

Shortness Of Breath in Lung Cancer

Submission date 25/08/2010	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 25/01/2011	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 25/10/2022	Condition category 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-2-training-programmes-manage-breathlessness-people-with-cancer-affecting-lungs-sob-lc2>

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

Version 2

Study information

Scientific Title

A randomised trial of high versus low intensity training in breathing techniques for breathlessness in patients with malignant lung disease: early intervention

Acronym

SOB-LC II

Study objectives

Three breathing training sessions at weekly intervals are more effective than a single session in reducing the breathlessness severity of patients with intra-thoracic malignancy and refractory breathlessness.

Please note that this record is related to a previously registered trial entitled "Breathlessness training: comparison of two programmes for Shortness Of Breath in Lung Cancer" (ISRCTN62865905), and can be found at <http://www.isrctn.com/ISRCTN62865905>.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Sheffield Research Ethics Committee, 15/12/2010, ref: 10/H1308/66

Study design

Multicentre randomised controlled non-blinded parallel-group study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Intrathoracic cancer

Interventions

Patients randomised to the single session training arm will be taught the four techniques of management of breathlessness (breathing control, pacing, anxiety management and relaxation) at a single session in a clinical setting appropriate to the needs of the patient by the therapist.

Patients randomised to the three session training arm will be taught the same four techniques of the management of breathlessness at a single session in a clinical setting appropriate to the needs of the patient by the therapist. This will be followed by practice and reinforcement face-to-face with the therapist on two further occasions at weekly intervals.

Both groups will receive written reinforcement in the form of information booklets plus verbal reinforcement in the format of the patients choice (CD, video or DVD) will be given to remind the patient of the techniques they have been taught. One week after the final visit, the therapist will ring the patient to see if they have remembered to practise the techniques and if they have managed to watch/listen to the reinforcement information.

The primary analysis point is a 4 weeks, but participants will be followed up until 8 weeks.

Intervention Type

Behavioural

Primary outcome(s)

Worst severity of breathlessness over past 24 hours measured by NRS

Key secondary outcome(s)

1. Breathlessness score on NRS (severity: average over last 24 hours)
2. NRS distress from breathlessness
3. NRS satisfaction with care of breathlessness
4. Global impression of changes of breathlessness
5. CRQ-SAS
6. HADS
7. Brief COPE/NRS cope
8. EQ5D
9. CIEQ-Chr
10. Number of other interventions for breathlessness during study period
11. Number of hospital admissions during study period
12. Costs associated with both comparators
13. Correlation with baseline BFI, MTQ, CIEQ-Chr scores
14. Correlation with patient programme preference

The following are measured at all time points: breathlessness severity (average over past 24 hours); distress due to, coping with, and satisfaction with the management of breathlessness; EQ5D. All secondary endpoints are measured at weeks 4 and 8 except for the global impression of change of breathlessness which is only measured at week 4.

Completion date

31/03/2013

Eligibility

Key inclusion criteria

1. Primary or secondary malignant lung disease
2. Aged over 18 years
3. Willingness to engage with breathlessness training
4. Ability to give informed consent
5. Sufficient understanding of the English language to complete the study questionnaires
6. Severity average breathlessness (Numeric Rating Scale [NRS]) greater than 3
7. All identified reversible causes of the breathlessness have been treated if appropriate to do so, in the opinion of the attending clinician
8. Verbal confirmation of consent
9. Estimated prognosis (in the investigator's opinion) of greater than 3 months

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Total final enrolment

156

Key exclusion criteria

1. Inability to give informed consent
2. Intercurrent illness or co-morbidities making completion of the study unlikely
3. Rapidly worsening breathlessness requiring urgent medical intervention
4. Insufficient understanding of the English language to complete the study questionnaires
5. Verbal withdrawal of consent
6. Unable to complete study assessments

Date of first enrolment

25/05/2011

Date of final enrolment

31/03/2013

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

St. Catherine's Hospice

Scarborough

United Kingdom

YO12 5RE

Sponsor information

Organisation

Hull and East Yorkshire Hospitals NHS Trust (HEYHT) (UK)

ROR

<https://ror.org/01b11x021>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	cost-effectiveness results	01/11/2014		Yes	No
Results article	results	07/09/2015		Yes	No
Plain English results			25/10/2022	No	Yes