

Can neurotensin and IL-8 levels in blood be used to identify colorectal (large bowel) cancer and adenomas (polyps)?

Submission date 02/03/2019	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 04/03/2019	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 08/09/2023	Condition category Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-to-develop-a-screening-test-for-bowel-cancer-nil>

Contact information

Type(s)

Public

Contact name

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Additional identifiers

Integrated Research Application System (IRAS)

261217

Protocol serial number

Study information

Scientific Title

The combined use of serum neurotensin and IL-8 as screening markers for colorectal cancer and adenomas. A prospective study.

Acronym

NIL

Study objectives

We have hypothesized that the combined use of serum neurotensin and IL-8 values has superior diagnostic performance than the established follow-up scheme for screening colorectal cancer and adenomas.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Trial registration is required before ethics approval can be requested through IRAS.

Study design

Multi-center case control study

Primary study design

Observational

Study type(s)

Screening

Health condition(s) or problem(s) studied

Colorectal cancer/adenomas

Interventions

All individuals fulfilling the inclusion criteria will be enrolled. After the refinement of participants by the exclusion criteria, blood samples will be drawn for neurotensin and IL-8 testing by ELISA at Lancaster University, after being centrifuged and stored at deep freeze in -80° C in the Pathology Laboratories of Furness General Hospital and Royal Preston Hospital. Colonoscopy and histology reports will be obtained from Electronic patient Records (EPR). Following the report of the colonoscopy and histology departments, individuals will be assigned to one of three groups: group A - cancer patients, group B – adenoma (polyp) patients and group C – no pathology/normal colonoscopy. Two primary analyses will be conducted to define the cut-off plasma values for neurotensin and IL-8 for a) diagnosing cancer (group A versus group C) and b) diagnosing adenomas (group B versus group C). A secondary analysis will be conducted comparing the performance of the neurotensin/IL-8 system towards the 2-weeks referral and faecal occult blood (FOB) test-positive patients for the diagnosis of colorectal cancer and adenomas. There will be no observation or follow-up as part of the trial.

The reason for using participants without bowel pathology is because we need to define the normal range of neurotensin and IL-8 serum values.

Intervention Type

Other

Primary outcome(s)

1. Serum neurotensin measured by Human Neurotensin (NT) ELISA Kit (Cusabio)
2. Serum IL-8 values measured by ELISA (test brand tbc)
3. Diagnosis of colorectal cancer or adenoma using colonoscopy and histology reports

Key secondary outcome(s)

Diagnostic performance compared to the current screening system

Completion date

30/12/2024

Eligibility**Key inclusion criteria**

1. Aged over 50 years
2. Referred for colonoscopy for any suspected indication

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

All

Key exclusion criteria

1. Need for emergency surgery
2. Presence of inflammatory bowel disease
3. Known history of inherited colorectal cancer
4. History of cancer in another primary site
5. Presence of liver metastases (since neurotensin is metabolized in the liver)
6. Negative previous colonoscopy for cancer
7. Haemolysis in serum samples
8. Informed consent not signed or patient withdrew consent
9. Persons who will not have the capacity to decide for themselves, who are unable to represent their own interests or are particularly susceptible to coercion

Date of first enrolment

03/06/2019

Date of final enrolment

30/11/2024

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University Hospitals of Morecambe Bay

Westmorland General Hospital

Burton Rd

Kendal

United Kingdom

LA9 7RG

Study participating centre

Lancashire Teaching Hospitals Trust

Royal Preston Hospital

Sharoe Green Ln

Fulwood

Preston

United Kingdom

PR2 9HT

Sponsor information

Organisation

University Hospitals of Morecambe Bay

ROR

<https://ror.org/05cxwhm03>

Funder(s)

Funder type

Charity

Funder Name

Rosemere Cancer Foundation

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available because the researchers have agreed to destroy electronic data relating to participants within 6 months of the last participant enrolment.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version 0.5	16/02/2019	18/10/2022	No	No