FIBCON: FIBrinogen CONcentrate in paediatric cardiopulmonary bypass

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
01/05/2014		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
01/05/2014	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
14/11/2022	Surgery			

Plain English summary of protocol

Background and study aims

Newborn babies and infants needing surgery for congenital heart disease suffer the most from bleeding within the chest. As a result, they are frequently exposed to many blood products, and may also suffer consequences of blood loss. We want to find out whether giving a new blood product, human fibrinogen concentrate, to these infants, will reduce bleeding and exposure to other blood products. A unique aspect of this study will be that study drug exposure and dose will be personalised to the patient on the basis of bleeding risk. Because bleeding risk cannot be estimated accurately before the operation, we will assess this during the operation using a test for coagulation, known as rotational thromboelastometry (ROTEM).

Who can participate?

Babies who are aged less than 36 weeks with congenital heart disease requiring surgery.

What does the study involve?

We will give the study drug to only those infants who are at higher risk of bleeding during the ROTEM screening during the operation. These infants will be randomly allocated to receive either fibrinogen or a placebo (dummy). Infants at lower risk will not be allocated to any group, but remain in the study, forming an observational group. All infants will receive standard care with respect to all other aspects.

What are the possible benefits and risks of participating?

As this is an early phase trial, it is impossible to delineate risks or benefits in any meaningful way.

Where is the study run from? Evelina Childrens Hospital (UK)

When is the study starting and how long is it expected to run for? The study starts in June 2014 and ends in March 2016

Who is funding the study? CSL Behring (UK)

Who is the main contact? Dr Shane Tibby Shane.Tibby@gstt.nhs.uk

Contact information

Type(s)

Scientific

Contact name

Dr Shane Tibby

Contact details

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Additional identifiers

EudraCT/CTIS number 2013-003532-68

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers 16254

Study information

Scientific Title

Fibrinogen concentrate supplementation in the management of bleeding during paediatric cardiopulmonary bypass: a phase 1B/2A, open-label dose-escalation study

Study objectives

Fibrinogen concentrate supplementation during paediatric cardiopulmonary bypass may decrease the incidence and severity of postoperative bleeding, and reduce the need for transfusion of blood and ancillary blood products (platelets, fresh frozen plasma, and cryoprecipitate). The primary objective of this trial is to determine the dose of intraoperative fibrinogen concentrate required to achieve physiological levels of fibrin polymerization of 8 to 13 mm as measured by the rotational thromboelastometry (ROTEM) measure of fibrin-based clotting: FibTEM MCF (equating to plasma fibrinogen concentrations of 1.5 to 2.5 g/L), immediately prior to separation from cardiopulmonary bypass in neonates and children < 12 kg.

Ethics approval required

Old ethics approval format

Ethics approval(s)

London - London Bridge Research Ethics Committee, 26/02/2014, ref: 14/LO/0267

Study design

Randomised; Interventional and Observational; Design type: Process of Care, Treatment, Cohort study

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Treatment

Participant information sheet

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

Health condition(s) or problem(s) studied

Topic: Children; Subtopic: All Diagnoses; Disease: All Diseases

Interventions

Fibrinogen concentrate: IMP will be administered while on cardiopulmonary bypass. Patients will be screened while on cardiopulmonary bypass (approx 1 hour before end of operation) using Rotational Thromboelastometry: FibTEM MCF. If MCF<7mm, patients will be randomised to IMP: placebo 2:1. Dose will be tailored to patient based upon measured FibTEM MCF and desired target range.; Study Entry: Registration and One or More Randomisations

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Fibrinogen concentrate

Primary outcome measure

- 1. Fibrinogen concentration (measured using the Clauss method)
- 2. Fibrin polymerization (measured by rotational thromboelastometry Fib-TEM MCF) achieved within 5 minutes of completion of study drug

Secondary outcome measures

- 1. Efficacy
- 1.1. Mediastinal drain losses in first 24 hours after PICU admission
- 1.2. Requirement for delayed sternal closure due to clinical bleeding/tamponade
- 1.3. Requirement for ancillary blood transfusions in first 24 hours post PICU admission
- 1.4. Use of intra- and post-operative ancillary clotting products
- 1.5. Fibrinogen levels and ROTEM variables at time points T4 T6
- 2. Safety
- 1.1. Incidence of major thrombotic event/thromboembolic associated complications
- 1.2. Allergic/hypersensitivity reaction to study drug

Overall study start date

01/06/2014

Completion date

02/03/2016

Eligibility

Key inclusion criteria

- 1. Congenital heart disease requiring non-emergency* surgery on cardiopulmonary bypass
- 2. Age range: >36 weeks corrected gestation
- 3. Weight 2.5 to 12 kg
- 4. Informed consent to participate
- *Non-emergency is defined as surgery that can be delayed >24 hours following diagnosis of congenital heart disease

Participant type(s)

Patient

Age group

Child

Sex

Both

Target number of participants

Planned Sample Size: 90; UK Sample Size: 90

Total final enrolment

111

Key exclusion criteria

- 1. Known pre-existing inherited coagulopathy
- 2. Known pre-existing inherited thrombophilia
- 3. Recent, acute (within previous 2 weeks) thrombosis in a major vessel or thrombotic related major complications (as defined in protocol sections 2.43 and 7.3)
- 4. Administration of antiplatelet agents (e.g. aspirin) <48 hours prior to surgery
- 5. Known hypersensitivity/allergy to the study drug or similar products
- 6. History of anaphylaxis

- 7. Enrolment in another clinical trial in the previous 3 months
- 8. Parent/guardian unable to provide informed consent (this can include insufficient understanding of the trial, as judged by the clinician taking consent)
- 9. Major comorbidity likely to increase risk of mortality from surgical procedure
- 10. Significant renal/liver impairment within 2 days of planned surgery (creatinine > 2x Upper Limit of Normal, Alanine Aminotransferase > 2x ULN)

Date of first enrolment

01/06/2014

Date of final enrolment

02/03/2016

Locations

Countries of recruitment

England

United Kingdom

Study participating centre Evelina Childrens Hospital

London United Kingdom SE1 7EH

Sponsor information

Organisation

Guy's and St Thomas' NHS Foundation Trust (UK)

Sponsor details

Kings Health Partners Clinical Trials Office 16th Floor, Tower Wing Guy's Hospital Great Maze Pond London England United Kingdom SE1 9RT

Sponsor type

Hospital/treatment centre

ROR

Funder(s)

Funder type

Industry

Funder Name

CSL Behring

Alternative Name(s)

CSL Behring LLC, CSL Behring GmbH, CSL

Funding Body Type

Private sector organisation

Funding Body Subtype

For-profit companies (industry)

Location

United States of America

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient- facing?
Basic results			21/06 /2019	No	No
Results article	results	01/12/2020	23/11 /2020	Yes	No
Other publications	mechanistic sub-study of the FIBCON trial	09/11/2022	14/11 /2022	Yes	No
HRA research			28/06		

summary /2023 No No