

# SAFE: Sequire for Adenomyosis and Fibroid Embolisation

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The aim of this research is to test the efficacy and safety of a new microcatheter 2.8F Sequire for treatment of uterine fibroids and/or adenomyosis with a standard embolization technique and to demonstrate the added value of this catheter, namely to...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Will not start
<b>Health condition type</b>	Reproductive neoplasms female benign
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON52676

### Source

ToetsingOnline

### Brief title

SAFE

### Condition

- Reproductive neoplasms female benign
- Menstrual cycle and uterine bleeding disorders
- Vascular therapeutic procedures

### Synonym

uterus fibroids and adenomyosis

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Sint Elisabeth Ziekenhuis

**Source(s) of monetary or material Support:** Guerbet,sa Guerbet nv

## Intervention

**Keyword:** adenomyosis, embolisation, fibroid, microcatheter

## Outcome measures

### Primary outcome

QOL scores and MRI (the difference in volume) are the two main study endpoints.

### Secondary outcome

The secondary study endpoints are:

- Number vials / ml particles used (+ size)
- Number of protection coils used to avoid advert side branch non target embolization
- Complications
- Imaging post-procedure at 3 month follow up MRI: % necrosis (infarction 100% - 95- 100% or <95%)
- Procedure time
- Radiation exposure
- Peri-procedural pain (defined by analgesics administered)

## Study description

### Background summary

Uterine fibroid and adenomyosis embolization (UAE) is currently accepted as an alternative to uterine removal (hysterectomy) or to surgically remove fibroids (myomectomy) or adenomyosis in women who have symptoms such as: heavy menstrual bleeding, pain and other symptoms due to the presence of uterine fibroids or adenomyosis. Many women appreciate the results achieved with embolization: improvement or elimination of symptoms and reduction of the size of the

fibroids or adenomyosis while preserving the uterus and preserving fertility. Despite these good results, there is still a belief that fibroid embolization can be improved by using a different type of catheter, the 2.8F Sequester catheter. The feature of this catheter is that, due to its special size, it significantly reduces the risk of (partial) embolization of surrounding tissue. The expected result of this study is to demonstrate that, using the 2.8F catheter, there is less unnecessary damage to the surrounding tissue compared to standard fibroid embolization.

## **Study objective**

The aim of this research is to test the efficacy and safety of a new microcatheter 2.8F Sequester for treatment of uterine fibroids and/or adenomyosis with a standard embolization technique and to demonstrate the added value of this catheter, namely to reduce the possible risks compared to a standard catheter. The effectiveness of the catheter is examined. It is compared with the results of embolisations previously performed (retrospective status study) to eliminate the fibroids and/or adenomyosis. Also, the special size of the 2.8F Sequester catheter can help accelerate embolization with more embolus directly to the fibroid and/or adenomyosis and less embolus to surrounding tissue.

## **Study design**

The Safe study is a single-center, prospective, cohort trial.

## **Intervention**

Embolization of myomas and/or adenomyosis (UAE) with the microcatheter 2.8F, performed by experienced intervention radiologists. Results are compared with retrospective status studies.

## **Study burden and risks**

- MRI before embolization including questionnaire/ visit gynaecologist and blood sample (partly standard care)
- Fibroid or/and adenomyosis embolization
- MRI 3 months after embolization including questionnaire, visit radiologist (standard -care), and blood sample (not standard care)
- questionnaire contains question 'ethnicity'

## **Contacts**

### **Public**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

### Inclusion criteria

- premenopausal woman, age > 30yrs and <= 55yrs
- pure adenomyosis, uterine leiomyomata or adenomyosis dominancy with fibroids clinically diagnosed and confirmed with MR imaging.
- symptoms e.g. heavy menstrual bleeding, pelvic pain, and bulk related symptoms.
- written informed consent.

### Exclusion criteria

- fibroid >= 5 cm
- pregnancy
- seeking future pregnancy
- presence or suspicion of any gynaecologic malignancy
- presence or suspicion of any pelvic inflammatory disease
- pelvic congestion syndrome

- already infarcted / calcified leiomyomata
- bleeding disorder
- renal function disorder

## Study design

### Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

### Recruitment

NL	
Recruitment status:	Will not start
Enrollment:	30
Type:	Anticipated

### Medical products/devices used

Generic name:	Sequire microcatheter
Registration:	Yes - CE intended use

## Ethics review

Approved WMO	
Date:	01-12-2021
Application type:	First submission
Review commission:	METC Brabant (Tilburg)
Approved WMO	
Date:	14-06-2022
Application type:	Amendment

## 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	NL74393.028.21