3D Contrast Enhanced UltraSound in perfusion studies of early renal transplants

Submission date 29/06/2012	Recruitment status No longer recruiting	Prospectively registered		
		☐ Protocol		
Registration date 29/06/2012	Overall study status Completed Condition category	Statistical analysis plan		
		[X] Results		
Last Edited		Individual participant data		
28/02/2018	Urological and Genital Diseases			

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

10201

Study information

Scientific Title

3D Contrast Enhanced UltraSound in perfusion studies of early renal transplants: a non-randomised study

Acronym

3D CEUS

Study objectives

To assess the sensitivity of Three dimensional (3D) contrast enhanced ultrasound (CEUS) of detecting perfusion defects in kidney transplants immediately post-surgery. Also, determine any prognostic value from the haemodynamic factors of the contrast in predicting graft outcome.

More details can be found at http://public.ukcrn.org.uk/search/StudyDetail.aspx?StudyID=10201

Ethics approval required

Old ethics approval format

Ethics approval(s)

Newcastle & North Tyneside 2, 10/02/2011, ref: 11/H0907/1

Study design

Non-randomised; Interventional; Design type: Diagnosis, Not specified

Primary study design

Interventional

Secondary study design

Non randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Diagnostic

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Topic: Renal and Urogenital; Subtopic: Renal and Urogenital (all Subtopics); Disease: Renal

Interventions

Contrast enhanced ultrasound: Single examination using a 2.4mls injection of Sonovue contrast media.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Perfusion defect rates using 99mTc-diethylenetriamine pentaacetic acid (DTPA) renogram

Secondary outcome measures

Graft viability up to 3 months post-op measured by serum results and histology reports.

Overall study start date

04/03/2011

Completion date

31/07/2012

Eligibility

Key inclusion criteria

- 1. All renal transplant patients that undergo surgery within the collection period for the study until study population is acheived (N=105)
- 2. Male & Female; Lower Age Limit 18 years

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

Planned Sample Size: 105; UK Sample Size: 105

Key exclusion criteria

- 1. Any patient under 18 years of age
- 2. A pregnant patient and
- 3. Any patient excluded due to contraindications as listed in the manufacturers guidelines for the contrast media used

Date of first enrolment

04/03/2011

Date of final enrolment

31/07/2012

Locations

Countries of recruitment

England

NE7 7DN

United Kingdom

Study participating centre Freeman Road Newcastle upon Tyne United Kingdom

Sponsor information

Organisation

Newcastle upon Tyne Hospitals NHS Foundation Trust (UK)

Sponsor details

Claremont Wing Royal Victoria Infirmary Queen Victoria Road Newcastle Upon Tyne England United Kingdom NE1 4LP

Sponsor type

Hospital/treatment centre

ROR

https://ror.org/05p40t847

Funder(s)

Funder type

Charity

Funder Name

Northern Counties Kidney Research Fund (UK)

Alternative Name(s)

NCKRF

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Funder Name

Society and College of Radiographers (SCoR) (UK)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

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	01/11/2017		Yes	No