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# Does prophylactic N-AcetylCysteine decrease incidence of contrast nephropathy in patients undergoing peripheral angiography?

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|---|---|---|
| **Submission date**<br>30/04/2007 | **Recruitment status**<br>No longer recruiting | [_] Prospectively registered<br>[_] Protocol<br>[_] Statistical analysis plan<br>[X] Results<br>[_] Individual participant data |
| **Registration date**<br>02/08/2007 | **Overall study status**<br>Completed | |
| **Last Edited**<br>06/08/2010 | **Condition category**<br>Urological and Genital Diseases | |

**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**
NACP 1

## Study information

**Scientific Title**

## Acronym
NAC as a Nephroprotective agent in Peripheral Angiography

## Study objectives
To investigate the role of N-acetylcysteine as a nephroprotective agent in patients undergoing peripheral angiography.

## Ethics approval required
Old ethics approval format

## Ethics approval(s)
Ethics approval received from the Cambridge Research Ethics Committee on the 24th November 2006 (ref: 06/QI0108/352).

## Study design
Prospective randomised controlled trial

## Primary study design
Interventional

## Study type(s)
Treatment

## Health condition(s) or problem(s) studied
Contrast induced nephropathy

## Interventions
Treatment group:
Patients will be given 600 mg twice daily N-acetylcysteine the day before the angiogram, and 600 mg twice on the day of the angiogram with intravenous fluids. Samples of urine and blood will be collected before the angiogram and first, second and third day post angiography.

Control group:
Patients will only get intravenous hydration as per normal protocol and will have samples taken like the treatment arm patients.

## Intervention Type
Drug

## Phase
Not Specified

## Drug/device/biological/vaccine name(s)
N-acetylcysteine

## Primary outcome(s)
Primarily we are looking for a reduction in the elevation in Albumin/Creatinine ratio and also of other markers of renal damage in urine (retinol binding protein), using the samples collected before the angiogram and first, second and third day post angiography.

### Key secondary outcome(s))
A reduction in the mortality and morbidity related to renal failure that may result secondary to contrast solution used in angiography; this 30-day mortality morbidity reduction will be measured on follow up in clinic normally four to six weeks post angiography.

### Completion date
01/05/2008

## Eligibility

### Key inclusion criteria
Any patient undergoing peripheral angiography in the Cambridge Vascular Unit, Addenbrookes Hospital, Cambridge who consents to participation.

### Participant type(s)
Patient

### Healthy volunteers allowed
No

### Age group
Adult

### Sex
Not Specified

### Key exclusion criteria
1. Any patient undergoing peripheral angiography in Cambridge Vascular Unit
2. Any patient that does not consent to participation in the study
3. Any patient under the age of 18 years
4. Any patient with established renal failure on renal replacement therapy (dialysis)

### Date of first enrolment
01/05/2007

### Date of final enrolment
01/05/2008

## Locations

### Countries of recruitment
United Kingdom

England

### Study participating centre

**Box 201**
Cambridge
United Kingdom
CB2 2QQ

# Sponsor information

**Organisation**
Cambridge University Hospital NHS Trust (UK)

**ROR**
https://ror.org/04v54gj93

# Funder(s)

**Funder type**
Government

**Funder Name**
Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust (UK)

# 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 | 01/04/2011 | | Yes | No |