

Male synthetic sling versus Artificial urinary Sphincter Trial for men with urodynamic stress incontinence after prostate surgery

Submission date 19/07/2013	Recruitment status No longer recruiting	☒ Prospectively registered ☒ Protocol
Registration date 22/07/2013	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 17/08/2022	Condition category Urological and Genital Diseases	☐ Individual participant data

Plain English summary of protocol

<http://www.cancerresearchuk.org/about-cancer/trials/a-trial-comparing-devices-help-men-urine-leakage-after-prostate-cancer-surgery-master>

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

HTA 11/106/01

Study information

Scientific Title

Male synthetic sling versus Artificial urinary Sphincter Trial for men with urodynamic stress incontinence after prostate surgery: Evaluation by Randomised controlled trial (MASTER)

Acronym

MASTER

Study objectives

The trial will investigate whether a male synthetic sling is non-inferior to implantation of an artificial urinary sphincter (AUS) for men who have urinary incontinence after prostate surgery (for cancer or benign disease).

More details can be found at <http://www.nets.nihr.ac.uk/projects/hta/1110601>

Ethics approval required

Old ethics approval format

Ethics approval(s)

Currently being reviewed by National Research Ethics Service (NRES) Committee South West - Frenchay

Primary study design

Interventional

Study design

Multicentre randomised controlled non-inferiority trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Adult men with urodynamic stress incontinence after prostate surgery

Interventions

Two surgical operations for male urinary incontinence, a synthetic male sling and an artificial urinary sphincter (AUS) implantation will be evaluated. All adult men who have decided in discussion with their urologist to have surgery for urodynamic stress incontinence (USI) resulting from prostate surgery and who consent to participate will be included in the study. If the treating urologist advises that either of the interventions are suitable for the patient and the man agrees to randomisation, he will be randomised to receive one of the two procedures. The patients who are not eligible for randomisation (if the urologist advises one particular type of surgery and/or the man is not willing to be randomised) will be invited to consent to be followed-up.

All men, whether in the randomised controlled trial or who are being followed-up, will complete questionnaires and 3-day urinary bladder diaries at baseline, 6, 12 and 24 months after surgery. Randomised men only will attend a review appointment with their urologist at 12 months following surgery to evaluate the results of surgery, including a 24 hour pad test.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

1. Clinical effectiveness of implantation of the male sling compared with AUS in terms of self-reported incontinence at 12 months.
2. Cost effectiveness of a policy of primary implantation of the male sling compared with AUS, measured by incremental cost per quality-adjusted life-year (QALY) at 24 months.

Key secondary outcome(s)

1. Risks of each type of surgery
2. Costs of the benefits and risks of each treatment policy
3. Subsequent NHS services (including repeat surgery) needed for men with persistent or recurrent problems
4. The differential effects of the operations on other outcomes such as quality of life and general health
5. Satisfaction of the men with each procedure

Completion date

01/07/2025

Eligibility**Key inclusion criteria**

Adult men who have decided in discussion with their urologist to have surgery for urodynamic stress incontinence (USI) resulting from prostate surgery.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Male

Total final enrolment

480

Key exclusion criteria

1. Men who have had previous male sling or AUS surgery.
2. Men with unresolved bladder neck contracture or urethral stricture after prostate surgery.
3. Men who do not consent to be randomised (these men will be asked to consent to follow up).
4. Men with insufficient manual dexterity to operate AUS device.
5. Men who are unable to give informed consent or complete trial documentation.

Date of first enrolment

29/01/2014

Date of final enrolment

31/12/2017

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Bristol Urological Institute

Bristol

United Kingdom

BS10 5NB

Sponsor information

Organisation

North Bristol NHS Trust (UK)

ROR

<https://ror.org/036x6gt55>

Funder(s)

Funder type

Government

Funder Name

NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) - NIHR Health Technology Assessment Programme - HTA (UK) ref: 11/106/01

Results and Publications

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

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?
Results article	protocol	01/06/2021	02/06/2021	Yes	No
Results article		01/08/2022	17/08/2022	Yes	No
Protocol article		21/02/2018		Yes	No