 24/WS/0075

Primary study design
Interventional

Study design
Randomized controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Biopsy-proven clinically localised high-risk prostate cancer

Interventions
Participants will be identified through screening in local and regional specialist multi-disciplinary teams. Adult males with biopsy-proven clinically localised high-risk PCa, where the local multi-disciplinary review has identified them as suitable for radical prostatectomy, with negative staging imaging and who are able and willing to give informed consent and participate in study procedures will be considered for inclusion. Potential participants who have had hormone therapy within the 3 months before consent will be excluded from the study.

Eligible patients will be provided with a Participant Information Leaflet (PIL) containing information about the study. If interested the patient will have the opportunity to discuss the surgical options and ask any questions about the study with a member of the clinical team,

either face-to-face or virtually. Eligible patients can discuss the study with other NHS team members, their GP, as well as family and friends before deciding whether to participate in the trial. If the participant decides to give their consent, they will be asked to sign a consent form either during a hospital visit or at home (and return through the post).

Participants will be asked to complete a baseline questionnaire which asks about their generic and prostate-cancer-specific quality of life. Where consent is by post, this may be completed at the same time and posted back with the consent. The local research team will complete a baseline case report form collecting data on age, sex assigned at birth, ethnicity, height, weight, postcode, medical history, smoking status, Gleason grade and stage. The results of the prostate-specific antigen (PSA) test considered by the MDT will also be recorded.

Participants will be randomised as close to the time of surgery as is feasible to receive either radical prostatectomy (RP) with pelvic lymph node dissection (PLND) or radical prostatectomy alone. The procedure will be undertaken as per standard NHS care. Blinding of surgeons is not possible and participants will be informed of their treatment allocation.

The local research team will collect information about the surgical procedure, any intraoperative complications and pathology results from medical records (or in real-time, as applicable).

The date and results of all post-surgery PSA tests up to 3 years will be recorded by the research team from laboratory records.

3 months after surgery, the local research team will collect information from the medical records to complete the Comprehensive Complications Index, recording any complications following surgery.

At 36 months post-surgery the local research team will review the participant's medical notes to identify any further related use of NHS resources, recurrence from routine scans and absence of demonstrable metastasis.

Participants will also be asked to complete questionnaires by post, email or text (as per participant preference) at 3 months after surgery and 12, 24 and 36 months after surgery to collect information (at the relevant time point) on quality of life, quality of recovery, NHS resource use and participant costs, time and travel and to report any complications and further treatments. Around 36 months, the team at the site will also contact the participants by phone to find out if they had any additional visits to hospitals that the local team was not aware of.

Outcomes will be compared between radical prostatectomy (RP) with pelvic lymph node dissection (PLND) or radical prostatectomy alone.

Participants are free to withdraw consent from the study at any time point.

Intervention Type
Procedure/Surgery

Primary outcome(s)
1. Cancer recurrence, defined as prostate-specific antigen (PSA) recurrence/persistence with two consecutive measures ≥0.2ng/ml and/or disease progression (eg metastatic disease) and/or need for further prostate cancer treatment and/or prostate cancer-specific death and is assessed over 3 years.
2. Economic outcome measured as incremental cost per QALY gained at 3 years

Key secondary outcome(s)
1. Harms (complications and re-intervention rates) measured using CLASSIntra during surgery, the Comprehensive Complications Index at 3 months, from medical records up to 3 years, and questionnaires at 12, 24 and 36 months
2. Complete excision of the primary prostate tumour measured using the surgical margins after surgery
3. Metastasis-free survival measured using imaging from routine follow-up
4. Health-related quality of life measured using EPIC 26 and EQ-5D-5L questionnaires at baseline, and 3, 12, 18, 24 and 36 months
5. Time to return to normal activities measured using a questionnaire at 3 months
6. Indirect costs due to productivity losses measured using a questionnaire at 12, 24 and 26 months
7. Costs to participants measured using a questionnaire at 12, 24 and 36 months

Completion date
31/08/2029

Eligibility

Key inclusion criteria
1. Adults ≥18 years
2. Biopsy-proven clinically localised high-risk PCa
3. Local multi-disciplinary review identifying those cases thought be suitable for RP; with negative staging imaging (as per local standard of care)
4. Able and willing to give informed consent to participate and to participate in study procedures

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
99 Years

Sex
Male

Total final enrolment
0

Key exclusion criteria

1. Hormone therapy within the 3 months prior to consent
2. Previous radical treatment for PCa (radical treatment includes radical prostatectomy and/or radiotherapy and/or focal therapy [eg cryotherapy or HIFU])
3. Unsuitable for surgical treatment
4. People without capacity

Date of first enrolment
01/09/2024

Date of final enrolment
31/08/2026

Locations

Countries of recruitment
United Kingdom

England

Scotland

Wales

Study participating centre
Cardiff & Vale University Lhb
Woodland House
Maes-y-coed Road
Cardiff
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CF14 4HH

Study participating centre
Royal Liverpool University Hospital
Prescot Street
Liverpool
England
L7 8XP

Study participating centre
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
Scotland
G12 0XH

Study participating centre
St James University Hospital NHS Trust
St James's University Hospital
Gledow Wing
Beckett Street
Leeds
England
LS9 7TF

Study participating centre
Aberdeen Royal Infirmary
Foresterhill Road
Aberdeen
Scotland
AB25 2ZN

Study participating centre
University Hospital (coventry)
Clifford Bridge Road
Coventry
England
CV2 2DX

Study participating centre
Guy's and St Thomas' NHS Foundation Trust
St Thomas' Hospital
Westminster Bridge Road
London
England
SE1 7EH

Study participating centre
Charing Cross Hospital
Fulham Palace Road
London
England
W6 8RF

Study participating centre
Darent Valley Hospital
Darenth Wood Road
Dartford
England
DA2 8AA

Study participating centre
Lincoln County Hospital Laboratory
Lincoln County Hospital
Greetwell Road
Lincoln
England
LN2 5QY

Study participating centre
Royal Hallamshire Hospital
Glossop Road
Sheffield
England
S10 2JF

Study participating centre
Nottingham University Hospitals NHS Trust - City Campus
Nottingham City Hospital
Hucknall Road
Nottingham
England
NG5 1PB

Study participating centre
North Bristol NHS Trust
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Bristol
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BS10 5NB

Study participating centre

University College London Hospitals NHS Foundation Trust
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London
England
NW1 2PG

Study participating centre
Lister Hospital
Coreys Mill Lane
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SG1 4AB

Study participating centre
Sunderland Royal Hospital
Kayll Road
Sunderland
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SR4 7TP

Study participating centre
Norfolk & Norwich University Hospital
Colney Lane
Colney
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NR4 7UY

Study participating centre
Leicester General Hospital
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LE5 4PW

Study participating centre
New Cross Hospital Royal Wolverhampton
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WV10 0QP

Study participating centre
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CB2 0QQ

Study participating centre
The Newcastle upon Tyne Hospitals NHS Foundation Trust
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NE7 7DN

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SA12 7BR

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WF1 4DG

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Study participating centre
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Study participating centre
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Study participating centre
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Study participating centre
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Study participating centre
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Sponsor information

Organisation
Cardiff and Vale University Health Board

ROR
https://ror.org/0489f6q08

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

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?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Participant information sheet	version 5	01/04/2026	12/08/2026	No	Yes
Protocol file	version 3	05/07/2024	05/08/2024	No	No
Protocol file	version 5	11/09/2025	12/08/2026	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes