

# The ProtecT trial - Evaluating the effectiveness of treatment for clinically localised prostate cancer

<b>Submission date</b> 14/10/2002	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 14/10/2002	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 10/05/2023	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-comparing-treatment-approaches-for-prostate-cancer>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

ClinicalTrials.gov (NCT)

NCT00632983

**Protocol serial number**

HTA 96/20/99

## Study information

**Scientific Title**

The ProtecT trial - Evaluating the effectiveness of treatment for clinically localised prostate cancer

**Acronym**

ProtecT

**Study objectives**

Current hypothesis as of 18/03/2019:

The overall aim is to evaluate the effectiveness, cost-effectiveness and acceptability of treatments for men with localised prostate cancer within the context of a pragmatic randomised controlled trial. This will compare three treatments (active monitoring, radical prostatectomy and radical radiotherapy). Specific objectives are as follows:

1. To assess survival at 15 years following treatment.
2. To investigate a number of medium-term outcomes, including: disease progression (biochemical and clinical), treatment complications, lower urinary tract symptoms, psychosocial impact of treatment, including generic health status, quality of life and sexual function.

Previous hypothesis as of 14/08/2013:

The overall aim is to evaluate the effectiveness, cost-effectiveness and acceptability of treatments for men with localised prostate cancer within the context of a pragmatic randomised controlled trial. This will compare three treatments (active monitoring, radical prostatectomy and radical radiotherapy). Specific objectives are as follows:

1. To assess survival at 10 years and 15 years following treatment
2. To investigate a number of short and medium-term outcomes, including: disease progression (biochemical and clinical), treatment complications, lower urinary tract symptoms, psychosocial impact of case-finding and treatment, including generic health status, quality of life and sexual function
3. To estimate the resource use and costs of case-finding, treatment and follow-up, and to compare costs and outcomes of treatment in terms of survival and health related quality of life.

Previous hypothesis:

The overall aim is to evaluate the effectiveness, cost-effectiveness and acceptability of treatments for men with localised prostate cancer within the context of a pragmatic randomised controlled trial. This will compare 3 treatments (active monitoring, radical prostatectomy and radical radiotherapy). Specific objectives are as follows:

1. To assess survival at 5, 10 years and 15 years following treatment
2. To investigate a number of short and medium-term outcomes, including: disease progression (biochemical and clinical), treatment complications, lower urinary tract symptoms, psychosocial impact of case-finding and treatment, including generic health status, quality of life and sexual function
3. To estimate the resource use and costs of case-finding, treatment and follow-up, and to compare costs and outcomes of treatment in terms of survival and health related quality of life.

Details of this study can also be found at: <https://www.journalslibrary.nihr.ac.uk/programmes/hta/962099/#/>

Protocol can be found at: <https://njl-admin.nihr.ac.uk/document/download/2007358>

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Trent Multicentre Research Ethics Committee (Trent MREC), 21/06/2001, ref: 01/4/025

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Prostate cancer

### **Interventions**

Current interventions as of 14/08/2013:

1. Radical prostatectomy
2. Radical radiotherapy
3. Active monitoring: monitoring of the disease including prostate specific antigen levels

Previous interventions:

1. Radical prostatectomy
2. Radical radiotherapy
3. Active monitoring of prostate specific antigen (PSA) levels

See details of ISRCTN08435261: ProtecT feasibility on <http://www.isrctn.com/ISRCTN08435261> and details of ISRCTN92187251: The CAP (Comparison Arm for ProtecT) study on <http://www.isrctn.com/ISRCTN92187251>

### **Intervention Type**

Mixed

### **Primary outcome(s)**

Current primary outcome measures as of 18/03/2019:

1. Disease-specific survival at 15 years.
2. Disease progression (biochemical and clinical).
3. Treatment complications (long term).
4. Lower urinary tract symptoms.
5. Psychosocial impact of treatment including generic health status, quality of life and sexual function.
6. Prostate cancer specific survival.
7. Overall survival.

Previous primary outcome measures as of 14/08/2013:

1. Disease-specific survival at 10 years

Previous primary outcome measures as of 27/09/2010:

1. Disease progression (biochemical and clinical)
2. Treatment complications
3. Lower urinary tract symptoms
4. Psychosocial impact of case-finding and treatment including generic health status, quality of life and sexual function
5. Prostate cancer specific survival
6. Overall survival

Previous primary outcome measures as of 14/10/2002:

1. Disease progression (biochemical and clinical)
2. Treatment complications
3. Lower urinary tract symptoms
4. Psychosocial impact of case-finding and treatment including generic health status, quality of life and sexual function

### **Key secondary outcome(s)**

Current secondary outcome measures as of 21/07/2021:

1. Overall survival
  2. Disease progression (biochemical and clinical)
  3. Lower urinary tract symptoms
  4. Psychosocial impact of cancer diagnosis and treatment including generic health status, quality of life and sexual function
  5. Cost-effectiveness of the treatments
- 15 year median analysis no health economic analysis

Previous secondary outcome measures added 14/08/2013:

1. Overall survival
2. Disease progression (biochemical and clinical)
3. Lower urinary tract symptoms
4. Psychosocial impact of cancer diagnosis and treatment including generic health status, quality of life and sexual function
5. Cost-effectiveness of the treatments

### **Completion date**

31/03/2027

## **Eligibility**

### **Key inclusion criteria**

Men aged 50-69 years from the community, localised prostate cancer for eligibility for randomisation

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

**Age group**

Senior

**Sex**

Male

**Total final enrolment**

8388

**Key exclusion criteria**

Not provided at time of registration.

**Date of first enrolment**

01/10/2001

**Date of final enrolment**

20/01/2009

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

United Kingdom

England

**Study participating centre**

John Radcliffe Hospital

Oxford

United Kingdom

OX3 9DU

**Sponsor information****Organisation**

University of Oxford (UK)

**ROR**

<https://ror.org/052gg0110>

**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

The datasets generated during and/or analysed during the current study are/will be available upon request from Freddie C Hamdy (freddie.hamdy@nds.ox.ac.uk), anonymised data, 2023 indefinitely, request via a standard proforma to the ProtecT PIs to consider requests and can give the web link. consent was obtained

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/10/2006		Yes	No
<a href="#">Results article</a>	results	01/12/2007		Yes	No
<a href="#">Results article</a>	results	27/04/2010		Yes	No
<a href="#">Results article</a>	results	19/10/2010		Yes	No
<a href="#">Results article</a>	results	01/11/2010		Yes	No
<a href="#">Results article</a>	results	01/11/2010		Yes	No
<a href="#">Results article</a>	results	15/01/2011		Yes	No
<a href="#">Results article</a>	active surveillance results	01/10/2012		Yes	No
<a href="#">Results article</a>	acceptability results	01/12/2012		Yes	No

<a href="#">Results article</a>	results	01/01/2013		Yes	No
<a href="#">Results article</a>	results	01/09/2014		Yes	No
<a href="#">Results article</a>	results	01/02/2015		Yes	No
<a href="#">Results article</a>	results	18/09/2015		Yes	No
<a href="#">Results article</a>	results	13/10/2016		Yes	No
<a href="#">Results article</a>	results	13/10/2016		Yes	No
<a href="#">Results article</a>	results	01/08/2017		Yes	No
<a href="#">Results article</a>	results	01/04/2018	12/09/2019	Yes	No
<a href="#">Results article</a>	results	01/09/2019	26/05/2020	Yes	No
<a href="#">Results article</a>	results	01/09/2020	17/07/2020	Yes	No
<a href="#">Results article</a>	10 year results	01/08/2020	13/08/2020	Yes	No
<a href="#">Results article</a>	embedded qualitative study results	09/09/2020	11/09/2020	Yes	No
<a href="#">Results article</a>	15 year results	11/03/2023	14/03/2023	Yes	No
<a href="#">Other publications</a>	case-control study	15/01/2012		Yes	No
<a href="#">Other publications</a>	cross-sectional analysis	01/06/2012		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Plain English results</a>				No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes