A randomised controlled comparison of Campath-Tacrolimus vs IL2R MoAb-Tacrolimus /Mycophenolate as induction-Maintenance immunosuppression in kidney transplantation (protocol SMHREN0501)

Submission date 28/09/2007	Recruitment status No longer recruiting	[_] Pro [_] Pro
Registration date 28/09/2007	Overall study status Completed	[_] Stal [X] Res
Last Edited 17/02/2015	Condition category Urological and Genital Diseases	[_] Indi

	Prospectively registered
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Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s) Scientific

Contact name Dr Adam McLean

Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number NCT00246129

Secondary identifying numbers N0016188158

Study information

Scientific Title

A randomised controlled comparison of Campath-Tacrolimus vs IL2R MoAb-Tacrolimus /Mycophenolate as induction-Maintenance immunosuppression in kidney transplantation (protocol SMHREN0501)

Study objectives

To determine which of two well established anti-rejection drug combinations has the best outcome in kidney transplantation.

Ethics approval required Old ethics approval format

Ethics approval(s) Not provided at time of registration

Study design Randomised controlled open study

Primary study design Interventional

Secondary study design Randomised controlled trial

Study setting(s) Hospital

Study type(s) Treatment

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 Urological and Genital Diseases: Kidney transplant

Interventions

Randomised controlled open study

Intervention Type

Drug

Phase Not Applicable

Drug/device/biological/vaccine name(s)

Campath-Tacrolimus

Primary outcome measure

- 1. An understanding of the merits of these two anti-rejection treatment combinations.
- 2. One year survival with a functioning graft

Secondary outcome measures

- 1. Occurrence, severity, and type of infection episodes
- 2. Initial length of stay in hospital and subsequent admissions
- 3. Cost over the first year of the two therapies
- 4. Presence in the blood of cells which might trigger rejection in, or promote tolerance to the graft
- 5. Early development of scarring in the grafts
- 6. Graft function
- 7. Patient survival and graft survival censored for death with function

Overall study start date

01/12/2005

Completion date 01/12/2008

Eligibility

Key inclusion criteria Adults undergoing liver donor or deceased donor kidney transplantation

Participant type(s) Patient

Age group Adult

Sex Both

Target number of participants 120

Key exclusion criteria

- 1. Patients who are unable to give written informed consent
- 2. Simultaneous kidney/pancreas transplant recipients
- 3. Non-heart beating deceased donor transplant recipients

3. Patients who would not be offered Campath-1H induction under our current protocol (patients with previous malignancy or with previous exposure to cytotoxic or antiproliferative agents

Date of first enrolment 01/12/2005

Date of final enrolment 01/12/2008

Locations

Countries of recruitment England

United Kingdom

Study participating centre Hammersmith Hospital London United Kingdom W12 0HS

Sponsor information

Organisation Record Provided by the NHSTCT Register - 2007 Update - Department of Health

Sponsor details

The Department of Health Richmond House 79 Whitehall London United Kingdom SW1A 2NL +44 (0)207 307 2622 dhmail@doh.gsi.org.uk

Sponsor type

Government

Website http://www.dh.gov.uk/Home/fs/en

Funder(s)

Funder type Hospital/treatment centre

Funder Name Hammersmith Hospital NHS Trust

Funder Name St Mary's Hospital

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?
<u>Results article</u>	results	15/10/2011		Yes	No