

# Quantitative FDG-PET/CT of primary bladder cancer

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This study aims to evaluate different techniques for emptying, flushing and filling of the bladder using a bladder catheter in a pilot study, to find and standardise the best technique. This will make FDG-PET/CT suitable for response monitoring of (...)

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Renal and urinary tract neoplasms malignant and unspecified
<b>Study type</b>	Observational invasive

## Summary

### ID

NL-OMON33365

### Source

ToetsingOnline

### Brief title

Quantitative FDG-PET/CT of primary bladder cancer

### Condition

- Renal and urinary tract neoplasms malignant and unspecified
- Bladder and bladder neck disorders (excl calculi)

### Synonym

Bladder cancer, bladder carcinoma

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Antoni van Leeuwenhoek Ziekenhuis

**Source(s) of monetary or material Support:** Uit afdelingsbudget nucleaire geneeskunde NKI-AVL

## Intervention

**Keyword:** Bladder cancer, Bladder catheter, FDG-PET/CT

## Outcome measures

### Primary outcome

The best technique for visualisation and quantification of bladder cancer with FDG-PET/CT, and standardisation thereof.

### Secondary outcome

none.

## Study description

### Background summary

Primary bladder cancer cannot be visualised or quantified using FDG-PET/CT due to the presence of excreted FDG in the bladder. Delayed imaging and forced diuresis have insufficient effect. Flushing and filling of the bladder with a bladder catheter has been described and is effective, but the procedure has never been standardised. Differences in bladder volume and residual FDG after flushing and filling hamper the measurements. Therefore, standardised visualisation and quantification is not an option at this moment, and therefore response evaluation of chemotherapy is not reliably possible.

### Study objective

This study aims to evaluate different techniques for emptying, flushing and filling of the bladder using a bladder catheter in a pilot study, to find and standardise the best technique. This will make FDG-PET/CT suitable for response monitoring of (neoadjuvant) chemotherapy for primary bladder cancer in future patients.

### Study design

Ten patients will undergo FDG-PET/CT while FDG containing urine is removed from the bladder with a bladder catheter, using four different strategies for flushing and filling. The technique that yields the best visualisation and the most reliable quantification will be determined using visual evaluation and

standardised uptake value (SUV) measurements.

### **Study burden and risks**

Limited risk of bladder catheter placement and one intravenous injection. The radiation burden of one FDG-PET/CT scan is not considered a significant risk.

## **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**

1. Histology proven bladder cancer
2. Untreated, primary evaluation
3. cT2-4 Nx Mx

## Exclusion criteria

1. Contra-indication for bladder catheter
2. Pregnancy or breastfeeding
3. Age < 18 years
4. Restricted water intake

## Study design

### Design

**Study type:** Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-06-2009

Enrollment: 10

Type: Anticipated

## Ethics review

Approved WMO

Application type: First submission

Review commission: PTC Stichting het Nederlands Kanker Instituut - Antoni van Leeuwenhoekziekenhuis (Amsterdam)

## 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	NL27877.031.09