

ClinicalTrials.gov Protocol Registration and Results System (PRS) Receipt
Release Date: May 29, 2024

ClinicalTrials.gov ID: [Not yet assigned]

Study Identification

Unique Protocol ID: IIT2023015

Brief Title: Comparison of Short-term and Long-term Outcomes of Robotic and Laparoscopic Right Colon Cancer: a 10-year Single-center Large-sample Retrospective Study

Official Title: the Ethics Committee of the First Affiliated Hospital of Nanchang University

Secondary IDs:

Study Status

Record Verification: May 2024

Overall Status: Completed

Study Start: December 1, 2014 [Actual]

Primary Completion: March 31, 2024 [Actual]

Study Completion: April 30, 2024 [Actual]

Sponsor/Collaborators

Sponsor: Taiyuan Li

Responsible Party: Sponsor-Investigator

Investigator: Taiyuan Li [tli]

Official Title: the First Affiliated Hospital of Nanchang University

Affiliation: Nanchang University

Collaborators:

Oversight

U.S. FDA-regulated Drug: No

U.S. FDA-regulated Device: No

U.S. FDA IND/IDE: No

Human Subjects Review: Board Status: Exempt

Data Monitoring:

Study Description

Brief Summary: The goal of this observational study is to evaluate the short-term outcomes and long-term outcomes of robot-assisted right colon group for cancer compared

to laparoscopic-assisted right colon group. This is a large sample study based on ten years of clinical data. The main question it aims to answer is: What are the advantages of da Vinci robot right hemicolectomy compared to laparoscopic right hemicolectomy, and is there a difference in long-term efficacy between the two methods.

Detailed Description:

Conditions

Conditions: Robotic, Laparoscopic, Colon Cancer, Short-term Outcomes, Long-term Outcomes

Keywords:

Study Design

Study Type: Observational

Observational Study Model: Cohort

Time Perspective: Retrospective

Biospecimen Retention:

Biospecimen Description:

Enrollment: 1879 [Actual]

Number of Groups/Cohorts: 2

Groups and Interventions

| Groups/Cohorts | Interventions |
|---|---|
| robot-assisted right colon group Robot assisted radical surgery for right colon cancer | Device: Da Vinci Robot Surgical System Performing surgery on right colon cancer patients using the da Vinci robotic surgical system or laparoscopic surgical system Other Names: <ul style="list-style-type: none">• Laparoscopic surgical system |
| laparoscopic-assisted right colon group Laparoscopic assisted radical surgery for right colon cancer | Device: Da Vinci Robot Surgical System Performing surgery on right colon cancer patients using the da Vinci robotic surgical system or laparoscopic surgical system Other Names: <ul style="list-style-type: none">• Laparoscopic surgical system |

Outcome Measures

Primary Outcome Measure:

1. overall survival
[Time Frame: months]
2. disease-free survival

[Time Frame: months]

Secondary Outcome Measure:

3. the rate of postoperative complications

[Time Frame: rates]

4. operative time

[Time Frame: minute]

5. estimation of blood loss

[Time Frame: ml]

6. number of retrieved lymph nodes

[Time Frame: Number]

7. days after postoperative hospital stay

[Time Frame: day]

8. time to first exhaust

[Time Frame: hours]

9. time to liquid diet

[Time Frame: hours]

10. the rate of intracorporeal anastomosis

[Time Frame: rates]

Eligibility

Study Population: The consecutive cases of robotic-assisted or laparoscopic-assisted right colectomy between December 2014 and March 2024. All cases derived from the First Affiliated Hospital of Nanchang University.

Sampling Method: Non-Probability Sample

Minimum Age: 18 Years

Maximum Age: 85 Years

Sex: All

Gender Based:

Accepts Healthy Volunteers: No

Criteria: Inclusion Criteria:1) age: 18-85 years; 2) no distant metastasis; 3) preoperative colonoscopy showing that the tumor was located in the ileocecal region, ascending colon, hepatic flexure, or transverse colon with pathology showing malignancy; 4) signed informed consent.

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Exclusion Criteria:1) multiple primary colorectal cancer; 2) recurrent right colon cancer; 3) preoperative neoadjuvant chemotherapy; 4) emergency surgery for intestinal obstruction, bleeding or perforation; 5) incomplete data and missing follow-up data.

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Contacts/Locations

Central Contact Person: Taiyuan Li, doctor

Email: ndfy00530@ncu.edu.cn

Central Contact Backup: shanping Ye, doctor

Study Officials:

Locations:

IPDSharing

Plan to Share IPD: Undecided

Access to the database can be obtained from the corresponding author on reasonable request.

References

Citations:

Links:

Available IPD/Information: