

Preventing recurrence of endometriosis by means of long acting progestogen therapy

Submission date 20/03/2014	Recruitment status No longer recruiting	☒ Prospectively registered ☐ Protocol
Registration date 20/03/2014	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 12/09/2024	Condition category Urological and Genital Diseases	☐ Individual participant data

Plain English summary of protocol

Background and study aims

Endometriosis is a common condition where cells similar to those within the lining of the womb are found in abnormal locations elsewhere in the body, commonly within the pelvis. Like the lining of the womb itself, these cells go through a phase of growth followed by breakdown and bleeding. This internal bleeding within the pelvis causes inflammation, the formation of scar tissue (adhesions) and is associated with pain. Endometriosis occurs in 6-10% of women of reproductive age. The condition is painful and can have a serious impact on their lives. Many will need surgery to remove areas of endometriosis in order to relieve pain. However, symptoms of endometriosis tend to return and women need to go through repeated surgery including removal of their womb and ovaries. Previous research has suggested that medicines containing female hormones (progestogens) can reduce the chances of symptoms returning. Treatments in this class are contraceptives and include a coil, injections, or the pill. However, these studies were done with small numbers of participants and were unable to provide definitive results. The aim of this study is to compare the effectiveness of these different treatment options in women undergoing surgery for endometriosis.

Who can participate?

Women aged 16-45 with no immediate plans to conceive who are undergoing surgery for endometriosis

What does the study involve?

Participants are randomly allocated to take either long-acting progestogens (either as three monthly injections or as a coil, which is inserted into the womb where it remains for five years), or long-term treatment with the oral contraceptive pill.

What are the possible benefits and risks of participating?

The study will provide information on which treatment is the most effective in terms of symptom relief, side-effects, acceptability and costs. This information will be vital in terms of future clinical decision making in an area of uncertainty.

Where is the study run from?

University of Aberdeen (UK) and 35 other centres, BCTU is the coordinating centre

When is the study starting and how long is it expected to run for?
March 2014 to June 2021

Who is funding the study?
National Institute for Health Research (UK)

Who is the main contact?
Prof. Kevin Cooper
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Clinical Trials Information System (CTIS)
2013-001984-21

Protocol serial number
16166

Study information

Scientific Title
PRE-EMPT: Preventing Recurrence of Endometriosis by Means of long acting Progestogen Therapy

Acronym
PRE-EMPT

Study objectives
Current study hypothesis as of 17/07/2017:
A large randomised controlled trial in which women undergoing surgery for endometriosis will be randomly allocated to take long acting progestogens (either as three monthly injections or as

a coil, which is inserted into the womb where it remains for five years), or long term treatment with the oral contraceptive pill.

Previous study hypothesis:

A large randomised controlled trial in which women undergoing surgery for endometriosis will be randomly allocated to take long acting progestogens (either as three monthly injections or as a coil, which is inserted into the womb where it remains for five years), or long term treatment with the oral contraceptive pill, or no treatment.

Ethics approval required

Old ethics approval format

Ethics approval(s)

East of Scotland Research Ethics Service (EoSRES), 12/09/2013, ref: 14/ES/1004

Study design

Randomised; Interventional; Design type: Treatment

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Topic: Reproductive Health; Subtopic: Reproductive Health and Childbirth (all Subtopics);
Disease: Reproductive Health & Childbirth

Interventions

Combined oral contraceptive pill, if an option and allocated by randomisation:

Initial prescription dispensed by gynaecologist, before discharge, or else as soon as possible by GP or at family planning clinic. Subsequent prescriptions by GP or at family planning clinic.

DMPA injection, if an option and allocated by randomisation:

Initial injection by gynaecologist, before discharge, or else as soon as possible by GP or family planning clinic. Subsequent 3 monthly injections by GP or at family planning clinic.

LNG-IUS insertion, if an option and allocated by randomisation:

Initial insertion by gynaecologist, either during laparoscopy or before discharge, or else as soon as possible by GP or at family planning clinic.

Laparoscopy

All participants will have a laparoscopy to diagnose endometriosis and for excision/ablation or endometrial lesions if found. These will be either in a single procedure or two procedures, depending on clinician's decision.

Intervention Type

Other

Phase

Phase IV

Primary outcome(s)

Recurrence of symptoms, evaluated by the pain domain of the EHP-30 questionnaire

Key secondary outcome(s)

1. All other symptom and quality of life (QoL) domains of the EHP-30
2. Non-menstrual pelvic pain

Completion date

30/06/2021

Eligibility

Key inclusion criteria

1. Women aged 16-45
2. No immediate plans to conceive
3. Are scheduled to have laparoscopic conservative surgery, or a diagnostic laparoscopy with concurrent surgery if endometriosis is found, for pelvic pain associated with endometriosis

(Pilot phase) willing to be randomised to at least one long-acting progestogen (LNG-IUS/DMPA) and COCP

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

16 years

Upper age limit

45 years

Sex

Female

Total final enrolment

403

Key exclusion criteria

Any women, who at the point of randomisation have any of the following, are not eligible for the trial:

1. Current infertility (trying for a baby, receiving or contemplating fertility treatment)
2. Deep infiltrating endometriosis, involving the bowel or rectovaginal septum, and requiring complex surgery, whether pre-planned or identified at laparoscopy
3. Contraindications to the use of hormonal treatment with oestrogen or progestogens
4. Suspicion of malignancy

Date of first enrolment

01/05/2014

Date of final enrolment

28/02/2019

Locations

Countries of recruitment

United Kingdom

Scotland

Study participating centre

University of Aberdeen

Aberdeen

United Kingdom

AB25 2ZD

Study participating centre

35 centres

United Kingdom

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Sponsor information

Organisation

NHS Grampian (UK)

ROR

<https://ror.org/00ma0mg56>

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

The current 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		15/05/2024	21/05/2024	Yes	No
Results article		01/09/2024	12/09/2024	Yes	No
HRA research summary			28/06/2023	No	No
Other publications	Internal pilot focus group results	11/03/2017		Yes	No