

Randomised, long-term administration of pH-neutral peritoneal dialysis solutions containing lactate (BALANCE) or bicarbonate (BICAVERA) in children

Submission date 21/04/2004	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 24/05/2004	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 14/07/2014	Condition category Urological and Genital Diseases	<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

Prof Franz Schaefer

Contact details

University Children's Hospital Heidelberg, Pediatric Nephrology

INF 150

Heidelberg

Germany

69120

+49-6221-5632396

Franz_Schaefer@med.uni-heidelberg.de

Additional identifiers

Protocol serial number

N/A

Study information

Scientific Title

Acronym

BIOKID

Study objectives

Peritoneal Dialysis (PD) is the preferred dialysis modality in children. Its major drawback is the limited technique survival due to infections and progressive ultrafiltration failure. Conventional PD solutions exert marked acute and chronic toxicity to local tissues. Prolonged exposure is associated with severe histopathological alterations including vasculopathy, neoangiogenesis, submesothelial fibrosis and a gradual loss of the mesothelial cell layer. Recently, more biocompatible PD solutions containing reduced amounts of toxic Glucose Degradation Products (GDPs) and buffered at neutral pH have been introduced into clinical practice. These solutions contain lactate, bicarbonate or a combination of both as buffer substance. Increasing evidence from clinical trials in adults and children suggests that the new PD fluids may allow for better long-term preservation of peritoneal morphology and function. However, the relative importance of the buffer in neutral-pH, low-GDP fluids is still unclear. In vitro, lactate is cytotoxic and vasoactive at the concentrations used in PD fluids. The BIOKID trial is designed to clarify the clinical significance of the buffer choice in biocompatible PD fluids.

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)

Treatment

Health condition(s) or problem(s) studied

End stage renal disease

Interventions

Two months run-in period: standard PD solution

After randomisation: ten months treatment with pH-neutral double-chambered PD solutions containing either lactate (one group) or bicarbonate (one group)

Examinations: on clinical routine controls: blood tests, peritoneal equilibration tests, intraperitoneal pressure measurement.

If abdominal surgery is indicated: peritoneal biopsy

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Peritoneal dialysis solutions containing lactate (BALANCE) or bicarbonate (BICAVERA)

Primary outcome(s)

The primary outcome measure will be the longitudinal change in 4h-D/P creatinine in the sequential PET examinations. Differential changes in this parameter will indicate differences in the development of the peritoneal solute transport status over time.

Key secondary outcome(s)

Secondary outcome measures will be surrogate parameters of mesothelial cell viability (CA-125), peritoneal neoangiogenesis (VEGF), fibrotic activity (TGF-beta) and local inflammation (Interleukin-6). With the same intention, the evolution of peritoneal histomorphology will be assessed in all patients available for sequential biopsies. Moreover, possible differential effects of lactate and bicarbonate buffer on the control of metabolic acidosis will be assessed by monthly blood gas analyses. Finally, the incidence and clinical course of peritonitis will be recorded as a possible indirect marker of local peritoneal macrophage function.

Completion date

30/03/2005

Eligibility

Key inclusion criteria

60 patients (European multicenter trial)

1. One month to 19 years
2. Continuous ambulatory peritoneal dialysis (CAPD) or continuous cycling peritoneal dialysis (CCPD)
3. Dwell volume 1100 ml/m² body surface area
4. Last peritonitis at least three weeks ago
5. Written informed consent

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Lower age limit

1 months

Upper age limit

19 years

Sex

All

Key exclusion criteria

1. Reduced efficiency of peritoneal dialysis due to anatomic anomalies or intraperitoneal adhesions
2. Uncontrolled hyperphosphatemia
3. Severe pulmonary, cardiac, hepatic or systemic disease including any kind of malignancy
4. Current or recent (within 30 days) exposure to any investigational drug.

Date of first enrolment

01/04/2003

Date of final enrolment

30/03/2005

Locations**Countries of recruitment**

Germany

Study participating centre

University Children's Hospital Heidelberg, Pediatric Nephrology

Heidelberg

Germany

69120

Sponsor information**Organisation**

Fresenius Medical Care Deutschland GmbH (Germany)

ROR

<https://ror.org/04sk0bj73>

Funder(s)**Funder type**

Industry

Funder Name

Fresenius Medical Care (Germany)

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?
Protocol article	protocol	14/10/2004		Yes	No