

HIRISE (High-Risk women and hormonal Substitution Exposure).

Gepubliceerd: 22-03-2006 Laatste bijgewerkt: 13-12-2022

The aim of the study is: 1. To investigate the benefits and risks of hormonal substitution after prophylactic adnectomy in women with an increased risk for breast- and/or ovarian cancer due to a genetic predisposition; 2. To compare the effects...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON20562

Bron

Nationaal Trial Register

Verkorte titel

HIRISE

Aandoening

Women with an increased risk for breast- and ovarian cancer due to a genetic predisposition, after prophylactic adnectomy.

Ondersteuning

Primaire sponsor: Initiator : Anca C. Ansink, MD, PHD, gynaecological oncologist

Dept. Obstetrics & Gynaecology, room A1-40

Erasmus MC- Daniel den Hoed Oncology Center

PO BOX 5201

3008 AE Rotterdam

The Netherlands

phone: +31 10 4391263

fax +31 10 4391011

E-mail: a.ansink@erasmusmc.nl

secondary sponsor:

NV Organon
Molenstraat 110
Postbus 20
5340BH Oss
The Netherlands
phone+ 31 412661222
fax. +31 412662617

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. Change in mammographic breast density;

2. Menopausal symptoms and sexuality.

Toelichting onderzoek

Achtergrond van het onderzoek

N/A

Doel van het onderzoek

The aim of the study is:

1. To investigate the benefits and risks of hormonal substitution after prophylactic adnectomy in women with an increased risk for breast- and/or ovarian cancer due to a genetic predisposition;
2. To compare the effects and side-effects of conjugated estrogens, continuously combined with medroxyprogesterone acetate and tibolone.

Onderzoeksopzet

N/A

Onderzoeksproduct en/of interventie

Patients will be randomized to receive either:

1. 0.625 mg conjugated estrogens and 5 mg medroxyprogesterone acetate continuously combined (arm1) or
2. 2.5 mg tibolone continuously (arm 2).

Treatment will be preferentially administered for a period of at least two years. However, patients up to 50 years of age are eligible for the study as long as they intend to take the treatment medication for at least two years. In all patients, treatment may be continued until the age of 52 years, regardless the age at study entry.

Registration study:

Eligible women who are not willing to participate in the study because the absence of menopausal complaints and/or reluctance to take hormones will be asked to participate in a concomitant registration study.

In this group of women, the endpoints that will be measured and the data to collect are identical to the endpoints and data for the women participating in the intervention study.

Contactpersonen

Publiek

Erasmus Medical Center, Department of Obstetrics and Gynaecology, P.O. Box 2040
Christien C.M. Buis
Rotterdam 3000 CA
The Netherlands
+31 (0)10 7041263

Wetenschappelijk

Erasmus Medical Center, Department of Obstetrics and Gynaecology, P.O. Box 2040
Christien C.M. Buis
Rotterdam 3000 CA
The Netherlands
+31 (0)10 7041263

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Prophylactic adnectomy not longer than five years ago, or scheduled to undergo prophylactic adnectomy within the next six months from randomization;
2. Age 25-50 years;
3. Premenopausal at the time of prophylactic adnectomy;
4. Either proven BRCA 1 or BRCA 2 mutation carrier or member of an HBOC-family (50% risk carrier);
5. Have intact breast tissue (and do not consider prophylactic mastectomy in the next year);
6. Informed consent has been obtained.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. HST/ OAC (oral contraceptive) intake in the last three months;
2. History of breast cancer. Patients who have had adequately treated skin cancer (non-melanoma) or cervical carcinoma in situ are eligible. Furthermore, patients who have had another malignancy in the past, but have been disease free for more than 5 years are also eligible;
3. Abnormality on mammography that, according to the attending physician or radiologist, requires further diagnostic or therapeutic intervention;
4. Concomitant cardiovascular illness including: (recent) myocardial infarction, uncontrolled cardiac arrhythmias, angina pectoris, uncontrolled hypertension, and heart failure;
5. Current or history of deep venous thrombosis, thrombophlebitis, thromboembolic disease or suspicion of hereditary predisposition for developing venous thromboembolic disease or use of anticoagulation;
6. Abnormal endometrial thickness. For women having the ovaries still in situ, there is no maximum thickness. However, in women who were not exposed to endogenous or exogenous estrogens over the last three months, the double layer endometrial thickness should be less than 4 mm;

7. Hysterectomy;
8. Abnormal Pap smear;
9. Known or suspected hypersensitivity to estrogen and/or progesterone and/or tibolone;
10. Concomitant disease for which the use of exogenous hormonal steroids is contraindicated;
11. Use of one or more of the following drugs within the last two months: hepatic microsomal enzyme-inducing anticonvulsant drugs or drugs known to affect or interfere with the pharmacokinetics of steroids (e.g. hydantoins and/or barbiturates, such as phenobarbital, Bellergal®, rifampicin, griseofulvin, primidone or carbamazepine);
12. Use of investigational drugs within the past 6 months;
13. Alcohol and/or drug abuse within the last 3 months or any other condition that might result in premature discontinuation, according to the opinion of the investigator;
14. Abnormal laboratory values considered being clinically relevant by the investigator.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Actieve controle groep

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	10-09-2004
Aantal proefpersonen:	177
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum: 22-03-2006

Soort: Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL581
NTR-old	NTR637
Ander register	: N/A
ISRCTN	Incomplete info for ISRCTN

Resultaten

Samenvatting resultaten

N/A