Sensitivity of cholangioscopy directed biopsies versus brush cytology in patients with malignant bileduct stenosis

Published: 14-04-2008 Last updated: 10-05-2024

Aim of this study is to assess the value of cholangioscopic directed biopsies versus brush cytology in differentiating between malignant and benign biliary strictures. Determination of tumor markers to improve early diagnosis of malignant biliary...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Gastrointestinal stenosis and obstruction
Study type	Observational invasive

Summary

ID

NL-OMON31613

Source ToetsingOnline

Brief title (COCYSTENS-study)

Condition

- Gastrointestinal stenosis and obstruction
- Bile duct disorders
- Hepatobiliary neoplasms malignant and unspecified

Synonym bileduct stenosis, bileduct stricture

Research involving

Human

Sponsors and support

Primary sponsor: Erasmus MC, Universitair Medisch Centrum Rotterdam

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: bileduct stenosis, biopsy, brush cytology, cholangioscopy

Outcome measures

Primary outcome

1. The difference in sensitivity between brush cytology en cholangioscopic

directed biopsy for detection of patients with malignant biliary stricture.

2. Cholangioscopic aspect of stricture

Secondary outcome

Duration of examination

Study description

Background summary

It is important to differentiate between malignant and benign bile duct stenoses. Direct tissue sampling with brush cytology yields low sensitivity rates that makes this method insufficient for definitive treatment decisions. New cholangioscopes and biopsy forceps are developed. Aim of this study is to assess the value of cholangioscopic directed biopsies versus brush cytology in differentiating between malignant and benign biliary strictures. Also, we want to collect extra tissue, plasma and fecal samples for determination of tumor markers.

Study objective

Aim of this study is to assess the value of cholangioscopic directed biopsies versus brush cytology in differentiating between malignant and benign biliary strictures.

Determination of tumor markers to improve early diagnosis of malignant biliary strictures.

Study design

prospective study

Study burden and risks

Patients have got indications for ERCP and the cholangioscopic examination is an extra supplement to the diagnostic proces. No extra sessions are necessary. The subjects will be emitted in the hospital for two days.

ERCP has got risks such as bleeding, perforation and post-ERCP pancreatitis.

No extra examinations, hospital or outpatients visits are necessary.

Contacts

Public Erasmus MC, Universitair Medisch Centrum Rotterdam

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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 >= 18 year icterus (bilirubine >2xULN) Cholestasis (GGT or alk fos >2xULN) dilated bile ducts on imaging with abdominal ultrasound, CT, or MRI

Exclusion criteria

Distal CBD stenosis Clinical conditions that do not allow ERCP with sphincterotomy such as uncorrectable coagulopathies High suspicion of common bile duct stones Patients unable or not willing to give informed consent

Study design

Design

Study type: Observational invasive		
Masking:	Open (masking not used)	
Control:	Uncontrolled	
Primary purpose:	Diagnostic	

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	08-05-2008
Enrollment:	30
Туре:	Actual

Ethics review

Approved WMO	
Date:	14-04-2008
Application type:	First submission
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

Approved WMO	
Date:	05-06-2008
Application type:	Amendment
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

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 CCMO **ID** NL17488.078.07