Prophylactic granulocyte-macrophage colonystimulating factor (GM-CSF) to reduce sepsis in preterm neonates

Submission date Recruitment status [X] Prospectively registered 01/03/2001 No longer recruiting [] Protocol [] Statistical analysis plan Registration date Overall study status 01/03/2001 Completed [X] Results [] Individual participant data Last Edited Condition category Infections and Infestations 30/04/2015

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 SP3558

Study information

Scientific Title

Prophylactic granulocyte-macrophage colony-stimulating factor (GM-CSF) to reduce sepsis in preterm neonates: a randomised controlled trial

Acronym

PROGRAMS

Study objectives

To estimate the economic efficiency of administering prophylactic granulocytic-macrophage colony stimulating factor to preterm neonates at high risk of sepsis.

Please note that as of 21/01/2009 this record was updated. All update details can be found under the relevant field with the above update date.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NHS Executive South East MREC, 27/01/2000, ref: 99/85

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Sepsis

Interventions

1. Once daily granulocyte-macrophage colony-stimulating factor (GM-CSF) 10 μ g/kg by subcutaneous injection, commenced within 72 hours of birth and continued for 5 days 2. No GM-CSF therapy

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Granulocyte-macrophage colony-stimulating factor (GM-CSF)

Primary outcome(s)

- 1. Sepsis-free survival at 14 days from trial entry
- 2. Economic evaluation outcome: incremental cost-effectiveness analysis

Key secondary outcome(s))

Added 21/01/2009:

- 1. Survival without moderate/severe disability at 2 years from term
- 2. Survival to discharge
- 3. Sepsis:
- 3.1. Culture positive systemic infection, to 14 days from trial entry
- 3.2. Culture negative systemic infection, to 14 days from trial entry
- 3.3. Probable (culture positive or negative) systemic infection, to 28 days from trial entry
- 4. Clinical morbidity:
- 4.1. Chronic lung disease (bronchopulmonary dysplasia)
- 4.2. Necrotising enterocolitis, periventricular haemorrhage
- 4.3. Periventricular leucomalacia and ventriculomegaly
- 5. Haematological:
- 5.1. Culture positive systemic infection associated with neutropenia, to 14 days from trial entry
- 5.2. Culture positive systemic infection associated with neutropenia, to 28 days from trial entry

Completion date

01/09/2005

Eligibility

Key inclusion criteria

Babies are eligible for PROGRAMS if they are less than or equal to 31 completed weeks gestational age and small for gestational age (i.e. below 10th centile for birthweight) and within 72 hours of birth.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Neonate

Sex

All

Key exclusion criteria

Added 21/01/2009:

- 1. Immediately life-threatening congenital abnormality
- 2. Evidence of early onset sepsis (maternal pyrexia greater than 38.0°C on two consecutive occasions during labour)

Date of first enrolment

01/09/2001

Date of final enrolment

01/09/2005

Locations

Countries of recruitment

United Kingdom

England

Study participating centre Hammersmith Hospital London United Kingdom W12 0NN

Sponsor information

Organisation

Imperial College London (UK)

ROR

https://ror.org/041kmwe10

Funder(s)

Funder type

Charity

Funder Name

Action Medical Research (UK)

Alternative Name(s)

action medical research for children, actionmedres, The National Fund for Research into Crippling Diseases, AMR

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United Kingdom

Funder Name

The Wellcome Trust (UK) (added 05/01/2010) (grant ref: 068499)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Study outputs

Output type	Details	Date created Date ad	ded Peer reviewed?	Patient-facing?
Results article	results	17/01/2009	Yes	No
Results article	results	01/07/2015	Yes	No
Participant information sheet	Participant information sheet	11/11/2025 11/11/2	025 No	Yes
Study website	Study website	11/11/2025 11/11/2	.025 No	Yes