# **FAFOR**

Published: 07-02-2025 Last updated: 22-05-2025

Primary Objective: to determine the dose effect relationship between radiation dose and liver function by comparing the change in liver function after SBRT in whole liver and liver subvolumes receiving a low/medium/high doses of radiation.

**Ethical review** Approved WMO

**Status** Pending **Health condition type** Metastases

**Study type** Observational invasive

# **Summary**

#### ID

NL-OMON57540

**Source** 

Onderzoeksportaal

**Brief title** FAFOR

### **Condition**

Metastases

#### **Synonym**

patients with a single liver metastasis

### Research involving

Human

# **Sponsors and support**

**Primary sponsor:** Antoni van Leeuwenhoek (AVL)

**Source(s) of monetary or material Support:** Derde geldstroom (anders, zoals collectebussenfondsen, Europese Unie, vakministeries of bedrijven)

#### Intervention

Other intervention

### **Explanation**

N.a.

#### **Outcome measures**

### **Primary outcome**

To determine the change in liver function after SBRT in whole liver and regional liver function sub-volumes receiving a low/medium/high dose by measuring the hepatic mebrofenin uptake rate (MUR) divided by the body surface area (BSA) before and 3-4 months after SBRT.

### **Secondary outcome**

not applicable

# **Study description**

## **Background summary**

In this study, we aim to determine the dose-effect relationship between radiation dose and liver function by performing a HEBIS scan before and after SBRT. HEBIS is a nuclear imaging technique that uses [99mTc]Tc-mebrofenin to quantitatively assess liver function. HEBIS better predicts the risk of postsurgical liver failure compared to volumetry alone and is implemented in clinical practice before surgery.

To prevent liver failure after SBRT, current clinical dose constraints require that ≥ 700 ml of normal liver should receive less than 15 Gy in 3 fractions. The exact local dose-effect relation is however unknown. Doses below 15 Gy are still damaging [Pursley, 2020], while liver tissue receiving doses above 15 Gy will retain some function [Howells, 2012].

By associating the 3D radiation dose distribution with the HEBIS scan, we can evaluate the impact of radiation dose on liver function for different dose levels. This analysis will refine existing dose-effect relationships, enabling more tailored treatment of liver metastases in the future.

## **Study objective**

Primary Objective: to determine the dose effect relationship between radiation dose and liver function by comparing the change in liver function after SBRT in whole liver and liver subvolumes receiving a low/medium/high doses of radiation.

## Study design

This single-center study will be conducted at the NKI-AVL and follows the design of a prospective diagnostic pilot study.

#### Intervention

**HEBIS-scan** 

### Study burden and risks

Participation in this study has no adverse consequences or risks. However, the study does require additional time, as two HEBIS scans will be performed. For the HEBIS scans, an intravenous line (IV) will need to be placed, which may cause some pain, bruising, or (in rare cases) an infection. Additionally, the study involves the use of a radioactive substance and a SPECT-CT scan (the HEBIS scan), which involves exposure to X-ray radiation."

# **Contacts**

#### Scientific

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#### **Public**

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# **Trial sites**

### **Trial sites in the Netherlands**

Antoni van Leeuwenhoek (AVL) Target size: 15

### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Elderly (65 years and older) Adults (18-64 years)

### Inclusion criteria

- Patient treated for a liver metastasis with SBRT with treatment prescription of 3 x 20 Gy.
- Age ≥ 18 years
- Able to provide signed written informed consent prior to any study specific procedure

### **Exclusion criteria**

- WHO > 2
- Pregnancy
- Prior radiation therapy of the liver
- Lactation, unable to substitute for 24 hours
- Inability to cooperate with the scan process: inability to lie relatively still and in supine for 30-60 minutes or patient body habitus above scanner dimensions
- Exclusion criteria for HEBIS scan:
  - ∘ GFR < 30 ml/min/1.73m2
  - < 2 weeks after antiviral eradication therapy for hepatitis C</p>
  - Bilirubine > 30 μmol/l
  - Relative contra-indications (possibly affecting liver function): opiates, barbiturates, somatostatine, colestyramine, rifampicine, atropine.

# Study design

# Design

Study phase: N/A

Study type: Observational invasive

Intervention model: Single

Allocation: Non controlled trial

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Dose-response

## Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-07-2025

Enrollment: 15

Duration: 4 months (per patient)

Type: Anticipated

## Medical products/devices used

Product type: N.a.

## **IPD** sharing statement

Plan to share IPD: No

Plan description

N.a.

# **Ethics review**

Approved WMO

Date: 20-05-2025

Application type: First submission

Review commission: METC NedMec

# **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

Research portal NL-009268