# Observational study; Pilot study assessing sildenafil effect on lung tumour blood flow.

No registrations found.

**Ethical review** Positive opinion

**Status** Recruiting **Health condition type** -

**Study type** Observational non invasive

# **Summary**

#### ID

**NL-OMON19896** 

**Source** 

Nationaal Trial Register

**Brief title** 

N/A

**Health condition** 

Non-small cell lung cancer.

### **Sponsors and support**

Primary sponsor: Prof. Dr. E.F. Smit

ef.smit@vumc.nl

**Source(s) of monetary or material Support:** Fund=initiator=sponsor.

#### Intervention

#### **Outcome measures**

#### **Primary outcome**

Tumour perfusion change after sildenafil.

### **Secondary outcome**

N/A

# **Study description**

### **Background summary**

The aim of this pilot study is to assess if sildenafil induced pulmonary vasodilatation leads to an associated increase in tumour blood flow in NSCLC. If this appears to be the case then a larger scale study would be performed to confirm this as sildenafil might then potentially augment the efficacy of chemotherapy or act as a radiosensitising agent in the treatment of NSCLC.

A baseline dynamic CT perfusion scan will be performed to assess baseline tumour perfusion. On the treatment day patients will receive 50 mg sildenafil orally (time point 0). One hour after administration a CT perfusion will be performed to assess tumour perfusion post sildenafil. By comparing the baseline and post-treatment scans the effect on tumour perfusion will be estimated. Blood pressure and pulse will be monitored at 0, 15, 30, 45, 60 and 120 mins to assess for possible systemic hypotension.

### **Study objective**

Does sildenafil improve tumour perfusion?

#### Study design

Baseline and 1 hour post sildenafil.

#### Intervention

- 1. Baseline CT perfusion scan;
- 2. 50 mg sildenafil;
- 3. 1 hour later: CT perfusion scan.

In addition to CT perfusion scans we will perform H2O PET scans to assess tumor perfusion. The PET scans will be performed at baseline and 60 minutes after sildenafil administration (Ie. Same time points as CT scans). The primary outcome of change in tumor perfusion will be

### **Contacts**

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# **Eligibility criteria**

### Inclusion criteria

- 1. Age > 18 years;
- 2. WHO performance status 0-1;
- 3. Adequate hematological, renal and hepatic functions:
- a. total bilirubin < 1.5 x UNL;
- b.  $ASAT/ALAT < 2 \times UNL$ ;
- c. alkaline phosphatase < 5 x UNL;
- d. creatinine < 130 mmol/L;
- 4. Primary tumour size ¡Ý1cm;

5. Written informed consent.

### **Exclusion criteria**

- 1. Concurrent NTG, ritonivir, azoles, other P450 inhibitors;
- 2. Concurrent anti-hypertensive or nitrate medications;
- 3. Hypersensitivity to sildenafil/component of formulation;
- 4. Contrast allergy;
- 5. Hypotension <90/50mmg;
- 6. Other serious diseases such as heart failure, unstable angina, MI/CVA/serious arrhythmia within 6 months, diabetes;
- 7. History of visual loss and genetic degenerative retinal disease e.g. retinitis pigmentosa;
- 8. Pregnancy/lactation.

# Study design

### **Design**

Study type: Observational non invasive

Intervention model: Other

Allocation: Non controlled trial

Masking: Open (masking not used)

Control: N/A, unknown

### Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 01-12-2007

Enrollment: 10

Type: Anticipated

# **Ethics review**

Positive opinion

Date: 06-11-2007

Application type: First submission

# **Study registrations**

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register ID

NTR-new NL1088 NTR-old NTR1121

Other MEC nr : 07/237.

ISRCTN Geen aanvraag/Observational study

# **Study results**

### **Summary results**

N/A