

Bronchoscopische Longvolume Reductie door middel van éénrichtingsventielen in patiënten met ernstig COPD.

Gepubliceerd: 28-04-2011 Laatste bijgewerkt: 18-08-2022

Primary Objective: In this trial we will investigate the efficacy of BVR using best responder criteria in patients with severe heterogeneous emphysema compared to usual care.

Secondary Objective: Economic evaluation: Estimation of costs of BVR...

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

Samenvatting

ID

NL-OMON23581

Bron

NTR

Verkorte titel

STELVIO trial

Aandoening

COPD

Emphysema

Emfyseem

Ondersteuning

Primaire sponsor: UMC-Groningen, Pulmonary diseases

Overige ondersteuning: ZonMW/VEMI 80-82305-97-11018

UMC-Groningen

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Statistical and clinical significant improvement in both the FVC and FEV1 as well as in the 6 minute walk test.

Toelichting onderzoek

Achtergrond van het onderzoek

Title:

Bronchoscopic Lung Volume reduction with endobronchial valves using best responder criteria in patients with severe COPD: "STEVI0-trial".

Primary Objective:

We will investigate the efficacy of BVR using best responder criteria in patients with severe heterogeneous emphysema compared to usual care.

Secondary Objective:

Economic evaluation: Estimation of costs of BVR compared to care as usual and (historical) costs of LVRS.

Study Design:

Prospective, randomized (1:1) clinical intervention single center trial with a crossover of the control group to treatment.

Study Population:

22 Patients with COPD Gold stage III-IV, who stopped smoking at least 6 months ago and who have severe dyspnea despite optimal medical treatment with heterogeneous distributed emphysema with intact interlobular fissures present on thin slice CT scan.

Device:

Zephyr (PulmonX, USA) endobronchial valve. Follow-Up 6 months, with crossover for the control group after 6 months to active treatment.

Duration:

24 months.

Primary endpoint:

Statistical and clinical significant improvement in both the FVC and FEV1 as well as in the 6 minute walk test.

Doel van het onderzoek

Primary Objective:

In this trial we will investigate the efficacy of BVR using best responder criteria in patients with severe heterogeneous emphysema compared to usual care.

Secondary Objective:

Economic evaluation: Estimation of costs of BVR compared to care as usual and (historical) costs of LVRS.

Onderzoeksopzet

Follow-up after treatment is 6 months, crossover for control is also after 6 months

Onderzoeksproduct en/of interventie

Bronchoscopic lung volume reduction using Zephyr one-way endobronchial valves (PulmonX USA).

There will be a crossover of the control group to treatment.

Contactpersonen

Publiek

Department of Pulmonary Diseases, AA11

University Medical Center Groningen

PO Box 30001
Karin Klooster
Groningen 9700 RB
The Netherlands
+31 (0)50 3613279

Wetenschappelijk

Department of Pulmonary Diseases, AA11

University Medical Center Groningen

PO Box 30001
Karin Klooster
Groningen 9700 RB
The Netherlands
+31 (0)50 3613279

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Patient > 35 years of age;
2. CT scan indicates heterogeneous emphysema (>25% difference in destruction score between ipsilateral lobes);
3. CT shows $\geq$ 60% destruction of the target lobe;
4. CT scan indicates intact fissures as assessed on the sagittal reconstructions of a thin slice CT, or previously performed assessment of collateral flow show absence of collateral ventilation;
5. Post- bronchodilator FEV1 <60% predicted;

6. Post- bronchodilator TLC>100% en RV>150%;
7. Dyspnea score of ≥ 2 on the mMRC scale of 0-4;
8. Patient has stopped smoking for a minimum of 6 months prior to entering the study;
9. Signed informed Consent;
10. Subject is willing and able to comply with all study testing and procedures according to protocol and guidelines;
11. Lobar exclusion during EBV treatment is achieved.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Hypercapnia defined by $\text{PaCO}_2 > 8.0$ kPa, or hypoxemia defined by $\text{PaO}_2 < 6.0$ kPa, both measured on room air;
2. 6MWT <140 meters;
3. Previous LVR-surgery, lung transplantation or lobectomy;
4. Patient is on an antiplatelet agent (such as Plavix) or anticoagulant therapy (such as LMWH or coumarins) or has not been weaned off prior to procedure;
5. Involved in other pulmonary drug studies within 30 days prior to this study;
6. Evidence of other disease that may compromise survival, would interfere with completion of study, follow up assessments or that would adversely affect outcomes, such as lung cancer, and/or ASA class >III.

Onderzoekopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Cross-over
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd

Controle: Geneesmiddel

Deelname

Nederland
Status: Werving gestopt
(Verwachte) startdatum: 01-05-2011
Aantal proefpersonen: 68
Type: Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies
Datum: 28-04-2011
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	NL2738
NTR-old	NTR2876
Ander register	ZonMW/VEMI : 80-82305-97-11018
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

N/A