

# Mechanisms affecting the gut of preterm infants

<b>Submission date</b> 18/05/2016	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 01/08/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 12/09/2024	<b>Condition category</b> Digestive System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

About 11% of all babies born worldwide are preterm (premature), meaning that they are born more than three weeks before their due date. The earlier babies are born, the more likely they are to die or develop long-term complications, particularly those born before 32 weeks. Over the last 20 years, breathing support has improved significantly, meaning that more babies now survive. Currently, the most common cause of serious illness after the first week are due to complications or infections in the gut (digestive system). About 20-25% of very preterm infants (born before 32 weeks) develop a serious infection (sepsis) or a bowel complication called necrotising enterocolitis (NEC). Infants who get sepsis or NEC have a much higher risk of dying or being disabled. Better methods of preventing these complications in very preterm infants are needed. The ELFIN study started recruiting infants in 2015, and will test whether giving them supplemental lactoferrin (a natural antibiotic protein from cow's milk) reduces the number of serious infections, and also whether it affects rates of gut complications. Regardless of the results of the ELFIN study, the way that the extract lactoferrin works on the gut will still be unknown. It is thought that lactoferrin will work by changing the pattern of bacteria in the gut, and that in turn this will reduce the number of harmful bacteria that might cause sepsis. Increasing the number of healthy bacteria in the gut may allow the infant to better tolerate milk feeds, and less likely to develop gut complications such as NEC. The aim of this study is to find out how lactoferrin supplements work by looking at changes to the gut bacteria.

### Who can participate?

Premature babies who are taking part in the ELFIN study of lactoferrin.

### What does the study involve?

Details about the ELFIN trial are available at: <http://www.isrctn.com/ISRCTN88261002>.

For all participants, a sample of stool is collected from the nappy, and a urine sample (collected using cotton wool balls) each day the baby is in the hospital until they are close to going home. These samples are then stored at the local hospital before being transferred to central laboratories in Newcastle. The samples are analysed for the overall patterns of gut bacteria, as well as the presence of specific species that may be harmful or associated with improved recovery.

What are the possible benefits and risks of participating?

There are no direct benefits or risks involved for participants taking part in this study.

Where is the study run from?

The Neonatal Unit at Royal Victoria Infirmary (lead centre) and ten other neonatal units in NHS hospitals in the north of England (UK)

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

February 2016 to June 2019

Who is funding the study?

National Institute for Health Research (UK)

Who is the main contact?

Dr Nicholas Embleton

## Contact information

### Type(s)

Public

### Contact name

Dr Nicholas Embleton

### Contact details

The Royal Victoria Infirmary

Ward 35 RVI

Newcastle Hospitals NHS Foundation Trust

Newcastle Upon Tyne

United Kingdom

NE1 4LP

## Additional identifiers

### Protocol serial number

CPMS 30750

## Study information

### Scientific Title

Mechanisms Affecting the Gut of Preterm Infants in Enteral feeding trials (MAGPIE)

### Acronym

MAGPIE

### Study objectives

The aim of this study is to determine, in preterm infants, whether the mechanism of action of enteral lactoferrin supplementation in reducing infections or gut complications involves changes in the pattern of gut bacteria.

This study is linked to the ELFIN – Enteral Lactoferrin in Neonates study (available via <http://www.isrctn.com/ISRCTN88261002>)

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

East Midlands - Nottingham 2 Research Ethics Committee, 16/03/2016, ref: 16/EM/0042

## **Study design**

Observational cohort study

## **Primary study design**

Observational

## **Study type(s)**

Treatment

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

Specialty: Children, Primary sub-specialty: Neonatal; UKCRC code/ Disease: Oral & Gastro/ Other diseases of the digestive system

## **Interventions**

Infants who join the trial will all have been enrolled in the ELFIN study, and are anticipated to be recruited to MAGPIE at the same time in most cases i.e. within the first few days after delivery. We will collect a daily stool and urine sample from the infants from recruitment until hospital discharge (average 6 weeks, range 3-12 weeks in total duration). These samples will be collected at the cot-side and then placed in a freezer on the neonatal intensive care unit (NICU). Samples will be transferred to central laboratories and the most informative samples chosen for analysis of gut microbiota (16s next generation sequencing) and metabolomic analysis (stool and urine).

## **Intervention Type**

Other

## **Primary outcome(s)**

Gut microbial diversity (Shannon Diversity Index) and differences in the proportions of key bacterial taxa measured using 16s next generation sequencing in stool samples collected after enrolment on days 1-3, 7, 10-14, and 21 (+/- 1) days.

## **Key secondary outcome(s)**

1. The association between the pattern of gut microbiota and the stool metabolome using mixed effect models, structural equation modelling and ordination analyses. Stool metabolome is measured using Gas Chromatography and/or Liquid Chromatography in samples collected on days 1-3, 7, 10-14, and 21 (+/- 1) days.
2. Pattern of gut microbiota prior to the onset of NEC or sepsis (diagnosed according to criteria used in the ELFIN trial) is measured using up to 7 daily stool samples in the period immediately prior to disease compared to samples from control cases who do not develop disease
3. The gut tissue inflammatory response in surgically resected gut tissue affected by NEC and in control tissue (either non-affected tissue from the same infant, or tissue from an infant requiring gut resection who does not have disease), is determined by immune-histochemistry using paraffin blocks cut into small sections for staining, a digital slide scanner and white cell

infiltrates identified using antibodies. This is measured after trial completion by retrieving samples from hospital pathology archives.

**Completion date**

30/06/2019

## Eligibility

**Key inclusion criteria**

Preterm infants <32 weeks gestation who have been enrolled into the ELFIN study of lactoferrin

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Neonate

**Sex**

All

**Total final enrolment**

479

**Key exclusion criteria**

Lack of informed consent

**Date of first enrolment**

01/07/2016

**Date of final enrolment**

30/06/2018

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

Royal Victoria Infirmary

Neonatal Unit

Richardson Road

Newcastle upon Tyne  
United Kingdom  
NE1 4LP

**Study participating centre**  
**Sunderland Royal Hospital**  
Neonatal Unit  
Kayll Road  
Sunderland  
United Kingdom  
SR4 7TP

**Study participating centre**  
**University Hospital of North Tees**  
Neonatal Unit  
Hardwick Road  
Stockton  
United Kingdom  
TS19 8PE

**Study participating centre**  
**James Cook University Hospital**  
Marton Road  
Middlesbrough  
United Kingdom  
TS4 3BW

**Study participating centre**  
**Leeds General Infirmary**  
Neonatal Unit  
Great George Street  
Leeds  
United Kingdom  
LS1 3EX

**Study participating centre**  
**Bradford Royal Infirmary**  
Duckworth Lane  
Bradford  
United Kingdom  
BD9 6RJ

**Study participating centre**  
**Birmingham Women's Hospital**  
Neonatal Unit  
Queen Elizabeth Medical Centre  
Mindelsohn Way  
Birmingham  
United Kingdom  
B15 2TG

**Study participating centre**  
**Nottingham City Hospital**  
Neonatal Unit  
Hucknall Road  
Nottingham  
United Kingdom  
NG5 1PW

**Study participating centre**  
**Nottingham University Hospital**  
Neonatal Unit  
Queen's Medical Centre Campus  
Derby Road  
Nottingham  
United Kingdom  
NG7 2UH

**Study participating centre**  
**Sheffield Teaching Hospital**  
Neonatal Unit  
Jessop Wing  
Tree Root Walk  
Sheffield  
United Kingdom  
S10 2SF

## **Sponsor information**

**Organisation**  
The Newcastle Upon Tyne Hospitals NHS Foundation Trust

ROR

<https://ror.org/05p40t847>

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health Research

### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

Not provided at time of registration

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	protocol	01/09/2021	26/10/2022	Yes	No
<a href="#">Results article</a>		17/11/2022	12/09/2024	Yes	No
<a href="#">Protocol article</a>		08/05/2017		Yes	No
<a href="#">HRA research summary</a>	Participant information sheet		28/06/2023	No	No
<a href="#">Participant information sheet</a>		11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>		11/11/2025	11/11/2025	No	Yes