

# A new peritoneal dialysis fluid for Japan: A randomized non-inferiority clinical trial of safety and efficacy

<b>Submission date</b> 02/02/2016	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 08/03/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 25/04/2023	<b>Condition category</b> Urological and Genital Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Chronic kidney disease (CKD) is a long-term condition where the kidneys do not work properly. In a healthy person, the kidneys are responsible for filtering out the waste products and excess water in the blood, and converting them into urine. In patients suffering from CKD, the kidneys are unable to do this, and so the body is unable to get rid of the waste products building up in the blood. There are a number of treatments available which act to replace the function of the kidneys. One technique used is continuous ambulatory peritoneal dialysis (CAPD). This type of treatment is normally repeated between three and five times day, and is very popular as it can be done at home or work while the patient goes about their daily life. In this technique, the thin membrane (lining) that lines the peritoneal cavity (space in the abdomen that separates the organs from the abdominal wall) acts as a natural filter. It involves filling the abdominal cavity with a special fluid (dialysate) which is left to absorb waste products before being drained away. The dialysate used for CAPD contains different concentrations of sugars and salts and different amounts of waste are filtered out of the body depending on the concentrations used. It has been found that the concentrations of different mineral salts (particularly magnesium and calcium) in some dialysates can react in the body to produce high levels of bicarbonate in the blood. Bicarbonate is important for maintaining the pH of the blood (preventing it from becoming too acidic or alkaline) but if levels are too high (metabolic alkalosis) it can lead to dangerous consequences. A possible solution is by using a double-chambered bag, such as with the product BLR250 which keeps bicarbonate separate from calcium and magnesium in order to prevent the creation of more bicarbonate. The aim of this study is to test the safety of using BLR250 for CAPD and to find out if it can prevent metabolic alkalosis.

### Who can participate?

CKD patients over 20 years old who have been treated using CAPD for at least 3 months.

### What does the study involve?

Participants are randomly allocated to one of two groups. For those in group one, each time the CAPD procedure is done, 2L of BLR250 is used as the dialysate fluid. For group two, each time the CAPD procedure is done, 2L of Dianeal PD-4 (normal dialysate solution) is used as the

dialysate fluid. Participants in both groups use their assigned dialysate every time they dialyse for 8 weeks. At the start of the study, and then again after 4, 8 and 12 weeks, participants have a blood test in order to measure how well the dialysis is working at replacing kidney function, and to have the amounts of bicarbonates and different minerals in the blood measured.

What are the possible benefits and risks of participating?

Participants may benefit from a lower blood bicarbonate level. There are no risks for participants taking part in the study as the techniques used in the study are treatments that are already offered in standard practice, although some participants may experience pain or bruising when having blood taken.

Where is the study run from?

24 hospitals in Japan.

When is the study starting and how long is it expected to run for?

March 2003 to March 2004

Who is funding the study?

Baxter Limited (Japan)

Who is the main contact?

Mr Shohi Saraya

## Contact information

**Type(s)**

Scientific

**Contact name**

Mr Shoji Saraya

**Contact details**

Toranomon Hills Mori Tower 20F

1-23-1, Toranomon

Minato-ku

Tokyo

Japan

105-6320

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

BLR250-01

# Study information

## Scientific Title

A randomized parallel-group comparative study to verify efficacy (non-inferiority) of BLR250 using Dianeal PD-4 as a comparator in patients with chronic renal failure receiving CAPD (Continuous Ambulatory Peritoneal Dialysis)

## Study objectives

To verify the efficacy (non-inferiority) and safety of BLR250 using Dianeal PD-4 as a comparator in patients with chronic renal failure receiving CAPD therapy.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Institutional Review Board, Baxter Limited (Japan), 23/07/2002

## Study design

Prospective randomized parallel trial

## Primary study design

Interventional

## Secondary study design

Randomised parallel trial

## Study setting(s)

Home

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet.

## Health condition(s) or problem(s) studied

Chronic renal failure

## Interventions

Participants fulfilling the eligibility are randomly allocated into one of two arms.

Active treatment arm: Each participant is given BLR250 to use as their peritoneal dialysate for a total of 8 weeks. The process is repeated between 3 and 5 times every day as required, using a total of 2L dialysate at each exchange.

Control treatment arm: Each participant is given Dianeal PD-4 to use as their peritoneal dialysate for a total of 8 weeks. The process is repeated between 3 and 5 times every day as required, using a total of 2L dialysate at each exchange.

All participants are followed up at 4 weeks.

### **Intervention Type**

Drug

### **Phase**

Phase III

### **Drug/device/biological/vaccine name(s)**

1. BLR250 2. Dianeal PD-4

### **Primary outcome measure**

Peritoneal creatinine clearance and ultrafiltration volume are measured using blood and dialysis effluent analysis at baseline, 4, 8 and 12 weeks.

### **Secondary outcome measures**

1. Peritoasuneal urea clearance is measured using blood and dialysis effluent analysis at baseline, 4, 8 and 12 weeks
2. Electrolyte (Na, K, Cl, Ca, Mg, P) concentration is measured using blood analysis at baseline, 4, 8 and 12 weeks
3. Plasma bicarbonate concentration is measured using blood analysis at baseline, 4, 8 and 12 weeks

### **Overall study start date**

24/03/2003

### **Completion date**

18/03/2004

## **Eligibility**

### **Key inclusion criteria**

1. Patients that have been continuously undergoing CAPD therapy for at least 3 months before the start of the baseline period
2. Patients that have been continuously using solely 2 L of Dianeal PD-4 for at least 4 weeks before the start of the baseline period
3. Patients that have given written consent to participate in this study
4. Patients that are aged over 20 years at the time of giving consent

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Sex**

Both

### **Target number of participants**

50 patients in Arm 1 and 58 patients in arm 2 are enrolled.

**Total final enrolment**

108

**Key exclusion criteria**

1. Patients that have a tunnel infection or a severe exit-site infection and are likely to develop peritonitis
2. Patients that have developed peritonitis or have not recovered from peritonitis within 4 weeks before the start of the baseline period
3. Patients with a serious disease other than chronic renal failure (e.g., malignant tumor, hepatic cirrhosis, active hepatitis, chronic heart failure, systemic infection, significant malnutrition, significant peritoneal membrane dysfunction, negative ultrafiltration and likely to convert to hemodialysis)
4. Patients that have participated in another clinical study within 6 months before obtaining consent
5. Patients that are pregnant, lactating or may be pregnant
6. Patients that have been judged to be ineligible to participate in this study by the investigator /sub-investigator

**Date of first enrolment**

24/03/2003

**Date of final enrolment**

28/11/2003

**Locations****Countries of recruitment**

Japan

**Study participating centre**

**Asahikawa Red Cross Hospital**

Japan

070-8530

**Study participating centre**

**Sendai Social Insurance Hospital**

Japan

981-8501

**Study participating centre**

**Tokyo Jikei-kai Medical School Hospital**

Japan

105-8471

**Study participating centre**  
**Tokyo Jikei-kai Medical School Kashiwa Hospital**  
Japan  
277-8567

**Study participating centre**  
**Mitsui Memorial Hospital**  
Japan  
101-8643

**Study participating centre**  
**Nihon University Itabashi Hospital**  
Japan  
173-8610

**Study participating centre**  
**St. Marianna University School of Medicine Hospital**  
Japan  
216-8511

**Study participating centre**  
**Hospital Affiliating with Kanagawa Prefecture Nursing School**  
Japan  
235-0022

**Study participating centre**  
**Showa University Fujigaoka Hospital**  
Japan  
227-8501

**Study participating centre**  
**Aichi Medical University Hospital**  
Japan  
480-1195

**Study participating centre**

**Chukyo Hospita**

Japan

457-8510

**Study participating centre**

**Clinic affiliating with Inoue Hospital**

Japan

564-0053

**Study participating centre**

**Kinki University School of Medicine Hospital**

Japan

589-8511

**Study participating centre**

**Osaka Koseinenkin Hospital**

Japan

553-0003

**Study participating centre**

**Hiroshima University Hospital**

Japan

734-8551

**Study participating centre**

**Tokushima Red Cross Hospital**

Japan

773-8502

**Study participating centre**

**Saiseikai Yahata General Hospital**

Japan

805-0050

**Study participating centre**

**Shizuoka Genaral Hospital**

Japan  
420-8527

**Study participating centre**

**Shirasagi Clinic**

Japan  
546-0002

**Study participating centre**

**Osaka City University School of Medicine Hospital**

Japan  
545-8586

**Study participating centre**

**Teine Keijinkai Hospital**

Japan  
006-8555

**Study participating centre**

**Tokai University School of Medicine Hospital**

Japan  
259-1193

**Study participating centre**

**Tokuyama Central Hospital**

Japan  
745-8522

**Study participating centre**

**Hakodate Goryoukaku Hospital**

Japan  
040-8611

**Study participating centre**



**Kawasaki Medical School Hospital**

Japan  
701-0192

**Study participating centre****Saiseikai Central Hospital**

Japan  
108-0073

**Study participating centre****Tokyo Kyosai Hospital**

Japan  
153-8934

**Study participating centre****Kumamoto Central Hospital**

Japan  
862-0965

## **Sponsor information**

**Organisation**

Baxter Limited

**Sponsor details**

Toranomon Hills Mori Tower 20F  
1-23-1, Toranomon  
Minato-ku  
Tokyo  
Japan  
105-6320

**Sponsor type**

Industry

**Website**

<http://www.baxter.co.jp>

**ROR**

<https://ror.org/02d6ew870>

# Funder(s)

## Funder type

Industry

## Funder Name

Baxter Limited

# Results and Publications

## Publication and dissemination plan

Planned publication in Clinical and Experimental Nephrology.

## Intention to publish date

31/07/2016

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available

## IPD sharing plan summary

Not expected to be made available

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		25/10/2016	25/04/2023	Yes	No