

# Intra cellular oxygen measurement during photodynamic therapy

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Measure intracellular oxygen availability in humans during photodynamic therapy

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruiting
<b>Health condition type</b>	Cornification and dystrophic skin disorders
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON41860

### Source

ToetsingOnline

### Brief title

P02DT

### Condition

- Cornification and dystrophic skin disorders

### Synonym

Actinic keratosis, basal cell carcinoma, skin cancer, solar keratosis

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Experimentele Anesthesiologie

**Source(s) of monetary or material Support:** Ministerie van OC&W, Photonics Healthcare BV

### Intervention

**Keyword:** Oxygen, Photodynamic therapy

## Outcome measures

### Primary outcome

Intracellular oxygen availability

### Secondary outcome

- Skin temperature at the lesion
- Sensor temperature
- Accuracy of cellular oxygen measurement (variation of repeated measurements with stable circumstances)
- Minimum measured value, expected during local pressure on skin (expected to be less than 10 mmHg)
- Maximum measured value, expected briefly after release of the pressure. In subjects with dense vascularization this is expected to rise to a value that is only slightly below the arterial oxygen tension (known to be about 100mmHg in healthy adults). Because of the measurement principle (mitoPO2 ~ 1/lifetime) larger variations are expected at higher oxygen tensions.
- Oxygen consumption
- PDT area size
- Pain
- Body weight
- Body length
- Body mass index

- Smoking, drug, alcohol
- Parameters influencing the microcirculation such as: Medication, vessel diseases, ..
- Clinical efficacy of PDT treatment
- Skin type

## Study description

### Background summary

Photodynamic therapy (PDT) is used due to its minimally invasive character for treatment of early stages of local, and superficial cancers in areas of the body accessible for light application. Other applications for PDT are for example actinic keratosis in dermatology, and macular degeneration in ophthalmology. (Piffaretti et al., 2012)

The induced cell death by PDT relies on the presence of a photosensitizer located in the target area, molecular oxygen and administration of light absorbed by a photosensitizer. One of these photosensitizers is protoporphyrin IX (PpIX), an endogenous mitochondrially produced photoactive molecule. (Poulson, 1976; Treffry & Ainsworth, 1974). Photo-activated PpIX transforms the triplet-ground state oxygen into singlet oxygen molecules. Singlet reactive oxygen molecules are one of the main working mechanisms of PDT damaging the mitochondria and internal cell organelles. (Allison & Moghissi, 2013, Buytaert, Dewaele, & Agostinis, 2007, Morgan & Oseroff, 2001). Photodynamic therapy therefore depends on the availability of oxygen in the cells of the target tissue. It has so far not been possible to measure such cellular oxygen availability.

Despite encouraging results with PDT some clinicians avoid using this therapy due to observed fluctuations in intra- and inter-patient therapeutic outcomes. (Radakovic-Fijan, Blecha-Thalhammer, Kittler, Hönigsmann, & Tanew, 2005) These fluctuations generally are associated with the intra cellular oxygen level and the uneven distributed photosensitizer. These uncertainties can be countered by monitoring in real time available intracellular oxygen adjusting the light dosimetry as ultimate result. (Busch, 2006; Glanzmann & Hadjur, 1998)

The possibility of measuring intra cellular oxygen during PDT may help improve understanding of the mechanisms involved in the oxygenation and photosensitization of biological tissues. (Piffaretti, 2011; Piffaretti et al.,

2012) It is likely that with this new information the efficacy and efficiency of PDT for a specific patient can be indicated.

### **Study objective**

Measure intracellular oxygen availability in humans during photodynamic therapy

### **Study design**

Observational study

### **Study burden and risks**

No extra risks are expected as result of the oxygen availability measurement. In the volunteer study done in the Erasmus MC NL 37911.078.11.v06 / MEC-2001-397 only PDT effect were seen as adverse event (AE). No photodynamic effects are reported with this device. These AEs were a result of careless behaviour exposing the light sensitive area to sunlight. These effects are already expected in PDT so no extra risks are identified. The extra burden for the patient is small because the standard protocol is done with a few extra measurements taking in total 150 min in which 120 min waiting time is included between the therapy PDT sessions.

## **Contacts**

### **Public**

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### **Scientific**

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## **Trial sites**

## Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Undergo 5-aminolevulinic acid precursor photodynamic therapy

### Exclusion criteria

Less than 18 years of age

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 13-07-2015

Enrollment: 30

Type: Actual

## Ethics review

Approved WMO

Date: 22-06-2015

Application type: First submission

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	ID
CCMO	NL51187.078.14