

# A prospective randomised phase III study of observation versus screening MRI and preemptive treatment in castrate resistant prostate cancer patients with spinal metastasis

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| <b>Submission date</b><br>28/11/2012   | <b>Recruitment status</b><br>No longer recruiting | <input checked="" type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol |
| <b>Registration date</b><br>29/11/2012 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>24/03/2026       | <b>Condition category</b><br>Cancer               | <input type="checkbox"/> Individual participant data  |

## Plain English summary of protocol

<http://www.cancerresearchuk.org/cancer-help/trials/a-trial-looking-mri-scans-pick-up-early-signs-prostate-cancer-pressing-spine-prompts>

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### Protocol serial number

13129

## Study information

**Scientific Title**

A prospective randomised phase III study of observation versus screening MRI and preemptive treatment in castrate resistant prostate cancer patients with spinal metastasis

**Acronym**

PROMPTS

**Study objectives**

Does detection of radiological spinal cord compression (rSCC) by screening magnetic resonance imaging (MRI) of the spine and pre-emptive treatment reduce the incidence of clinical spinal cord compression (SCC) in asymptomatic castrate resistant prostate cancer (CRPC) patients with spinal metastasis?

More details can be found at: <http://public.ukcrn.org.uk/Search/StudyDetail.aspx?StudyID=13129>

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

12/LO/1109

**Study design**

Randomised; Interventional; Design type: Screening

**Primary study design**

Interventional

**Study type(s)**

Screening

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

Prostate Cancer

**Interventions**

Control Group: Patients followed up as per standard practice i.e. in accordance with National Institute of Clinical Excellence (NICE) guidelines, MRI spine performed if patient develops clinical neurological deficit or significant spinal pain with treatment given if there is overt SCC on MRI.

Intervention Group, Baseline screening MRI and pre-emptive treatment to sites of radiological (r) SCC; following pre-emptive treatment patients will receive an MRI scan every 6 months (rSCC is defined as radiological spinal cord compromise).

**Intervention Type**

Other

**Primary outcome(s)**

Not provided at time of registration

**Key secondary outcome(s)**

Not provided at time of registration

**Completion date**

01/05/2015

**Eligibility****Key inclusion criteria**

1. Histologically / cytologically confirmed adenocarcinoma of the prostate or clinical diagnosis of prostate cancer with osteoblastic bone metastases and Prostate-specific antigen (PSA)  $\geq$  100ng/ml
  2. Castrate resistant disease\*
  3. One or more spinal metastasis on imaging (technetium bone scan with confirmatory X-ray as appropriate clinically) undertaken at any time during the patients illness
  4. Life expectancy of 6 months or more
  5. Eastern Cooperative Oncology Group (ECOG) performance status 02
  6. Written, informed consent
- \*(rising PSA ( $>$  5 ng/ml and  $>$ 50% rise from nadir) after luteinizing hormone releasing hormone agonist (LHRHa) therapy or orchidectomy with or without antiandrogen)

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

Male

**Total final enrolment**

0

**Key exclusion criteria**

1. Back pain related to metastatic cancer, requiring regular (daily) analgesics
2. Previous active malignancy within the last 5 years other than basal cell carcinoma or low grade superficial bladder cancer
3. Current or previous spinal cord compression (SCC) or neurologic deficit
4. Brain metastasis
5. Spinal MRI within last 12 months
6. CT or PET CT scan of thorax AND abdomen within the last 6 months
7. Previous external beam radiotherapy to the vertebra or spinal surgery with the primary aim to prevent or treat SCC+
8. Serious or uncontrolled coexistent non-malignant diseases
9. Any contra indications for MRI
10. Inability to comply with neurologic and Quality of Life (QoL) assessments
11. Previous palliative radiotherapy to painful spinal metastases in now asymptomatic patients is permissible

**Date of first enrolment**

30/12/2012

**Date of final enrolment**

01/05/2015

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

15 Cotswold Road

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Sutton

England

SM2 5NG

## Sponsor information

**Organisation**

Institute of Cancer Research Experimental Cancer Medicine Centre

**ROR**

<https://ror.org/043jzw605>

## Funder(s)

**Funder type**

Charity

**Funder Name**

Cancer Research UK (UK) Grant Codes: C8262/A13749

**Alternative Name(s)**

CR\_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not expected to be made available

### Study outputs

| Output type                           | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---------------------------------------|---------|--------------|------------|----------------|-----------------|
| <a href="#">Results article</a>       |         |              | 14/03/2022 | Yes            | No              |
| <a href="#">Plain English results</a> |         | 24/03/2026   | 24/03/2026 | No             | Yes             |