

NET (Necrotising Enterocolitis Trial) - primary peritoneal drainage in necrotising enterocolitis: randomised controlled multi-centre trial

Submission date 15/03/2004	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 13/04/2004	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 15/11/2013	Condition category Digestive System	<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

Protocol serial number
MREC/02/2/34

Study information

Scientific Title

Acronym

NET

Study objectives

To determine whether primary peritoneal drainage improves the survival and outcome of ELBW infants with perforated necrotising enterocolitis (NEC) or with isolated intestinal perforation.

Ethics approval required

Old ethics approval format

Ethics approval(s)

This project has been approved by an independent research ethics committee.

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Necrotising enterocolitis or isolated intestinal perforation

Interventions

Primary peritoneal drain or laparotomy.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Survival at 1 and 6 months after randomisation.

Key secondary outcome(s)

1. Time to death (days)
2. Cause of death (related to abdominal sepsis/not related to abdomen [cardiac anomaly/cerebral haemorrhage/other])
3. Hospital stay for survivors and non survivors (days)
4. Intestinal absorptive function. This will be assessed by measuring:
 - 4.1. The calorie intake (kcal/kg/day) both enterally and parenterally 1 month and 6 months after randomisation
 - 4.2. The weight gain at 1 month and 6 months after randomisation
 - 4.3. The duration of parenteral nutrition (days)
 - 4.4. The time to full enteral feeding (days)
5. Long term intestinal complications:

- 5.1. Intestinal stricture (confirmed by a contrast study and/or histology)
- 5.2. Persistent entero-cutaneous fistula
- 6. Intraventricular haemorrhage (ultrasound scan of the brain at enrolment in the trial and 2 weeks after randomisation); intraventricular haemorrhages will be graded (grade I to IV) according to their extent and severity
- 7. Respiratory function. This will be assessed by assessing the need for assisted ventilation or oxygen dependency at 1 and 6 months after randomisation.

Completion date

20/03/2006

Eligibility

Key inclusion criteria

Extremely low birth weight (ELBW) infants (weight less than or equal to 1000g) with perforated necrotising enterocolitis or isolated perforation.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Neonate

Sex

All

Key exclusion criteria

- 1. Bilateral grade 4 intraventricular haemorrhages
- 2. Previous laparotomy
- 3. Previous peritoneal drain
- 4. Recurrent NEC

Date of first enrolment

01/11/2002

Date of final enrolment

20/03/2006

Locations

Countries of recruitment

United Kingdom

England

Australia

Belgium

France

Hong Kong

Ireland

Italy

Japan

Korea, South

Netherlands

New Zealand

South Africa

Spain

Switzerland

United States of America

Study participating centre

Dept of Surgery

London

United Kingdom

WC1N 1EH

Sponsor information

Organisation

Institute of Child Health and Great Ormond Street Hospital (UK)

ROR

<https://ror.org/00zn2c847>

Funder(s)

Funder type

Charity

Funder Name

Stanley Thomas Johnson Foundation (Switzerland)

Results and Publications

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?
Results article	Results	01/07/2008		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes