

Temple study.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON24147

Source

NTR

Brief title

Temple study

Health condition

MDS patients

Sponsors and support

Primary sponsor: Sanquin Blood Bank South West Region

Sanquin Blood Bank South West Region

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Source(s) of monetary or material Support: National Institute of Health (Ministerie van VWS

Stichting Vrienden van de Bloedtransfusie

Intervention

Outcome measures

Primary outcome

Fatigue.

Secondary outcome

1. Health related Quality of Life;
2. Blood usage and the costs;
3. Haemoglobin increase after transfusion;
4. Heart beat, blood pressure, temperature, platelet count;
5. Development of RBC alloantibodies;
6. Mortality.

Study description

Background summary

N/A

Study objective

1. There is no difference in HRQoL using a Hb transfusion trigger of 7.2 gr/dl compared to Hb transfusion trigger of 9.6 gr/dl;
2. A Hb transfusion trigger of 7.2 gr/dl leads to a diminished use of RBC transfused compared to a Hb transfusion trigger of 9.6 gr/dl;
3. A Hb transfusion trigger of 7.2 gr/dl leads to a decrease in the development of RBC allo antibodies.

Study design

N/A

Intervention

Red blood cell transfusion.

Contacts

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Eligibility criteria

Inclusion criteria

1. Diagnosis myelodysplastic syndrome (primary or secondary) based on cytopenia in at least 1 cell line + dysplasia in 2 cell lines (and no other cause (especially deficiencies)) and a pathologic anatomic diagnosis after bone marrow punction;
2. Refractory anaemia (RA): blood: $\geq 1\%$ blasts, $\geq 1 \times 10^9$ monocytes; bone marrow: $< 5\%$ blasts, ringed sideroblasts $\geq 15\%$ of the erythroid cells;
3. Refractory anaemia with ringed sideroblasts (RARS): blood: $\geq 1\%$ blasts, $\geq 1 \times 10^9$ monocytes; bone marrow: $< 5\%$ blasts, ringed sideroblasts $> 15\%$ of the erythroid cells;
4. Refractory anaemia with excess blasts (RAEB): blood: $< 5\%$ blasts, $\geq 1 \times 10^9$ monocytes; bone marrow: blasts $\geq 5\%$ - $\leq 20\%$;

5. Chronic myelomonocytic leukaemia (CMML): blood: $>1 \times 10^9/l$ monocytes, $<5\%$ blasts; bone marrow: blasts $< 20\%$, increase of the monocytic component;
6. Erythrocyte transfusion need;
7. Working knowledge of the national language;
8. Written consent for participating this study (informed consent).

Exclusion criteria

1. Candidate for bone marrow- or organ transplantation;
2. Medication: growth factors (GM-CSF), or EPO;
3. Patients who will receive an intensive chemotherapeutic treatment with a cytopenia, expected longer than 2 weeks;
4. Refractory anaemia with excess blasts in transformation (RAEB-t): blood: $\geq 5\%$ blasts or Auer rods; bone marrow: or blasts $> 20 - < 30\%$ or Auer rods;
5. Pregnancy at the moment of inclusion;
6. Patients with congenital severe haemolytic anaemia, like thalassemia or sickle cell anaemia;
7. Patients with AIDS or a severe congenital or acquired (e.g. iatrogenic) immunological disorder;
8. Severe active infections at the moment of inclusion;
9. Severe cardiac, pulmonal, neurological, metabolic or psychiatric disease at the moment of inclusion.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial

Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	10-02-2002
Enrollment:	200
Type:	Actual

Ethics review

Positive opinion	
Date:	10-09-2005
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL296
NTR-old	NTR334
Other	: N/A
ISRCTN	ISRCTN43616311

Study results

Summary results

British Journal of Haematology 2003;121(2):270-274

NVB Bulletin oktober 2002;3:2-5

Nederlands Tijdschrift voor Klinische Chemie 2003; 28: 280-284.