

# Study protocol: gastroesophageal reflux disease after N-sleeve versus Roux-en-Y gastric bypass (GINSBY): a randomised controlled trial.

Gepubliceerd: 05-10-2021 Laatste bijgewerkt: 18-08-2022

The N-sleeve is no worse at curing GERD compared to a LRYGB

|                             |                       |
|-----------------------------|-----------------------|
| <b>Ethische beoordeling</b> | Positief advies       |
| <b>Status</b>               | Werving gestart       |
| <b>Type aandoening</b>      | -                     |
| <b>Onderzoekstype</b>       | Interventie onderzoek |

## Samenvatting

### ID

NL-OMON27603

### Bron

NTR

### Verkorte titel

GINSBY

### Aandoening

GERD, morbidly obese

### Ondersteuning

**Primaire sponsor:** -

**Overige ondersteuning:** None

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

## Toelichting onderzoek

### Achtergrond van het onderzoek

Background: Laparoscopic sleeve gastrectomy (LSG) and Laparoscopic Roux-en-Y gastric bypass (LRYGB) are the most frequently performed procedures in bariatric surgery. Morbidly obese patients with gastroesophageal reflux disease (GERD) are only eligible for LRYGB. For patients with a contraindication for LRYGB or a specific wish for LSG, there is a new procedure the Nissen-Sleeve (N-Sleeve). The aim of this study is to compare GERD improvement at one year after N-Sleeve versus LRYGB.

Method: This is a single centre, phase III, parallel-group randomised controlled non-inferiority trial. Morbidly obese patients older than 18 with GERD according to the Montreal definition are included after obtaining informed consent. Exclusion criteria: achalasia, abnormalities on gastroscopy, super obese ( $\text{BMI} \geq 50\text{kg/m}^2$ ), Crohn's disease and medical history of great abdominal surgery. Patients are randomised between N-Sleeve and LRYGB. The primary outcome is recovery of GERD, defined as  $< 8$  points on the gastroesophageal reflux disease questionnaire (GERD-Q). Secondary outcome measures are quality of life, weight loss, PPI use, postoperative complications, effect on comorbidities, presence of grade of oesophagitis (grade A-D) and/ or Barrett's oesophagus, and cost-effectiveness. Follow-up is after 1, 2, 3, 4, and 5 years. After one year all patients undergo a gastroscopy and at every follow-up moment questionnaires are filled in: GERD-Q, RAND-36, BAROS, EQ-5D, iMCQ, and iPCQ.

Ethics and dissemination: The protocol has been approved by the Medical Research Ethics Committees United (MEC-U), Nieuwegein, on 15 September 2021. The trial results will be submitted for publication in a peer-reviewed journal and at conference presentations.

### Doel van het onderzoek

The N-sleeve is no worse at curing GERD compared to a LRYGB

### Onderzoeksopzet

baseline 1 year, 2 years, 3 years 4 years, 5 years

### Onderzoeksproduct en/of interventie

N-Sleeve or Roux-en-Y gastric bypass

## Contactpersonen

## **Publiek**

Franciscus Gasthuis & Vlietland  
Judith 't Hart

0031104616161

## **Wetenschappelijk**

Franciscus Gasthuis & Vlietland  
Judith 't Hart

0031104616161

## **Deelname eisen**

### **Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)**

Morbidly obese patients older than 18 years with GERD according to the Montreal definition, eligible for bariatric surgery.  
Good command of the Dutch or English language to complete the questionnaires;

### **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

Patients with altered mental status prohibiting the understanding and giving of informed consent;  
Patients with achalasia;  
Patients with malignancy or other abnormalities (such as low- and high-grade dysplasia) at gastroscopy making bariatric surgery unsafe;  
Patients with a medical history of abdominal surgery;  
Super obese (BMI  $\geq$  50kg/m<sup>2</sup>) ;  
Crohn's disease;  
Contraindications to receiving general anaesthesia.

## **Onderzoeksopzet**

## Opzet

|                  |                         |
|------------------|-------------------------|
| Type:            | Interventie onderzoek   |
| Onderzoeksmodel: | Parallel                |
| Toewijzing:      | Gerandomiseerd          |
| Blinding:        | Open / niet geblindeerd |
| Controle:        | Geneesmiddel            |

## Deelname

|                         |                      |
|-------------------------|----------------------|
| Nederland               |                      |
| Status:                 | Werving gestart      |
| (Verwachte) startdatum: | 01-01-2022           |
| Aantal proefpersonen:   | 88                   |
| Type:                   | Verwachte startdatum |

## Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

**Wordt de data na het onderzoek gedeeld:** Nog niet bepaald

## Ethische beoordeling

|                 |                  |
|-----------------|------------------|
| Positief advies |                  |
| Datum:          | 05-10-2021       |
| 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

NTR-new

Ander register

### ID

NL9789

MEC-U : R21.040

## Resultaten