

COMPARISON OF OUTCOMES AND SURGICAL TIME BETWEEN CORTICAL
AND MEDULLARY SUTURE VERSUS MEDULLARY-ONLY SUTURE: CORTEX
CLINICAL TRIAL

14/09/2025

NCT number: Not available

Brief Summary

This randomized, prospective, blinded clinical trial will compare two renorrhaphy techniques in robot-assisted partial nephrectomy: medullary-only suture (single layer) versus cortical and medullary suture (two layers). The study will evaluate estimated blood loss, renal function, warm ischemia time, complication rates, operative efficiency, and hospital length of stay.

Study Design

- **Study Type:** Interventional (Clinical Trial)
- **Allocation:** Randomized (1:1)
- **Intervention Model:** Parallel Assignment
- **Masking:** Participant, postoperative care physician, data collectors, and statisticians (surgical team not blinded)
- **Primary Purpose:** Treatment
- **Estimated Enrollment:** 80 participants
- **Study Start Date:** March 2025
- **Estimated Primary Completion Date:** March 2027

Official Title

Comparison of Outcomes and Surgical Time Between Cortical and Medullary Suture Versus Medullary-Only Suture: CORTEX Clinical Trial

Conditions

Renal Cell Carcinoma; Renal Mass Requiring Partial Nephrectomy

Interventions

- **Experimental: Medullary-only suture**
Robot-assisted partial nephrectomy using single-layer medullary suturing with 3-0 absorbable monofilament poliglecaprone 25 (Caprofy1™), with early unclamping.

- **Active Comparator: Cortical and Medullary suture**

Robot-assisted partial nephrectomy using two-layer suturing (3-0 Caprofyl™ for medullary layer plus 0 Vicryl™ for cortical layer after early unclamping).

Primary Outcome Measure

- **Estimated Blood Loss**

Volume of blood loss measured intraoperatively.

Time Frame: During surgery (intraoperative period).

Secondary Outcome Measures

- **Renal Function (eGFR)**

Estimated glomerular filtration rate using CKD-EPI at baseline and at postoperative day 1, 2 weeks, 2 months, and 5 months.

Time Frame: Baseline, Day 1, 2 weeks, 2 months, and 5 months postoperatively.

- **Percentage of Renal Volume Loss**

Difference between preoperative and postoperative renal volume measured on imaging.

Time Frame: 4 months postoperatively.

- **Warm Ischemia Time**

Duration of renal artery clamping during surgery.

Time Frame: Intraoperative (minutes of arterial clamping).

- **Complications (hematuria, pseudoaneurysm, urinary fistula)**

Incidence of intra- and postoperative complications.

Time Frame: From surgery through 5 months postoperatively.

- **Console Time**

Duration from docking to undocking of the robotic system.

Time Frame: Intraoperative.

- **Length of Hospital Stay**

Number of days from surgery to hospital discharge.

Time Frame: From day of surgery until hospital discharge.

- **Conversion to Open Surgery**

Number of cases converted to open surgery.

Time Frame: Intraoperative.

- **Postoperative Quality of Life (WHOQOL-BREF)**

Score on WHOQOL-BREF questionnaire.

Time Frame: 2 months and 5 months postoperatively.

Eligibility Criteria

Inclusion Criteria:

- Age ≥ 18 years
- Indication for robot-assisted partial nephrectomy due to renal mass diagnosed on CT
- ECOG performance status ≤ 1
- Negative pregnancy test within 24 h preoperatively for women of childbearing potential
- Written informed consent

Exclusion Criteria:

- Solitary kidney
- Multiple or bilateral renal masses (if operated simultaneously or within <4 months)
- GFR < 30 mL/min/1.73m² or grade ≥ 2 hepatic/renal toxicity
- Bleeding diathesis or inability to maintain anticoagulation
- Participation in another experimental trial within 30 days
- Significant acute or chronic conditions compromising safety or study compliance

Study Locations

Mater Dei Hospital, Salvador, Bahia, Brazil

Santa Izabel Hospital – Santa Casa, Salvador, Bahia, Brazil

Statistical Analysis

Descriptive statistics for all variables. Student's t-test or Wilcoxon for continuous variables; chi-square or Fisher's exact test for categorical variables. Multiple logistic and linear regression analyses for adjusted associations. $p < 0.05$ considered significant. Statistical software: R version 4.4.2.

Arms and Interventions

Arm/Group	Intervention Name	Intervention Description
Experimental: Medullary-only Suture	Medullary-only suture (CaprofyI™ 3-0)	Robot-assisted partial nephrectomy using single-layer medullary suturing with 3-0 absorbable monofilament poliglecaprone 25 (CaprofyI™) and early unclamping.

Arm/Group	Intervention Name	Intervention Description
Active Comparator: Cortical and Medullary Suture	Cortical + Medullary suture (Caprofyl™ + Vicryl™)	Robot-assisted partial nephrectomy using two-layer suturing (3-0 Caprofyl™ for medullary layer plus 0 Vicryl™ for cortical layer after early unclamping).

Outcome Measures Table (PRS-ready)

Title	Description	Time Frame	Safety Issue?
Estimated Blood Loss (Primary Outcome)	Volume of blood lost during surgery, measured intraoperatively using suction canisters and swab weight.	During surgery (intraoperative period)	No
Renal Function (eGFR)	Estimated glomerular filtration rate (CKD-EPI) at baseline and at postoperative time points.	Baseline, Day 1, 2 weeks, 2 months, and 5 months postoperatively	No
Percentage of Renal Volume Loss	Difference between preoperative and postoperative renal volume measured by imaging.	4 months postoperatively	No
Warm Ischemia Time	Duration of renal artery clamping during surgery in minutes.	Intraoperative	No
Complications (hematuria, pseudoaneurysm, urinary fistula)	Incidence of intra- and postoperative complications recorded from medical records.	From surgery through 5 months postoperatively	Yes
Console Time	Duration from robotic docking to undocking.	Intraoperative	No

Title	Description	Time Frame	Safety Issue?
Length of Hospital Stay	Number of days from surgery to hospital discharge.	From day of surgery until hospital discharge	No
Conversion to Open Surgery	Number of cases converted from robotic to open surgery.	Intraoperative	No
Postoperative Quality of Life (WHOQOL-BREF)	Score on WHOQOL-BREF questionnaire assessing quality of life.	2 months and 5 months postoperatively	No