

# Effect of palivizumab on wheezing after respiratory syncytial virus (RSV) infection

<b>Submission date</b> 21/11/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 23/01/2009	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 24/03/2020	<b>Condition category</b> Respiratory	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Respiratory syncytial virus (RSV) is a very common virus that leads to mild, cold-like symptoms in adults and older healthy children. It is not known whether recurrent wheezing in preterm children is caused by RSV infection, or whether RSV infection is just the first indication of chronic airway disease that would develop anyway. This study aims to find out by investigating whether prevention of RSV using the drug palivizumab results in a decreased incidence of recurrent wheeze.

### Who can participate?

Healthy preterm infants (gestational age between 32 and 35 weeks)

### What does the study involve?

Infants are randomly allocated to receive one-monthly intramuscular injections (into a muscle) of either palivizumab or a placebo (dummy) drug from discharge until the end of the RSV season, with a maximum of five injections. Number of wheezing days are recorded during the first year of life, and questionnaires are completed at age 1, 3 and 6 years. Throat swabs are taken for viral analysis during the RSV season in case of a runny nose or mild cough. These samples are tested for viruses, to determine whether the child is infected with RSV and/or other viruses. Lung function is tested and asthma-related breathing symptoms are measured by questionnaire at age 6 years.

### What are the possible benefits and risks of participating?

Not provided at time of registration

### Where is the study run from?

University Medical Centre Utrecht (UMCU) (Netherlands)

### When is the study starting and how long is it expected to run for?

August 2008 to April 2017

### Who is funding the study?

Abbott International plc (UK)

Who is the main contact?

Dr Louis Bont  
l.j.bont@umcutrecht.nl

## Contact information

### Type(s)

Scientific

### Contact name

Dr Louis Bont

### Contact details

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## Additional identifiers

### Protocol serial number

NTR1023

## Study information

### Scientific Title

Effect of palivizumab on respiratory syncytial virus-associated burden of disease: a randomised controlled trial [Effect van palivizumab op lange termijn gevolgen veroorzaakt door het respiratoir syncytieel virus: een gerandomiseerde placebo-gecontroleerd onderzoek]

### Acronym

MAKI

### Study objectives

It is not known whether recurrent wheeze in preterm children is caused by respiratory syncytial virus (RSV) infection (serial hypothesis) or that RSV infection is the first indication of chronic airway morbidity that would develop anyway (parallel hypothesis). This study aims to distinguish between these two hypotheses by investigating whether prevention of RSV (by palivizumab) results in decreased incidence of recurrent wheeze.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Medisch Ethische Toetsingscommissie (METC) of the Universitair Medisch Centrum Utrecht, 21 /07/2008

**Study design**

Double-blind randomised placebo-controlled multicentre trial with single-blind follow-up study 6 years hereafter

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Respiratory syncytial virus bronchiolitis and post-bronchiolitis wheezing

**Interventions**

Infants will receive one-monthly intramuscular palivizumab 15 mg/kg or placebo from discharge until the end of the RSV season with a maximum of five injections.

**Intervention Type**

Drug

**Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

Palivizumab

**Primary outcome(s)**

Number of wheezing days during the first year of life

**Key secondary outcome(s)**

1. Questionnaire-reported wheezing, health-related quality of life and health-economic consequences of RSV at age 1, 3 and 6 years
2. Nasopharyngeal swabs for viral analysis during the RSV season in case of a runny nose or mild cough. These samples will be tested for viruses, to determine if the child is infected with RSV and /or other viruses. It is emphasised that RSV infection is not part of the endpoint of this study.

Added 27/06/2014:

3. Lung function at age 6 years
4. Questionnaire-reported asthma-related respiratory symptoms (ISAAC questionnaire) at age 6 years

Updated 07/03/2017:

3. Lung function measured by spirometry at age 6 years with FEV0.5 as primary endpoint
4. Asthma-related respiratory symptoms measured by ISAAC questionnaire at age 6 years with current asthma as primary endpoint. Current asthma is defined as wheeze in the past 12 months and/or use of asthma medication in the past 12 months

**Completion date**

01/04/2017

# Eligibility

## Key inclusion criteria

1. Healthy preterm infants
2. Gestational age between 32 and 35 weeks, either sex
3. Children of parents who master the Dutch language

## Participant type(s)

Healthy volunteer

## Healthy volunteers allowed

No

## Age group

Child

## Sex

All

## Total final enrolment

429

## Key exclusion criteria

1. A known cardiac anomaly, Down's syndrome or other serious congenital disorders
2. Require intensive respiratory treatment, defined as surfactant treatment or at least 2 weeks of mechanical ventilation
3. Greater than 6 months of age at the start of the RSV season, defined as 1st October of the year of birth
4. Airway morbidity before the start of the RSV season, monitored before the first injection

## Date of first enrolment

01/08/2008

## Date of final enrolment

01/04/2017

# Locations

## Countries of recruitment

Netherlands

## Study participating centre

Lundlaan 6

Utrecht

Netherlands

3584 EA

# Sponsor information

## Organisation

University Medical Centre Utrecht (UMCU) (Netherlands)

## ROR

<https://ror.org/04pp8hn57>

# Funder(s)

## Funder type

Industry

## Funder Name

Abbott International plc (UK) - no restrictions for publication of the research data

# Results and Publications

## 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	09/05/2013		Yes	No
<a href="#">Results article</a>	results	01/04/2018		Yes	No
<a href="#">Results article</a>	results	01/10/2020	24/03/2020	Yes	No