Three non-invasive Treatment Options for superficial basal cell carcinoma: PDT vs. imiquimod vs. 5-fluorouracil

Published: 26-07-2007 Last updated: 10-05-2024

This research has the goal to determine which treatment is the most effective treatment in terms of prevention of treatment failure, in costs and has the patients preference when comparing PDT, Imiquimod and 5FU.

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Skin neoplasms malignant and unspecified
Study type	Interventional

Summary

ID

NL-OMON31670

Source ToetsingOnline

Brief title Treatment of sBCC

Condition

• Skin neoplasms malignant and unspecified

Synonym basal cell carcinoma, skin cancer

Research involving Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum Source(s) of monetary or material Support: Zon NW

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Intervention

Keyword: 5-fluorouracil, basal cell carcinoma, imiquimod, PDT

Outcome measures

Primary outcome

Outcome measures: The primary outcome measure is treatment failure within 12

months after treatment.

Secondary outcome

Secondary outcome measures are degree of pain experienced during treatment,

compliance with treatment, side effects of treatment, patient preferences and

health care costs.

Study description

Background summary

Skin cancer is the most common cancer in Caucasians, and a basal cell carcinoma (BCC) being the most common skin cancer with 36.000 new tumours per year, and its incidence is still rising. In the past it has been a disease of the elderly patient but as a consequence of recreational sun exposure and tanning beds, more young patients develop a skin cancer as well. There are different subtypes of BCC and most subtypes are treated by surgical excision. Nowadays, non-invasive techniques (Photodynamic therapy (PDT), imiquimod and 5-fluorouracil (5FU)) are common practice to treat superficial BCC (sBCC). Because of these techniques treatment by an excision can be avoided with the possibility of complications and scar formation. Which treatment the patient will receive, does not rely on evidence based medicine but on the preference of the physician; there are no data regarding cost-effectiveness or patients preference.

Study objective

This research has the goal to determine which treatment is the most effective treatment in terms of prevention of treatment failure, in costs and has the patients preference when comparing PDT, Imiquimod and 5FU.

Study design

Study design: a randomized controlled multi-centre study

Intervention

Intervention: PDT versus imiquimod versus 5-fluorouracil

Study burden and risks

not applicable

Contacts

Public Academisch Medisch Centrum

P. Debyelaan 25 6202 AZ Maastricht NL **Scientific** Academisch Medisch Centrum

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age Adults (18-64 years)

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Elderly (65 years and older)

Inclusion criteria

All patients with a primary (no previous treatment) histopathologically confirmed diagnosis of one or more sBCCs aged between 18 and 80 years old.

Exclusion criteria

Patients using immunosuppressive drugs, patients with genetic skin cancer disorders, location in the H-zone or the hairy head, earlier treatments at the same site and pregnancy.

Study design

Design

Study phase:	4	
Study type:	Interventional	
Masking:	Single blinded (masking used)	
Control:	Uncontrolled	
Primary purpose:	Treatment	
Recruitment		
NL		
Recruitment status:	Recruiting	
Start date (anticipated):	26-03-2008	
Enrollment:	600	
Туре:	Actual	
Medical products/devices used		
Product type:	Medicine	
Brand name:	Aldara creme	
Generic name:	imiquimod 5% creme	
Registration:	Yes - NL intended use	
Product type:	Medicine	

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Brand name:	Efudix creme
Generic name:	5 Fluorouracil creme
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Metvix
Generic name:	methyl amino levulinate
Registration:	Yes - NL intended use

Ethics review

Approved WMO	
Date:	26-07-2007
Application type:	First submission
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO	
Date:	29-10-2007
Application type:	First submission
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO	
Date:	24-01-2008
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO	
Date:	28-01-2008
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO	
Date:	07-04-2008
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

Date:	19-05-2008
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO	
Date:	26-05-2008
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO	
Date:	02-06-2008
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO	
Date:	04-07-2008
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO	
Date:	26-10-2009
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

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 EudraCT

ССМО

ID EUCTR2007-002776-33-NL NL17969.068.07