

The oscillation for Acute Respiratory Distress Syndrome (ARDS) treated early (OSCILLATE) pilot study

Submission date 31/05/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 31/05/2007	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 06/04/2016	Condition category Respiratory	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Dr Maureen Meade

Contact details

McMaster University
Hamilton Health Sciences Centre, Rm. 2C9
1200 Main Street
Hamilton
Ontario
Canada
L8N 3Z5
+1 (0)905 525 9140 ext. 22900
meadema@hhsc.ca

Type(s)

Scientific

Contact name

Dr Niall D Ferguson

Contact details

Toronto Western Hospital
399 Bathurst Street
F2-150
Toronto
Canada
M5T 2S8
+1 (0)416 603 6203
n.ferguson@utoronto.ca

Additional identifiers

ClinicalTrials.gov (NCT)
NCT00474656

Protocol serial number
MCT-82966

Study information

Scientific Title

High frequency oscillation versus lung-protective ventilation using conventional ventilators to reduce Acute Respiratory Distress Syndrome (ARDS) mortality: a randomised, parallel, two armed, multicentre pilot trial

Acronym

OSCILLATE Pilot

Study objectives

This is a pilot study to test the feasibility of a larger trial for which we hypothesise that high frequency oscillation will reduce acute respiratory distress syndrome (ARDS) mortality compared to lung-protective ventilation using conventional ventilators.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Research Ethics Board of University Health Network, Toronto, Ontario (Canada), 03/05/2007, ref: 07-0158-B

Study design

Randomised parallel two-armed multicentre trial in therapeutic management strategy, with data analysts blinded

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Acute respiratory distress syndrome (ARDS)

Interventions

1. High frequency oscillation (HFO): duration of mechanical ventilation
2. Lung open ventilation: duration of mechanical ventilation

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

1. Feasibility at one-year of study. The three feasibility outcomes for the OSCILLATE pilot study will be evaluated as follows:

- 1.1. We will consider adherence to our explicit mechanical ventilation protocols to be adequate if more than 80% of patients (approximately 24/30) have fewer than 10% of monitored values (excluding crossover periods) as major protocol violations
- 1.2. We will consider the number of crossovers to be acceptable if fewer than 10% of patients cross over to the alternate ventilator, when not allowed by protocol
- 1.3. We will consider patient accrual to be adequate if we recruit 60 patients from 10 sites over one-year

Key secondary outcome(s)

No secondary outcome measures

Completion date

31/07/2008

Eligibility**Key inclusion criteria**

1. Patients of either sex, 16 years and above
2. Acute onset of respiratory failure, with fewer than two weeks of new pulmonary symptoms
3. Endotracheal intubation or tracheostomy
4. Hypoxaemia: defined as a partial pressure of oxygen in arterial blood (PaO₂)/fraction of inspired oxygen (FiO₂) ratio of less than or equal to 200 mmHg
5. Bilateral alveolar consolidation (airspace disease) seen on frontal chest radiograph

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Remaining duration of mechanical ventilation less than 48 hours, as judged by the attending physician
2. Primary cause of acute respiratory failure judged by attending physician to be cardiac in origin
3. Lack of commitment to ongoing life support
4. Weight less than 35 kg
5. Severe chronic respiratory disease
6. Morbid obesity: defined as greater than 1 kg/cm body height
7. Neurological conditions with risk of intracranial hypertension (hypercapnia should be avoided)
8. Neuromuscular disease that will result in prolonged need for mechanical ventilation
9. Previous enrolment in this trial
10. All inclusion criteria present for greater than 72 hours
11. On high frequency oscillator (HFO) at the time of screening

Date of first enrolment

01/05/2007

Date of final enrolment

31/07/2008

Locations

Countries of recruitment

Canada

Study participating centre

McMaster University

Ontario

Canada

L8N 3Z5

Sponsor information

Organisation

McMaster University (Canada)

ROR

<https://ror.org/02fa3aq29>

Funder(s)

Funder type

Research organisation

Funder Name

Canadian Institutes of Health Research (ref: MCT-82966)

Alternative Name(s)

Instituts de Recherche en Santé du Canada, Canadian Institutes of Health Research (CIHR), CIHR_IRSC, Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

Canada

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?
Results article	results	28/02/2013		Yes	No
Results article	eligible nonenrolled patients results	01/12/2015		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes