

A randomised trial of empiric broad-spectrum antibiotics and invasive diagnostic techniques in the setting of Ventilator-Associated Pneumonia

Submission date 09/09/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 09/09/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 11/12/2007	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

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Acronym

VAP

Study objectives

To evaluate whether the use of two empiric broad-spectrum antibiotics and invasive diagnostic techniques will improve clinical resolution, decrease length of stay and reduce mortality of critically ill patients with a clinical suspicion of late Ventilator-Associated Pneumonia (VAP).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from the Queen's University Health Sciences & Affiliated Teaching Hospitals Research Ethics Board on the 12th October 1999.

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Clinical suspicion of ventilator associated pneumonia in critically ill patients

Interventions

Patients will undergo bronchoscopy with bronchoalveolar lavage or endotracheal aspirates. Following sampling patients will be randomised again to receive either meropenem and ciprofloxacin or meropenem alone.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Broad-spectrum antibiotics

Primary outcome measure

Mortality at 28 days.

Secondary outcome measures

1. Duration of stay in ICU
2. Adjudicated diagnosis of pneumonia
3. Clinical and microbiological response to treatment
4. Adequacy of initial treatment
5. Emergence of resistant organisms
6. Candida colonization and infection
7. Multiple organ dysfunction
8. Duration of mechanical ventilation
9. Hospital length of stay
10. Antibiotic use and costs of care

Overall study start date

01/05/2000

Completion date

30/09/2004

Eligibility

Key inclusion criteria

1. Adult patients greater than or equal to 16 years old, either sex
2. Greater than 96 hours in the Intensive Care Unit (ICU)
3. Mechanically ventilated (greater than or equal to 48 hours)
4. Develops a clinical suspicion of pneumonia while ventilated

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

740

Key exclusion criteria

1. Unstable candidate for bronchoscopy as defined by the bronchoscopist
2. Patients not expected to survive greater than 72 hours or anticipate withdrawing treatments

within 72 hours from the point of randomisation

3. Known or suspected history of anaphylaxis to penicillins, cephalosporins, carbapenems, meropenem or ciprofloxacin

4. Women who are pregnant or lactating

5. Patients already infected or colonised (respiratory tract only) with an organism not sensitive to study drugs

6. Patients already infected with pseudomonas species

7. Already on study drugs

8. Immunocompromised (post-organ transplantation, Human Immunodeficiency Virus [HIV], neutropenic [less than 1000 absolute neutrophils], corticosteroids [greater than 20 mg/day of prednisone or equivalent for more than 6 months])

9. Prior randomisation in this study

10. Enrolment in other interventional study

Date of first enrolment

01/05/2000

Date of final enrolment

30/09/2004

Locations

Countries of recruitment

Canada

Study participating centre

Kingston General Hospital

Kingston

Canada

K7L 2V7

Sponsor information

Organisation

Queens University (Canada)

Sponsor details

Fleming Hall

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+1 613 533 6081

marlins@post.queensu.ca

Sponsor type

University/education

Website

<http://www.queensu.ca/homepage/>

ROR

<https://ror.org/02y72wh86>

Funder(s)

Funder type

Research organisation

Funder Name

Canadian Institutes of Health Research (CIHR) (Canada) - <http://www.cihr-irsc.gc.ca> (ref: MCT-50377)

Funder Name

Physician Services Inc. (PSI) (Canada)

Funder Name

Bayer (Canada)

Funder Name

AstraZeneca (Canada)

Alternative Name(s)

AstraZeneca PLC, Pearl Therapeutics

Funding Body Type

Government organisation

Funding Body Subtype

For-profit companies (industry)

Location

United Kingdom

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	21/12/2006		Yes	No