Palliative radiotherapy combined with stent insertion to reduce recurrent dysphagia in oesophageal cancer patients: the ROCS RCT

Douglas Adamson,[1] Jane Blazeby,[2] Catharine Porter,[3] Christopher Hurt,[3] Gareth Griffiths,[4] Annmarie Nelson,[5] Bernadette Sewell,[6] Mari Jones,[6] Martina Svobodova,[3] Deborah Fitzsimmons,[6] Lisette Nixon,[3] Jim Fitzgibbon,[7] Stephen Thomas,[7] Anthony Millin,[8] Tom Crosby,[8] John Staffurth[8] and Anthony Byrne[5,8*]

[1]Tayside Cancer Centre, Ninewells Hospital, NHS Tayside, Dundee, UK
[2]Bristol Centre for Surgical Research, NIHR Bristol and Weston Biomedical Research Centre, Bristol University, Bristol, UK
[3]Centre for Trials Research, Cardiff University, Cardiff, UK
[4]Southampton Clinical Trials Unit, University of Southampton, Southampton, UK
[5]Marie Curie Research Centre, Division of Population Medicine, Cardiff University, Cardiff, UK
[6]Swansea Centre for Health Economics, Swansea University, Swansea, UK
[7]Lay research partners, Centre for Trials Research, Cardiff University, Cardiff, UK
[8]Velindre University NHS Trust, Cardiff, UK

*Corresponding author Anthony.Byrne2@wales.nhs.uk

Declared competing interests of authors: Douglas Adamson reports grants from Roche (F. Hoffman-La Roche Ltd, Basel, Switzerland) and Boehringer Ingelheim (Ingelheim am Rhein, Germany) outside the submitted work and has given advice to Roche on the development of multidisciplinary team software but received no financial recompense for this. Jane Blazeby is a member of NIHR Clinical Trials Unit (CTU) Standing Advisory Committee (2015–19). Deborah Fitzsimmons reports grants from NIHR during the conduct of the study (PB-PG-0418-20044, RP-PG-1016-20008, RP-PG-0218-20002, RP-PG-0618-20001) and is a member of the European Organisation for Research and Treatment of Cancer Quality of Life Group (1996 to present). Stephen Thomas has received payment from NIHR Health Technology Assessment (HTA) NETSCC Integrated Community Health and Social Care Committee (A) outside the submitted work, and is a member of the NIHR HTA Prioritisation Committee (May 2018 to July 2020). John Staffurth has received personal fees and non-financial support from Janssen oncology (Janssen-Cilag Limited, High Wycombe, UK), non-financial support from Bayer, AG (Leverkusen, Germany), and personal fees from Astellas Pharma Inc. (Tokyo, Japan), outside the submitted work.

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published May 2021
DOI: 10.3310/hta25310

Plain English summary

The ROCS RCT

Health Technology Assessment 2021; Vol. 25: No. 31
DOI: 10.3310/hta25310

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Plain English summary

Most people are diagnosed with oesophageal (gullet) cancer when it is already at an advanced stage. Losing the ability to swallow food and even fluids is very common when patients are approaching the last months of life.

Placing a flexible metal tube, or stent, in the gullet opens it up and improves the ability to swallow quickly. Unfortunately this can fail after around 3 months because the cancer grows and presses on the stent.

We designed this trial to see if giving a small dose of radiotherapy alongside insertion of the stent would allow more people to remain swallowing well after 3 months. This could then improve their quality of life and reduce hospitalisation towards the end of life. It may also reduce bleeding from the gullet, as well as other symptoms.

We recruited 220 people across the UK, randomly assigning them to have the stent as usual or the stent and a low dose of radiotherapy. We collected a lot of information from the participants at home on how the cancer, the stent and the radiotherapy affected their ability to swallow and their quality of life.

Overall, the study showed that the radiotherapy did not improve the ability to swallow 3 months following stent insertion and was less cost-effective than stent insertion alone. It seemed to reduce the risk of bleeding from the tumour itself, but patients found that radiotherapy made them tired and attending extra hospital visits could be troublesome. We also learned that, even after a stent was inserted, patients still struggled with food and needed more support with managing daily life with the stent.

The trial results are important. They show that, to answer questions such as these, studies should use different ways of assessing what works, particularly focusing on patients' and families' viewpoints.

The results will guide doctors to not routinely give radiotherapy in this situation. The results also suggest that, after the insertion of a stent, patients need extra help in managing their diet, their worries about the stent and their worries about the future.

Health Technology Assessment

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 3.370

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, the Cochrane Library and Clarivate Analytics Science Citation Index.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 10/50/49. The contractual start date was in March 2013. The draft report began editorial review in November 2019 and was accepted for publication in June 2020. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care.

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