

The clinical effect of length of pre-transfusion storage of blood

Submission date 12/09/2003	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 12/09/2003	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 22/01/2009	Condition category Haematological Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N0009094224

Study information

Scientific Title

Study objectives

That the management of patients requiring regular blood transfusions for anaemia may be enhanced by using fresh blood rather than blood stored for prolonged periods. This may improve patients' quality of life, reduce the risks of infection and iron overload and conserve scarce blood resources.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Not Specified

Participant information sheet

Health condition(s) or problem(s) studied

Anaemia

Interventions

Stable patients requiring blood transfusions for anaemia more often than every 6 weeks will be recruited. They will be randomised to receive two transfusions of four units of "fresh" blood (less than 10 days old) or two transfusions of "old" blood (24-35 days old). There will then be a crossover in which patients receive two further transfusions of four units of the opposite type of blood.

The following will be measured pre-transfusion and at completion of transfusion, 48 h post-transfusion and 14 days after transfusion: Full blood count (FBC), retics, 2,3-diphosphoglycerate (2-3-DPG), P50, haptoglobin. Pre-transfusion, serum ferritin will also be measured and QOL assessed. QOL assessment will be repeated at 14 days post transfusion.

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

48-hour post transfusion haemoglobin (Hb) increment.

Secondary outcome measures

1. Changes in red cell 2,3-DPG concentration and Hb-oxygen affinity (P50)
2. Subsequent changes in Hb at 14 days and before next transfusion
3. Changes in patients' quality of life (QOL) as measured by SF-36 health survey and a visual analogue scale

Overall study start date

31/08/2000

Completion date

31/08/2003

Eligibility

Key inclusion criteria

1. Patients 18 and over with a haematological disorder requiring regular red cell transfusion (eg myelodysplastic syndrome, aplastic anaemia, etc)
2. Able to give informed consent
3. Serum creatinine <200 umol/l within past 2 months

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Not Specified

Target number of participants

20 patients from three centres (2 - 4 from QEH)

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

31/08/2000

Date of final enrolment

31/08/2003

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Gateshead Health NHS Trust

Gateshead

United Kingdom

NE9 6SX

Sponsor information

Organisation

Department of Health (UK)

Sponsor details

Richmond House

79 Whitehall

London

United Kingdom

SW1A 2NL

Sponsor type

Government

Website

<http://www.doh.gov.uk>

Funder(s)

Funder type

Government

Funder Name

Gateshead Health NHS Trust (UK)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Abstract results	abstract page 1	01/04/2005		No	No