

# Feasibility and safety of inhaled heparin in intubated and mechanically ventilated patients: a randomised controlled trial comparing three doses of inhaled unfractionated heparin

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| <b>Submission date</b><br>22/01/2007   | <b>Recruitment status</b><br>No longer recruiting | <input checked="" type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol            |
| <b>Registration date</b><br>22/01/2007 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input type="checkbox"/> Results                       |
| <b>Last Edited</b><br>22/01/2007       | <b>Condition category</b><br>Respiratory          | <input type="checkbox"/> Individual participant data<br><input type="checkbox"/> Record updated in last year |

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr J J Hofstra

**Contact details**  
Academic Medical Center (AMC)  
IC Unit  
P.O. Box 22660  
Amsterdam  
Netherlands  
1100 DD  
+31(0)20 566 8224  
J.J.Hofstra@amc.uva.nl

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

## Secondary identifying numbers

N/A

# Study information

## Scientific Title

## Acronym

NebHep study

## Study objectives

We hypothesise that unfractionated heparin could be of benefit in treatment of Acute Lung Injury (ALI). Delivering heparin directly to the pulmonary compartment may attenuate fibrin depositions more effectively while reducing the risk of bleeding as a result of systemic anticoagulant effects. Intubated and mechanically ventilated patients may also benefit from such strategies since mechanical ventilation may cause injury very similar to ALI and pneumonia.

Before future investigations of therapeutic effects of nebulised unfractionated heparin in mechanically ventilated patients with ALI can be performed, this therapeutic strategy needs to be tested on its feasibility and safety. Therefore, in this study we will evaluate the feasibility and safety of treatment with inhaled heparin in intubated and mechanically ventilated patients without ALI. We consider treatment with inhaled heparin to be safe if none of the included patients show a more than 25% increase of area under the curve of serial anti-Xa measurements in plasma.

If treatment with inhaled heparin is safe, we will perform a new study in patients with ALI.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Randomised, placebo controlled, parallel group trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

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

Mechanical ventilation

**Interventions**

Administration of unfractionated heparin or placebo by aerosol generator (AeronebPro, Aerogen Inc., Sunnyvale, CA, USA) during mechanical ventilation.

Blood samples and lung fluid will be collected before treatment and at one, three, six and 24 hours after the beginning of the last nebulisation.

**Intervention Type**

Drug

**Phase**

Not Specified

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

Unfractionated heparin

**Primary outcome measure**

Area under the curve of serial anti-Xa measurements in plasma.

**Secondary outcome measures**

1. Blood:

a. Area under the curve of serial aPTT measurements

b. Whole blood clotting time lung fluid:

area under the curve of serial anti-Xa measurements, heparin, factor VII/VIIa, Tissue Factor (TF), Tissue Factor Pathway Inhibitor (TFPI)-antigen, TFPI activity, protein C/activated protein C, prothrombin fragment 1.2, Thrombin-AntiThrombin III complex (TATc), Endogenous Thrombin Potential (ETP), Fibrin monomers, soluble thrombomodulin, Plasmin-AntiPlasmin complexes (PAPc), Plasminogen Activator Inhibitor (PAI)

2. Occurrence and severity of bleeding events

**Overall study start date**

01/02/2007

**Completion date**

01/02/2008

**Eligibility****Key inclusion criteria**

1. Patients who are mechanically ventilated
2. Aged more than 18 years

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Not Specified

**Target number of participants**

24

**Key exclusion criteria**

1. Acute Lung Injury (consensus criteria)
2. Increased risk of bleeding:
  - a. Within 24 hours after major surgery
  - b. Thrombocytes less than  $50 \times 10^9/L$
  - c. Prothrombin Time (PT) more than 20 seconds
  - d. Activated Partial Thromboplastin Time (APTT) more than 60 seconds
3. Acute bleeding at any site
4. Pregnancy or breast feeding

**Date of first enrolment**

01/02/2007

**Date of final enrolment**

01/02/2008

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

Netherlands

**Study participating centre**

Academic Medical Center (AMC)

Amsterdam

Netherlands

1100 DD

**Sponsor information****Organisation**

Academic Medical Center (AMC) (The Netherlands)

**Sponsor details**

P.O. Box 22660  
Amsterdam  
Netherlands  
1100 DD

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.amc.uva.nl/#http://www.amc.uva.nl/>

**ROR**

<https://ror.org/03t4gr691>

## **Funder(s)**

**Funder type**

Hospital/treatment centre

**Funder Name**

Academic Medical Center (AMC) (The Netherlands)

**Alternative Name(s)**

Academic Medical Center, AMC

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

Netherlands

## **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