

# Prophylaxis of atopic and allergic manifestations and activation or modulation of the immune system by Pro-Symbioflor® treatment in newborns / small children from atopically pre-disposed parents.

<b>Submission date</b> 21/07/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 15/09/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 13/11/2013	<b>Condition category</b> Skin and Connective Tissue Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

**Study website**  
<http://www.allergie-centrum-charite.de/index.php?id=1105>

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Ulrich Wahn

**Contact details**  
Department of Pediatric Pneumology and Immunology  
(Klinik für Pädiatrie mit Schwerpunkt Pneumologie und Immunologie)  
Charité  
Augustenburger Platz 1  
Berlin  
Germany  
13353  
[marina.birr@charite.de](mailto:marina.birr@charite.de)

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

N/A

## **Study information**

### **Scientific Title**

Prophylaxis by Pro-Symbioflor® of atopic and allergic manifestations and activation or modulation of the immune system in newborns / small children from atopically pre-disposed parents. Prospective, randomized, placebo-controlled, double-blind parallel group trial in 632 healthy newborns aged 4 weeks with increased risk for atopic dermatitis with repeated application of Pro-Symbioflor® t.i.d or placebo between 2 and 7 months of age and an observation period until the age of 3 years.

### **Acronym**

PAPS

### **Study objectives**

Pro-Symbioflor® is an immunologically active product containing components of a mixture of Escherichia coli (gram negative) and Enterococcus faecalis (gram positive).

Pro-Symbioflor® is claimed to be effective as an immunomodulatory acting drug in the primary prevention of atopic dermatitis and other allergic diseases. To prove this, a trial was designed to test for the Verum - Placebo superiority in the preventive efficacy lowering the risk to develop an atopic disease under a 6 months lasting prophylactic treatment with Pro-Symbioflor® in newborns/ small children aged between 4 weeks and 3 years. In addition its immunomodulatory effects were to be studied.

Null hypothesis H0: The risk of a manifestation of atopic dermatitis (AD) under treatment verum or placebo is not different. Alternative hypothesis H1: The risk of a manifestation of AD under treatment with verum is twice as low as under placebo.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

1. The independent ethics committee (IEC) at Charité approved on the 2nd of March 2002 (ref: 19 /2002)
2. Intermediate evaluation of the study (half of cases completed) was carried out and approval to continue granted on the 21st of October 2005
3. Amendment to the protocol approved on the 7th of March 2007

### **Study design**

Prospective randomised placebo controlled double blind parallel group trial

### **Primary study design**

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

## Study type(s)

Prevention

## Participant information sheet

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

## Health condition(s) or problem(s) studied

Atopic dermatitis

## Interventions

1. Intervention group:

Pro-Symbioflor® (verum): Bacterial lysate manufactured from 1,5 4,5 x 10E+07 Enterococcus faecalis (DSM 16440) and 1,5 4,5 x 10E+07 Escherichia coli (DSM 17252). 3x5 drops per day for 2 weeks then increased to 3x10 drops per day between 2 and 7 months of age.

2. Control group:

Pro-Symbioflor® (placebo): Culture medium without bacteria. 3x5 drops daily, for 2 weeks increased to 3x10 drops daily between 2 and 7 months of age.

The total duration of follow up will be 3 years.

## Intervention Type

Other

## Phase

Not Specified

## Primary outcome measure

Incidence of atopic dermatitis during the treatment phase between the 4th and 31st life week under the prophylaxis with verum or placebo.

## Secondary outcome measures

1. Incidence of atopic dermatitis after treatment and until end of 3 years
2. Time until the first manifestation of an AD
3. Severity of AD at manifestation of an eczema: SCORing Atopic Dermatitis (SCORAD) Score
4. Frequency and time until the appearance as well as severity of allergic/atopic manifestations in the gastrointestinal tract
5. Frequency and until the appearance as well as severity of an allergic/atopic manifestation in the airways
6. Frequency of a sensitization against food allergens
7. Induction / enhancement of a Th1-immune response
8. Toll-like-receptors
9. Safety pharmacological Investigations before and at the end of the treatment as well as the observation period
10. Adverse events

**Overall study start date**

28/05/2002

**Completion date**

19/09/2010

## Eligibility

**Key inclusion criteria**

1. Healthy male and female newborns aged 4 weeks
2. Regularly developed newborns - body weight:  $\geq 2500$  g; gestational age  $> 37+0$  weeks
3. No relevant illnesses since the birth (except transient Hyperbilirubinemia)
4. Positive atopic anamnesis with at least one parent (atopic dermatitis, bronchial asthma, allergic rhino-conjunctivitis)
5. Written informed consent by the parents as the legal representatives

**Participant type(s)**

Patient

**Age group**

Neonate

**Sex**

Both

**Target number of participants**

632

**Key exclusion criteria**

1. Diseases that require immunosuppressive therapy (systemic administration of steroids or cyclosporine A)
2. Transfer to an intensive care unit after birth
3. Known immune disturbances or defects (Lymphopenia, Thrombopenia)
4. Concomitant medication or treatment (except for prophylaxis)
5. Inadequate ability or willingness of the parents to communicate or to cooperate
6. Family anamnesis of a congenital deficiency in immune defence

**Date of first enrolment**

28/05/2002

**Date of final enrolment**

19/09/2010

## Locations

**Countries of recruitment**

Germany

**Study participating centre**  
**Department of Pediatric Pneumology and Immunology**  
Berlin  
Germany  
13353

## **Sponsor information**

**Organisation**  
SymbioPharm GmbH (Germany)

**Sponsor details**  
Auf den Lüppen 8  
Herborn  
Germany  
35745  
kurt.zimmermann@symbio.de

**Sponsor type**  
Industry

**Website**  
<http://www.symbiopharm.de>

**ROR**  
<https://ror.org/03d8m2k26>

## **Funder(s)**

**Funder type**  
Industry

**Funder Name**  
Symbiopharm GmbH (Germany)

## **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?
<a href="#">Results article</a>	results	01/09/2013		Yes	No