

The STAT-ROC feasibility study

Submission date 08/01/2015	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 08/01/2015	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 06/02/2020	Condition category Cancer	☐ 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

Clinical Trials Information System (CTIS)

2014-001318-24

Protocol serial number

17147

Study information

Scientific Title

A feasibility study of adjuvant STATin therapy in the prevention of postoperative Recurrence of Oesophageal adenoCarcinoma (The STATROC feasibility study)

Acronym

STATROC

Study objectives

This study is a single-centre, blinded, parallel group, randomised controlled trial to determine the feasibility of investigating adjuvant statin therapy in the prevention of post-operative recurrence of oesophageal and gastro-oesophageal adenocarcinoma in a future phase III RCT. Patients who have undergone potentially curative surgery will be randomised to receive either simvastatin 40mg nocte or placebo on discharge from hospital for one year. Participants will be assessed at screening, baseline and at months 3, 6, 9 and 12. Assessments will include measurements of recruitment and retention, absorption, adherence, safety, quality of life, disease-free and overall survival and generalisability.

Ethics approval required

Old ethics approval format

Ethics approval(s)

14/SC/0247; First MREC approval date 01/07/2014

Study design

Randomised; Interventional; Design type: Treatment

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Topic: Cancer; Subtopic: Upper Gastro-Intestinal Cancer; Disease: Oesophagus

Interventions

Placebo, Microencapsulated lactose tablets, oral administration nocte; Simvastatin 40mg, Microencapsulated generic simvastatin film coated tablets, 40mg, oral administration nocte; Follow Up Length: 12 month(s); Study Entry : Single Randomisation only

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Simvastatin

Primary outcome(s)

Absorption; Timepoint(s): LDL cholesterol at 3, 6, 9 and 12 months from discharge from hospital following surgery

Key secondary outcome(s))

1. Adherence; Timepoint(s): Pill counts at 3, 6, 9 and 12 months from discharge from hospital following surgery

2. Generalisability; Timepoint(s): Screening and Baseline visits;
3. Overall and disease-free survival; Timepoint(s): Up to one year post-discharge following surgery
4. Quality of life; Timepoint(s): Baseline, 3, 6, 9 and 12 months post-discharge following surgery.
5. Recruitment; Timepoint(s): Measured between 21/10/14 and 31/10/15
6. Retention; Timepoint(s): Measured between randomisation of first participant and date of end of follow-up (latest 31/10/16)
7. Safety; Timepoint(s): Adverse events will be continuously recorded from the date of first trial medication administration

Completion date

31/10/2015

Eligibility

Key inclusion criteria

1. Participant is willing and able to give informed consent for participation in the trial
2. Male or female, aged 18 years or above
3. Diagnosed with oesophageal adenocarcinoma (including adenocarcinoma of the gastrooesophageal junction [Siewert 1 or 2 lesions]) confirmed with both endoscopy and histology
4. Due to undergo potentially curative surgery with either an oesophagectomy, oesophagogastrectomy or extended total gastrectomy and survive to discharge from hospital following their operation

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Total final enrolment

32

Key exclusion criteria

1. Currently prescribed a statin as part of their routine clinical care
2. Due to be prescribed a statin as part of their routine clinical care. Applicable to a participant who has agreed to statin therapy as recommended by their general practitioner (GP) for the primary or secondary prevention of cardiovascular disease. NB: patients who qualify for a statin but who choose not to be prescribed one for primary or secondary prevention of cardiovascular disease are still potentially eligible for this study

3. Hypersensitivity to simvastatin
4. Active liver disease or unexplained persistent elevations of serum transaminases (> 3x upper limit of normal [ULN])
5. Severe renal insufficiency (estimated glomerular filtration rate [eGFR] less than 30 mL/minute/1.73 m²).
6. Creatine kinase (CK) > 5x ULN
7. Female participant who is pregnant, lactating or planning pregnancy during the course of the trial
8. Concomitant drug prescription of potent CYP3A4 inhibitors planned for greater than 1 month during the study period (e.g. itraconazole, ketoconazole, fluconazole, posaconazole, HIV protease inhibitors [e.g. nelfinavir], erythromycin, clarithromycin, telithromycin and nefazodone)
9. Concomitant drug prescription planned for greater than 1 month during the study period of amiodarone, verapamil, diltiazem, amlodipine, ciclosporin, danazol or gemfibrozil
10. Acute porphyria

Date of first enrolment

21/10/2014

Date of final enrolment

31/10/2015

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of East Anglia

Earlham Road

Norwich

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Sponsor information

Organisation

Norfolk and Norwich University Hospital NHS Trust

ROR

<https://ror.org/01wspv808>

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**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	01/07/2017		Yes	No
Results article	results	01/02/2020	06/02/2020	Yes	No
HRA research summary			28/06/2023	No	No