

# A multicentre study of the safety and efficacy of N-acetylcysteine in the treatment of acute liver failure in paediatric patients not caused by acetaminophen

<b>Submission date</b> 12/05/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 12/05/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 14/07/2014	<b>Condition category</b> Digestive System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Prof Anil Dhawan

### Contact details

Department of Liver Studies and Transplantation  
Strand  
London  
United Kingdom  
WC2R 2LS

## Additional identifiers

### ClinicalTrials.gov (NCT)

NCT00248625

### Protocol serial number

6201

## Study information

## **Scientific Title**

### **Acronym**

PALF

### **Study objectives**

Acute liver failure (ALF) is a rare form of liver disease in children. The condition leads to failure of the function of the liver in a child with no previous history of liver disease. The causative agents include infections, drugs and sometimes metabolic defects that present for the first time as liver failure. However, the cause of the liver failure could only be identified in one-third of the patients.

There is no accepted specific treatment for ALF other than general supportive measures such as maintenance of blood sugar levels, prevention of superadded infections, administration of blood products, measures to reduce brain swelling and assisted breathing in the intensive care unit. In patients with severe disease, liver transplantation is the only effective treatment.

The purpose of this study is to test whether a drug called N-acetylcysteine (NAC) improves outcome of patients with ALF. This drug is used as an antidote in patients with paracetamol overdose who usually develop liver failure. This drug has been very helpful in improving the survival of patients where overdose is likely to be fatal. N-acetylcysteine reduces cell injury induced by oxidative stress in liver failure not only in liver but other organs also. In a small number of adults in our hospital with liver failure not related to paracetamol overdose an improvement in various parameters of body function like blood pressure and oxygen utilisation was observed after administration of NAC. This drug has also been shown to improve cell function in situations of multi-organ failure not caused by liver failure. However a more recent study from Edinburgh failed to demonstrate these observations. This drug has been used without a definitive evidence of its efficacy in few centres (including ours) in the management of liver failure. This multinational randomised controlled trial will help to establish the safety and efficacy of this drug.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

MREC approved (ref: 02-186)

### **Study design**

Multicentre randomised interventional treatment trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Topic: Medicines for Children Research Network; Subtopic: All Diagnoses; Disease: All Diseases

### **Interventions**

The study drug or placebo will be given as a 7-day continuous intravenous infusion to children with acute liver failure not due to acute acetaminophen toxicity.

Study drug: intravenous N-acetylcysteine

Total duration of therapy: 7 days. Duration may be less in the event of spontaneous recovery or liver transplantation.

### **Intervention Type**

Drug

### **Phase**

Not Applicable

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

N-acetylcysteine

### **Primary outcome(s)**

Comparison of survival without liver transplant

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

1. Length of intensive care unit and hospital stay
2. Number of organ systems failures

### **Completion date**

01/12/2010

## **Eligibility**

### **Key inclusion criteria**

Enrolment in PALF registry:

1. Evidence of acute liver injury
2. International normalised ratio (INR) greater than or equal to 1.5 or prothrombin time (PT) greater than or equal to 15 with encephalopathy, or INR greater than or equal to 2.0 or PT greater than or equal to 20 with or without encephalopathy
3. Aged less than 18 years, either sex
4. Informed consent, obtained from the patient or parent

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Child

### **Upper age limit**

18 years

### **Sex**

**Key exclusion criteria**

1. Acute paracetamol toxicity
2. Patient on N-acetylcysteine or received N-acetylcysteine during the course of this illness
3. Pregnancy
4. Known malignancy
5. Patient is on a liver support device
6. Sepsis
7. Signs of cerebral herniation
8. Intractable hypotension

**Date of first enrolment**

01/01/2003

**Date of final enrolment**

01/12/2010

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

United Kingdom

England

Canada

United States of America

**Study participating centre**

Department of Liver Studies and Transplantation

London

United Kingdom

WC2R 2LS

**Sponsor information****Organisation**

King's College Hospital NHS Foundation Trust (UK)

**ROR**

<https://ror.org/01n0k5m85>

**Funder(s)**

**Funder type**

Government

**Funder Name**

National Institutes of Health (NIH) (USA)

**Alternative Name(s)**

US National Institutes of Health, Institutos Nacionales de la Salud, NIH, USNIH

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United States of America

## Results and Publications

**Individual participant data (IPD) sharing plan****IPD sharing plan summary****Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/04/2013		Yes	No