Cellular stress and inflammation with miniature cardiopulmonary bypass

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
12/05/2010		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
12/05/2010	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
11/08/2014	Circulatory System			

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

7937

Study information

Scientific Title

Does mini-cardiopulmonary bypass (CPB) reduce cellular stress and inflammation compared with standard CPB?

Study objectives

Ischaemia-reperfusion, mechanical trauma and other stimuli associated with cardiopulmonary bypass (CPB) can lead to the generation of intracellular reactive oxygen species (ROS). ROS can enhance inflammatory activation via activation of NF-kB, p38 MAP kinase and other pathways. Given that CPB leads to ischaemia and mechanical stimulation of leucocytes, it is likely to induce ROS in leukocytes and other cell types.

Hypotheses:

- 1. CPB leads to rapid induction of ROS in leukocytes which is associated with early activation of pro-inflammatory signalling (e.g. p38 activation) and with delayed activation of anti-inflammatory/anti-oxidant mechanisms
- 2. Mini-CPB is associated with reduced ROS/pro-inflammatory activation in leucocytes and attenuated systemic inflammation compared to conventional CPB

Ethics approval required

Old ethics approval format

Ethics approval(s)

Brompton, Harefield and NHLI Research Ethics Committee, 24/07/2008, ref: 08/H0708/67. Amendment approved on 29/04/2010, ref: AM02.

Study design

Single-centre randomised interventional diagnosis, prevention, process of care and treatment

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Topic: Cardiovascular; Subtopic: Cardiovascular (all Subtopics); Disease: Cardiovascular

Interventions

All patients referred for primary elective coronary artery bypass grafting (CABG) will be considered for inclusion within the clinical trial. Trial participants will be randomised into one of three different treatment groups:

- 1. Positive control group in whom standard CPB is used
- 2. Negative control group in whom CPB is not used at all ('off pump' group)
- 3. Investigative group in which the mini-CPB technique is used ('miniCPB' group)

Participants will be reviewed up until they are discharged from hospital. Intervention timings are as follows:

Blood tests:

- 1. Pre-op (baseline)
- 2. Post induction
- 3. Start of CPB
- 4. 15 minutes CPB
- 5. 30 minutes CPB
- 6.45 minutes CPB

- 7. 60 minutes CPB
- 8. 2 hours CPB
- 9. 6 hours CPB
- 10. 24 hours CPB

Cantharadin blister tests:

- 1. Pre-op (baseline)
- 2. CPB 5 hours

Myocardial tissue sampling:

- 1. Start of CPB
- 2. Before end of CPB

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Blood parameters of cellular stress - reactive oxygen species detection; p38 MAP kinase signalling

Key secondary outcome(s))

Supporting conventional markers of the inflammatory response will be measured including white cell count

Completion date

01/06/2011

Eligibility

Key inclusion criteria

- 1. Age range 18+ years
- 2. No gender discrimination
- 3. Patients referred for elective coronary artery bypass grafting (CABG)
- 4. Not participated in any other clinical trial

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

- 1. Patients less than 18 years of age
- 2. Emergency cases
- 3. Combined valvular procedures
- 4. Redo operations
- 5. Poor left ventricular function (ejection fraction less than 30%)
- 6. Cerebro-vascular accident within 3 months pre-operatively or more than 75% carotid artery obstruction as shown by carotid Doppler scan
- 7. Serum creatinine in excess of 177 µmol/L
- 8. Pre-existing coagulopathy
- 9. Pre-existing liver dysfunction
- 10. Recent (within 5 days) use of antiplatelets (aspirin/clopidogrel)

Date of first enrolment

01/06/2010

Date of final enrolment

01/06/2011

Locations

Countries of recruitment

United Kingdom

England

W12 0NN

Study participating centre

Department of Cardiothoracic Sciences

London

United Kingdom

Sponsor information

Organisation

Imperial College NHS Healthcare Trust (UK)

ROR

https://ror.org/056ffv270

Funder(s)

Funder type

Research organisation

Funder Name

Heart Research UK (UK)

Alternative Name(s)

HRUK

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Study outputs

Output type	Details	Date created Date adde	d Peer reviewed	? Patient-facing?
Results article	substudy results	01/10/2014	Yes	No
Participant information sheet	Participant information sheet	11/11/2025 11/11/202	5 No	Yes