

Intra-operative administration of taurolidine reduces level of interleukin-1 beta rather than povidone-iodine in patients with colon, gastric, and pancreatic cancer. A clinical prospective randomised multicenter trial.

Submission date 12/09/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 17/02/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 23/07/2009	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Study information

Scientific Title

Acronym

IPATI

Study objectives

Taurolidine suppresses the intraperitoneal levels of cytokines and might influence tumor growth

Ethics approval required

Old ethics approval format

Ethics approval(s)

The Ethics Committee of the Charite Campus Mitte, University Hospital, (Universitaetsmedizin) Berlin, Germany, as the leading study center, approved the study design in 1998. The study was carried out in accordance with the Declaration of Helsinki. Written informed consent was obtained from all patients before enrolment.

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Colon, gastric or pancreatic cancer

Interventions

120 Patients with colon, gastric or pancreatic cancer have been randomised between January 1999 and August 2001 to receive either taurolidine or povidone-iodine intraperitoneally during open resection.

Intra-operative instillation of 0.5% taurolidine versus 0.25% povidone-iodine solution.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Taurolidine, Povidone-iodine

Primary outcome(s)

Interleukin-1 beta perioperatively measured six times

Key secondary outcome(s)

1. Evaluation of morbidity and mortality
2. Side-effects
3. Long-term follow-up after 3, 6, 12 months and 2, 3, 4 and 5 years

Completion date

30/04/2005

Eligibility

Key inclusion criteria

1. Open resection of colon, gastric, or pancreatic cancer
2. American Society of Anesthesiologists (ASA) I-III classification
3. Histopathological R0-resection

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Complete ileus
2. ASA IV classification
3. Histopathological R1- or R2-resection
4. Unknown intra-operative metastasis, peritoneal carcinomatosis, intra-abdominal abscess, sepsis or clinically relevant organ failure
5. Apparent coagulopathy

Date of first enrolment

01/01/1999

Date of final enrolment

30/04/2005

Locations

Countries of recruitment

Germany

Study participating centre

Schumannstrasse 20/21

Berlin

Germany

10117

Sponsor information

Organisation

Charité - University Medicine Berlin (Charité - Universitätsmedizin Berlin) (Germany)

ROR

<https://ror.org/001w7jn25>

Funder(s)

Funder type

Other

Funder Name

Insurance funding (Gerling Versicherungs-Service AG) (Germany)

Results and Publications

Individual participant data (IPD) sharing plan

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	results	23/03/2009		Yes	No