

# Effect of an indwelling pleural catheter vs talc pleurodesis on hospitalization days in patients with malignant pleural effusion: the AMPLE randomized clinical trial



## Study Author(s)

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## Study Design

Open-label, randomised trial



## Publication

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## Study Location

9 centres in Australia, New Zealand, Singapore and Hong Kong



## Study Length

12 months of follow up



## Study Objective

To determine whether indwelling pleural catheters are more effective than talc pleurodesis in reducing total hospitalization days in the remaining lifespan of patients with malignant pleural effusion



## Key Endpoint(s)

The total number of days spent in the hospital from procedure to death or to 12 months was the primary endpoint. Secondary outcomes included further pleural interventions, patient-reported dyspnoea, quality-of-life measures, and adverse events



## Patient Population

Patients with symptomatic malignant pleural effusion who had not undergone treatment with an indwelling pleural catheter or pleurodesis



## Treatment

Patients were randomised to IPC (N = 74) or talc pleurodesis (N = 72)



## Key Findings

- IPC group spent significantly fewer days in the hospital than talc group (median of 10 days vs 12 days,  $P = 0.03$ )
- IPC group had fewer effusion related hospitalisation days (median 1 days vs 4 days,  $P < 0.001$ )
- IPC group had fewer ipsilateral invasive pleural drainages (4.1 and 22.5%,  $P = 0.001$ )
- Similar rates of adverse events in both groups (30 events in IPC and 23 events in talc)



## Study Conclusions

- Treatment with an indwelling pleural catheter resulted in fewer hospitalisation days from treatment to death than treatment with talc pleurodesis. However, the clinical relevance of the difference is uncertain