

A randomised trial of risks/benefits of a policy of chemoprophylaxis with Human Immunodeficiency Virus (HIV) at risk of tuberculosis (TB-1)

Submission date 03/10/2000	Recruitment status Stopped	<input type="checkbox"/> Prospectively registered
Registration date 03/10/2000	Overall study status Stopped	<input type="checkbox"/> Protocol
Last Edited 29/07/2009	Condition category Infections and Infestations	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Dr Sheena McCormack

Contact details

MRC Clinical Trials Unit
222 Euston Road
London
United Kingdom
NW1 2DA
smc@ctu.mrc.ac.uk

Additional identifiers

Protocol serial number

G9703020

Study information

Scientific Title

Acronym

TB-1

Study objectives

To evaluate, in individuals with HIV infection at increased risk of developing tuberculosis (TB), whether a policy of six months chemoprophylaxis with isoniazid plus monitoring to detect active TB is more effective than monitoring alone

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Not Specified

Health condition(s) or problem(s) studied

HIV, Acquired Immunodeficiency Syndrome (AIDS)

Interventions

1. Chemoprophylaxis with isoniazid plus monitoring
2. Monitoring alone

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

pyridoxine, isoniazid

Primary outcome(s)

Primary endpoint - the development of TB requiring treatment whether:

1. Confirmed on culture
2. Presumptive, based on smear or histological results
3. Diagnosed clinically only (including response to treatment)

Key secondary outcome(s)

Secondary endpoints include:

1. All cause mortality

2. Compliance (pill counts, urine tests for isoniazid)
3. Progression to new (non-recurrent) AIDS events

Completion date

01/09/2001

Reason abandoned (if study stopped)

Recruitment issues and drug logistics problems

Eligibility

Key inclusion criteria

1. HIV infection;
2. Aged 13 or more including women of child bearing age
3. Are considered at increased risk of developing TB
4. At any stage of HIV disease except with a past or current diagnosis of TB
5. Are considered likely to survive for more than 3 months
6. Able to comply and give informed consent

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Women in first trimester of pregnancy
2. Prior or current diagnosis of TB or treatment with an anti TB drugs
3. Signs or symptoms suggesting TB where TB has not been excluded by CXR and three negative sputum smears
4. Close contacts of known cases of pulmonary TB where the clinician feels that isoniazid prophylaxis is indicated
5. Pre-existing disease which contraindicates treatment with isoniazid (such as grade 2 or worse peripheral neuropathy, liver disease, renal disease or alcoholism) or ALT or AST above 3x local upper limit of normal (ULN) or alkaline phosphatase above 5x ULN

Date of first enrolment

01/05/1998

Date of final enrolment

01/09/2001

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

MRC Clinical Trials Unit

London

United Kingdom

NW1 2DA

Sponsor information

Organisation

Medical Research Council (MRC) (UK)

Funder(s)

Funder type

Research council

Funder Name

Medical Research Council (MRC) (UK)

Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration