

Aggressive versus symptom-guided drainage of malignant pleural effusion via indwelling pleural catheters (AMPLE-2): an open-label randomised trial



Study Author(s)

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Study Design

Open-label, randomised trial



Study Location

Australia, New Zealand, Malaysia, Hong Kong



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Study Length

6 months follow up



Study Objective

To identify the best drainage regimen for indwelling pleural catheters



Key Endpoint(s)

The primary outcome was the mean daily breathlessness score in the first 60 days after randomisation as measured by visual analogue scale (VAS). Secondary outcomes included rates of spontaneous pleurodesis and self-reported global quality-of-life measurements



Patient Population

Patients with symptomatic malignant pleural effusion



Treatment

Patients were randomised to aggressive (daily) drainage (N = 43) or symptom-guided drainage (N = 44) via their IPC



Key Findings

- Patients in the aggressive drainage group underwent a median of 39 drainages while patients in the symptom guided group underwent a median of 11 drainages
- No significant difference in the mean VAS breathlessness score
- Frequency of spontaneous pleurodesis was significantly higher in the aggressive group (37% vs 11%, P = 0.0049)
- Patient-reported quality of life measures were better in the aggressive group (estimated difference in means of 0.112, P = 0.0174)



Study Conclusions

- No differences between drainage regimens in providing breathlessness control
- No significant differences in pain, days spent in hospital, or mortality between the groups. Aggressive drainage was associated with higher rates of pleurodesis and better patient-reported quality of life measures