

Implications of physical activity on CPET in a prostate cancer sample

Submission date 22/09/2017	Recruitment status No longer recruiting	☒ Prospectively registered ☐ Protocol
Registration date 13/10/2017	Overall study status Completed	☐ Statistical analysis plan ☐ Results
Last Edited 14/09/2022	Condition category Cancer	☐ Individual participant data ☐ Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Public

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Additional identifiers

Protocol serial number
2839

Study information

Scientific Title

Feasibility randomised controlled trial to explore implications of a physical activity intervention on Cardiopulmonary Exercise Testing (CPET) and other outcomes in men with localised prostate cancer prior to radical prostatectomy

Study objectives

The aim of this study is to explore the impact of moderate-vigorous physical activity on anaerobic threshold, in men with localised prostate cancer, as measured by Cardiopulmonary Exercise Testing (CPET).

Ethics approval required

Old ethics approval format

Ethics approval(s)

East Midlands – Nottingham 2 Research Ethics Committee, ref:17/EM/0446, 31/01/2018

Primary study design

Interventional

Study design

Two arm randomised control feasibility study

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Localised prostate cancer

Interventions

Participants are randomised (1:1) into a physical activity intervention arm or the control arm. This is carried out using a computer generated programme by a member of university staff unrelated to the research study.

Men in the intervention arm are asked to carry out moderate-vigorous physical activity. Participant interventions are asked to walk at a brisk pace for 30 minutes, on at least 5 days a week, on top of normal physical activity, with the additional aim to walk 10,000 steps every day. Participants are provided with a wrist worn activity monitor which provide real time feedback and motivational reminders. The participants are instructed to do this by the research nurse at their research appointment. They are asked to carry out the intervention from randomisation until their surgery which are approximately 4-6 weeks in duration.

Participants in the control arm are asked to carry on with normal physical activity. Baseline takes place at randomisation, follow up is done just prior to surgery approx. 4-6 post randomisation.

Intervention Type

Behavioural

Primary outcome(s)

CPET quantitative measures for fitness pre- and -post exercise intervention are measured using peak oxygen uptake (VO₂) and surrogate measures of lung efficiency of ventilatory equivalents for CO₂ and O₂, as well as the AT

Quantitative measures for fitness pre- and -post exercise intervention will include peak oxygen uptake (VO₂) and surrogate measures of lung efficiency of ventilatory equivalents for CO₂ and O₂ measured using Cardiopulmonary exercise testing (CPET) monitoring at baseline and prior to surgery (approx. 4-6 weeks post randomisation / baseline).

Key secondary outcome(s)

1. Effects on markers of proliferation and metabolic pathways, including p AMPK/AMPK, p IGF-I receptor/ IGF-I receptor, FASN, PTEN, IGFBP-2, Ki67 and pACCA/ ACCA are measured using blood and prostate tissue at baseline and prior to/during surgery (approx. 4-6 weeks post randomisation/baseline)
2. Randomisation rates are measured using the proportion of eligible men approached who agree to be randomised baseline
3. Retention rates measured using the number of participants successfully followed-up, as a proportion of those who were randomised just prior to surgery (approx. 4-6 weeks post randomisation/baseline)
4. Change in prostate specific antigen (PSA) level collected via blood sample at baseline and prior to surgery (approx. 4-6 weeks post randomisation/baseline)
5. Change in insulin-like growth factor (IGF-I) level collected via blood sample at baseline and prior to surgery (approx. 4-6 weeks post randomisation / baseline)
6. Change in Quality of life collected via validated questionnaire (The Functional Assessment of Cancer Therapy – Prostate subscale (FACT-P) and Functional Assessment of Chronic Illness Therapy – Fatigue subscale (FACIT-F) questionnaires) at baseline and prior to surgery (approx. 4-6 weeks post randomisation/baseline)

Completion date

30/09/2018

Eligibility

Key inclusion criteria

1. Localised prostate cancer
2. Be due to undergo radical prostatectomy
3. Be due to receive treatment at Southmead Hospital, North Bristol NHS Trust
4. Capacity to consent for themselves as judged by a member of the research team with appropriate training and experience
5. Be aged 18 or over, there is no upper age limit
6. Have sufficient understanding of the English language, including being able to read and speak English at a basic level
7. Be physically able to undergo the brisk walking intervention and CPET static bike assessment

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Sex

Male

Key exclusion criteria

1. Inability to give informed consent or unavailability for follow-up
2. Being identified as unsuitable to participate following guidance of their clinician
3. The use of a mobility aid other than a walking stick that would prevent them from carrying out the brisk walking intervention
4. Any co-morbidities or other reason for not being able to participate in any aspect of the intervention
5. Participants already achieving physical activity levels over the physical activity intervention level

Date of first enrolment

01/04/2018

Date of final enrolment

20/08/2018

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre**Southmead Hospital**

Southmead Road
Westbury-on-Trym
Bristol
United Kingdom
BS10 5NB

Sponsor information**Organisation**

University of Bristol

ROR

<https://ror.org/0524sp257>

Funder(s)

Funder type

Government

Funder Name

NIHR Bristol Biomedical Research Centre (Nutrition Theme)

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?
HRA research summary			28/06/2023	No	No