UTS IMPACCT Trials Coordination Centre

Series Manual

Ranitidine or Famotidine for Bowel Obstruction – Series 56

Background

Malignant bowel obstruction (MBO) is a common and serious complication of advanced cancer, with a poor prognosis. In cases of inoperable MBO, the primary objective is to alleviate distressing symptoms, such as nausea and vomiting. Ranitidine and famotidine are histamine (H2) receptor antagonists (H2 antagonists) that are sometimes used to reduce gastric secretion, thereby improving vomiting. A meta-analysis of a phase 3 trial (Clark, Lam & Currow, 2009) demonstrated that proton pump inhibitors and H2 antagonists were effective in reducing gastric secretion in low-risk elective surgical patients, with ranitidine showing superior efficacy. In 2015, a randomised controlled trial (Currow et al., 2015) was conducted to assess the role of octreotide in reducing vomiting among patients in MBO. Both the octreotide and placebo groups received ranitidine and dexamethasone as part of a standardised therapy regime. The results showed a significant improvement in vomiting in both groups, suggesting the potential efficacy of standardised therapy (ranitidine and dexamethasone) in this setting.

To date, no study has been published with the specific aim of examining the efficacy and safety of ranitidine or famotidine use in patients with MBO in palliative care setting. The Multinational Association of Supportive Care in Cancer (MASCC) concluded that the current evidence base in this area is insufficient to make a recommendation and a randomised controlled trial is therefore required to compare the efficacy of ranitidine and octreotide (Davis et al, 2021). The objective of this phase IV pharmacovigilance study is to examine the current clinical practice, and the benefits and harms of ranitidine or famotidine use in MBO, with a specific focus on its efficacy at reducing vomiting. The findings of this series may also subsequently inform the design of a future randomised controlled trial.

Patient tracking

A log or spreadsheet should be developed in order to track the patient medical record number and the study ID number allocated to each patient when commenced on a medication. This spreadsheet will be the only link between the data collected and the identity of the patient and remains the property of the participating site. This information should not be shared with the IMPACCT Trials Coordination Centre (ITCC). The spreadsheet should also contain the date and time of the data entry at each time point.

Participant ID number	Patient name	Patient medical record number	Date of initial data entry	Time of data entry

Allocating a Participant ID (PID) number

The PID for each set of data collected is a composite number built up of three codes.

i) Site identifier

This is the number allocated to each participating site as a 2- or 3-digit number.

ii) Medication number

The medication number for the Ranitidine or Famotidine series is **56.**

iii) Participant number

This is a three-digit number starting with the first participant from 001, followed by 002, 003, and so on.

Therefore, the full patient ID number will be; ***Site identifier/medication number/patient number***

e.g., For site 01, it would look like 01/55/ 001, 01/55/002, 01/55/003… and so on.

Time points

There are 3 main time points where data is required.

1. Commencement of the medication (baseline) – (T_0)
2. 24 hours post baseline – (T_1)
3. 72 hours post baseline – (T_2)

Other data collection points are:

1. Harm/adverse event at unexpected time points
   - There can be up to three other times where harm can be recorded (Ad hoc A, B and C)
   - These pages can be left blank if there are no unexpected harms/adverse events
2. Cessation of the medication
   - Complete this page if the medication of interest is ceased at any time during the data collection period for any reason.
3. Date of death
   - Enter the date of death if/when known.
   - If the date of death is entered during the data collection period, no further prompts will be received

Each medication of interest will have different time points for clinical benefit and adverse events according to its profile. Time points are determined by each Series subcommittee and are based on clinical experience and published product information.

Adverse event assessment

Adverse events (or harms) are assessed using a standard scale from the National Cancer Institute Criteria for Adverse Events (NCI CTCAE). The NCI uses a scale between 1 and 5 ranging from mild to serious (resulting in death) symptoms or sequelae. The NCI criteria are provided as a reference document which is supplied separately and should be referred to for any events recorded is association with the patient's clinical course.

Each medication has a number of pre-populated expected adverse events (harms). These are listed at each time point, and the NCI grade is described and provided for easy reference. A grade should be provided for each listed adverse event.

If unexpected adverse events occur at any other time, either before or after any pre-determined time point, these should be recorded in the unexpected adverse event section of the case report form (Ad hoc A, B and C).

Data entry

The REDCap data entry link can be acquired by emailing **rapid@uts.edu.au** and requesting the link to the series that is applicable to you.