Systemic Hydrocortisone To Prevent Bronchopulmonary Dysplasia in preterm infants.

No registrations found.

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

Summary

ID

NL-OMON26029

Source
Nationaal Trial Register

Brief title
SToP-BPD

Health condition

Preterm infants
mechanical ventilation
BPD
Cortico steroids
hydrocortisone

Sponsors and support

Primary sponsor: Academisch Medisch Centrum Amsterdam
Source(s) of monetary or material Support: ZONMw

Intervention

Outcome measures

Primary outcome

Measure is survival free of BPD at 36 weeks postmenstrual age (PMA).

Secondary outcome

Short term effects on the pulmonary condition, adverse effects during hospitalization, and long-term neurodevelopmental sequelae assessed at 2 years corrected gestational age (CGA).

Study description

Background summary

Background:

Randomised controlled trials (RCTs) have shown that treatment of chronically ventilated preterm infants after the first week of life with dexamethasone reduces the incidence of bronchopulmonary dysplasia (BPD). However, there are concerns that its use may increase the risk of adverse neurodevelopmental outcome. Hydrocortisone has been suggested as an alternative therapy. So far no RCT has investigated its efficacy when administered after the first week of life to ventilated preterm infants.

Objective:

To establish the efficacy of hydrocortisone given after one week of life to reduce the incidence of the combined outcome death or BPD in chronically ventilated preterm infants.

Study design:

Randomised double blind placebo controlled multicenter study.

Study population:

Very low birth weight infants (GA < 30weeks and/or BW < 1250grams), ventilator dependent at a postnatal age of 7 – 14 days.

Intervention:

Administration of hydrocortisone or placebo during a 22 day tapering schedule.

Outcome parameters:

Primary outcome measure is survival free of BPD at 36 weeks postmenstrual age (PMA). Secondary outcomes are short term effects on the pulmonary condition, adverse effects during hospitalization, and long-term neurodevelopmental sequelae assessed at 2 years corrected gestational age (CGA).

Burden, benefit and risks associated with participation; group relatedness:

Burden: All infants participating in (either treatment arm of) the study are subjected to routine neonatal intensive care. The administration of the study intervention itself (hydrocortisone or placebo administration) does not pose an extra burden on the patients. This study does not require extra investigations or interventions.

Benefit and risks: Hydrocortisone may facilitate extubation and thereby reduce the total duration of mechanical ventilation. In addition, hydrocortisone may reduce the incidence of BPD. Both these beneficial effects may improve neurodevelopmental outcome. On the other hand, use of hydrocortisone may increase the risk for hyperglycemia, hypertension, systemic infection, gastrointestinal perforation and a delay in neurodevelopment. However, gastrointestinal perforation and delayed neurodevelopment have only been reported in studies administering corticosteroids in the first week of life and/or during combinations with other medication. In this study the risk of gastrointestinal perforation and delayed neurodevelopment may be reduced because hydrocortisone will be administered after the first week of life and will not be combined with other drugs that are known to increase the risk for these adverse effects. Infants assigned to the placebo group will not benefit from the aforementioned possible beneficial effects nor be subjected to the possible adverse effect of hydrocortisone.

Group relatedness: BPD is a complication occurring exclusively in preterm infants. Any intervention aiming to reduce the risk of this complication therefore needs to be studied in this specific population at risk.

Study objective

Is hydrocortisone safe and effective in reducing the incidence of the combined outcome death or BPD at 36 weeks PMA in chronically ventilated preterm infants, as compared to placebo.

Study design

Inclusion 3 years;

Follow-up 2 years.

Intervention

Administration of hydrocortisone or placebo during a 22 day tapering schedule.

Contacts

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Eligibility criteria

Inclusion criteria

Preterm infants with:

1. A gestational age < 30 wks and/or birth weight < 1250 g;

2. Ventilator dependent at 7-14 days PNA;

3. A respiratory index (MAwP x FiO2) of ≥ 3.5 for more than 12 h/day for at least 48 hours, ensuring adequate oxygen saturation (85-95%) and pCO2 values in premature infants (5.0-7.5 kPa).

Of note: These target are used to ensure comparable assessment of MAwP and FiO2. After inclusion of the patient in the study, physicians are free to use local targets for oxygenation

and ventilation.

During the first 6 months of the trial it became clear that the Respiratory Index (RI) was set to high. Ventilated extremely preterm infants at high risk for BPD were not included in the trial because the RI was < 3.5. These infants were treated with corticosteroids outside the trial. Based on this observation the RI was first lowered to 3.0 in may 2012. As this only partly solved corticosteroids treatment outside the trial, the RI was further lowered to 2.5 starting december 2012. Following this last RI change, the majority of infants at high risk for BPD were eligible for the STOP-BPD study. All changes were approved by the Ethics Committee.

Exclusion criteria

1. Chromosomal defects (e.g. trisomy 13, 18, 21);

2. Major congenital malformations that:

A. Compromise lung function (e.g. surfactant protein deficiencies, congenital diaphragmatic hernia);

B. Result in chronic ventilation (e.g. Pierre Robin sequence);

C. Increase the risk of death or adverse neurodevelopmental outcome (congenital cerebral malformations).

Of note: Intraventricular haemorrhages, periventricular leucomalacia and cerebral infarction are not considered congenital malformations and therefore are not exclusion criteria.

3. Use of dexamethasone or hydrocortisone for the sole purpose of improving lung function and respiratory status prior to inclusion.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-09-2011
Enrollment:	400
Type:	Actual

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion

Date:	17-02-2011
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	NL2640
NTR-old	NTR2768
Other	MEC AMC : 10/297
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A