Preventing overtreatment of CIN using methylation markers

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Analysis of methylation status can predict which CIN2/3 lesions will regress and which not, determining the need of immediate treatment versus active surveillance.

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON29301

Bron
Nationaal Trial Register

Verkorte titel
CONCERVE

Aandoening

Cervical intraepithelial neoplasia
Overtreatment
Methylation markers
Regression

Cervicale intraepitheliale neoplasie
Overbehandeling
Methylerings markers
Regressie

Ondersteuning

Primaire sponsor: VU medical center
Overige ondersteuning: ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The primary study endpoint is (non-) regression at the end of the study based on histology of the cervical exit biopsy. All cervical biopsies will be examined by a gynaeco-pathologist and classified as no CIN, CIN1, CIN2, CIN3 or cervical carcinoma. Regression is defined as CIN1 or less on the exit biopsy based on morphology. Non-regression is defined as CIN2+ on the exit biopsy based on morphology.

Toelichting onderzoek

Achtergrond van het onderzoek

Current cytology-based cervical screening programmes serve to detect and treat high-grade precursor lesions (CIN2/3) to prevent cervical cancer. However, the diagnostic-treatment trajectory is associated with considerable overtreatment since CIN2/3 lesions, particularly in young women, have a high spontaneous regression rate. Pathologists are unable to differentiate between CIN2/3 lesions with a low short-term progression risk to cervical cancer (productive lesions), not in need of immediate treatment, and those with a high short-term progression risk (transforming lesions) that need immediate treatment. Individual cancer risk prediction of CIN2/3 is therefore essential to reduce overtreatment. Recently, it has been shown that DNA methylation markers can differentiate between productive and transforming CIN2/3. Here, we aim to validate prospectively that testing for the methylation status of a CIN2/3 predicts (non-) regression leading to prevention of overtreatment.

Doel van het onderzoek

Analysis of methylation status can predict which CIN2/3 lesions will regress and which not, determining the need of immediate treatment versus active surveillance.

Onderzoeksopzet

Baseline, 6, 12, 18, 24 months

Onderzoeksproduct en/of interventie

Standard therapy for CIN2/3 lesions consists of excision of the lesion by either LLETZ or cold knife conisation. In this study, treatment consists of a watchful waiting policy. Participants will be monitored by an intense follow-up schedule consisting of 6-monthly visits to the colposcopy clinic for 2 years. During these visits, cervical cytology, hrHPV testing,

methylation marker analysis and colposcopic evaluation of the cervix will be performed.

Control:
Women not included in the study population and who will receive standard excisional therapy for
their CIN2/3 lesion will be asked to participate in a reference group. This standard therapy consists of
a LLETZ or cold knife conisation and will be performed according to national guidelines. By including a
reference population in our study, we aim to assess the clinical ‘cutoff’ for lesion size that gynaecologists use in their decision to treat patients and not to include them in the study protocol. One
hundred subjects will be included in this group.
Women participating in the reference group will be asked to use the Evalyn brush to self-collect a
cervico-vaginal specimen. Furthermore, a cervical scrape will be collected by the gynaecologist.
Sample collection will be done prior to treatment, so that no extra visits or gynaecological examinations will be needed.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

In order to be eligible to participate in this study, a subject must meet all of the following criteria:

- CIN2 or CIN3 on a cervical punch biopsy

- CIN covering 50% or less of the visible cervix

- Female aged 18-55 years

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

A potential subject who meets any of the following criteria will be excluded from participation in this study:

- History of cervical pathology

- Transformation zone is not visible at colposcopy

- Prenatal diethylstilboestrol exposure

- Concomitant cancer

- Insufficient Dutch or English language skills

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Anders
Toewijzing:	Niet-gerandomiseerd
Blindering:	Open / niet geblindeerd

Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-12-2016
Aantal proefpersonen:	200
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:	31-08-2016
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 45770
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL5794
NTR-old	NTR6069
CCMO	NL56187.029.16
OMON	NL-OMON45770

Resultaten