

# A prospective Evaluation of the Torax Medical Inc. Magnetic Esophageal Sphincter for the treatment of Gastroesophageal Reflux Disease (GERD).

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This study is conducted to evaluate a novel method of augmenting a weak Lower Esophageal Sphincter (LES) with a magnetic esophageal sphincter device.

<b>Ethical review</b>	-
<b>Status</b>	Will not start
<b>Health condition type</b>	Gastrointestinal haemorrhages NEC
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON29969

### Source

ToetsingOnline

### Brief title

A prospective evaluation of the MES for the treatment of GERD.

### Condition

- Gastrointestinal haemorrhages NEC

### Synonym

GERD, heartburn

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Torax Medical, Inc.

**Source(s) of monetary or material Support:** Opdrachtgever Torax Medical financiert de

studie

## Intervention

**Keyword:** Laparoscopy, Reflux disease, Sphincter implant

## Outcome measures

### Primary outcome

- Verification of the procedural methods for placing the Magnetic Esophageal

Sphincter around the LES.

- Evaluate the physiological function of the implant with manometry,

fluoroscopy, and endoscopy. Additional assessment and further diagnostics if

deemed necessary by investigator.

- Evaluate the reduction of GERD by patient symptomology interview at all

follow-up visits and 24hr pH profile at the six month follow-up visit.

### Secondary outcome

Not available

## Study description

### Background summary

GERD is a chronic disorder associated with substantial morbidity and a major adverse impact on patient quality of life. In industrialized nations the disease has become increasingly common with an estimated prevalence in the general population of approximately 7%.

The normal physiological barrier to GERD is made up of two major components: The LES and the diaphragm. A sphincter muscle provides tone to create a high pressure zone. The LES muscle works in conjunction with the diaphragm to close the junction between the esophagus and the stomach keeping acidic contents from

refluxing into the esophagus. A competent LES keeps the esophagus closed to gastric contents and opens during swallowing to allow food to pass into the stomach. An incompetent LES, however, will open from normal gastric pressures and allow acidic contents to reflux into the esophagus. An incompetent LES is the result of a weak muscle that does not have enough tone to keep the esophagus closed.

Torax Medical, Inc. has designed a device to augment the LES. The device is designed to be placed on the external esophagus in the region of the (LES). The implant is comprised of a circumferential series of magnetic beads, where the attractive force of the magnetic beads provides additional strength to close a weak LES under normal gastric pressure.

## **Study objective**

This study is conducted to evaluate a novel method of augmenting a weak Lower Esophageal Sphincter (LES) with a magnetic esophageal sphincter device.

## **Study design**

This study is a prospective, non-randomized, open label, five center registry with up to fifty (50) patients receiving the Magnetic Esophageal Sphincter. Data collected during this study include, but may not be limited to, the following:

- Proton Pump Inhibitor (PPI), H2, and/or antacid use,
- 24hr pH assessment,
- LES manometry,
- Quality of Life Scores,
- Endoscopy,
- X-ray,
- Fluoroscopy (Barium Esophagram),
- Adverse Events.

Patients will be followed for twelve months to evaluate effectiveness of the treatment and any adverse events.

Till now 3 center are gonna participate in this trial with addition to 5 center.

## **Intervention**

The participating subjects will get the following tests in the screening period:

Endoscopy

24hr pH assesment

LES manometry

Fluoroscopy (barium esophgram)

All enrolled patients will receive the magnetic Esophageal Sphincter device.

This procedure will be performed in the OLVG hospital in Amsterdam.

Patient will be followed for 12 months to evaluate effectiveness of the treatment and any adverse events.

6 months after treatment the following tests will be performed:

Endoscopy

LES manometry and 24hr pH assessment

Abdominal/chest x-ray

12 months after treatment a barium esophagram and an abdominal/chest x-ray will be performed.

## **Study burden and risks**

In the screening period the patient will visit the AMC hospital 3x for the following tests:

LES manometry and 24hr pH assessment. For this tests the patient should be off PPI treatment for 5 days and should remain fasted from midnight the day before.

Endoscopy. He should remain fasted from midnight the day before.

Barium Esophagram. Remain fasted from 4 hours.

The implant procedure will be performed in the OLVG hospital. The patient should remain fasted from midnight the day before. An abdominal/chest x-ray will be performed. Expected hospitalization will be 2 days. You could find the potential risks in the ABR form section E9. The potential benefits are described in section E9a.

Patient will be followed for 12 months to evaluate effectiveness of the treatment and any adverse events.

6 months after treatment the following tests will be performed:

Endoscopy

LES manometry and 24hr pH assessment

Abdominal/chest x-ray

The same preparations as described in the screening period are required.

12 months after treatment a barium esophagram and an abdominal/chest x-ray will be performed.

The same preparations as described in the screening period are required.

## **Contacts**

### **Public**

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adults (18-64 years)

Elderly (65 years and older)

### **Inclusion criteria**

Age  $\geq 18$  years,  $< 85$  years, life expectancy  $> 3$  years

Documented history of GERD symptoms such as heartburn and regurgitation

On daily PPI treatment for at least 3 months with partially response

GERD symptoms in absence of PPI therapy

Ambulatory Esophageal pH  $< 4$   $\geq 5\%$  or pH  $< 4$  for  $\geq 3\%$  time in supine

Patient is a surgical candidate

Patient is able to understand provide written ICF

### **Exclusion criteria**

The procedure is an emergency procedure

Patient is currently being treated with another investigational drug mechanical support device

Prior gastric or esophageal surgery

Any endoscopic intervention

Suspected or confirmed esophageal or gastric cancer

Hiatal hernia  $\geq 3$  cm

Esophageal motility less than 30 mmHg peristaltic amplitude on wet swallows and/or  $> 30\%$  synchronous/repetitive waves

Esophagitis grade IV  
Symptoms of dysphagia or indications of dysphagia from esophagram  
Patient has scleroderma and or achalasia  
Gross esophageal anatomic abnormalities  
patient is pregnant or nursing or plans to become pregnant  
Barret esophagus  
BMI >35

## Study design

### Design

**Study type:** Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

### Recruitment

NL

Recruitment status: Will not start

Start date (anticipated): 01-07-2006

Enrollment: 10

Type: Anticipated

### Medical products/devices used

Generic name: Magnetic Esophageal Sphincter implant to augment a weak LES

Registration: No

## Ethics review

Not available

## 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
CCMO	NL12406.018.06