

# Early diagnosis of invasive aspergillosis

<b>Submission date</b> 19/05/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 19/05/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 14/03/2017	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

<http://www.cancerhelp.org.uk/trials/a-trial-looking-at-2-new-tests-to-diagnose-a-fungal-infection>

## Contact information

### Type(s)

Scientific

### Contact name

Mrs Denise Andrews

### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers  
2242

## Study information

Scientific Title

Early diagnosis of invasive aspergillosis in a high risk group of patients using serum and bronchoalveolar lavage fluid, real time polymerase chain reaction (PCR) and galactomannan enzyme-linked immunosorbent assay (ELISA)

### **Study objectives**

The aim of the study is to determine characteristics for two diagnostics tests in invasive aspergillosis (IA) in patients at high risk with neutropenia following intensive chemotherapy or allogenic bone marrow transplant.

### **Ethics approval required**

Old ethics approval format

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

East London and the City Research Ethics Board, 01/06/2005, ref: 05/Q0603/68

### **Study design**

Single centre observational diagnosis and validation of investigative/therapeutic process study

### **Primary study design**

Observational

### **Secondary study design**

Cohort study

### **Study setting(s)**

Hospital

### **Study type(s)**

Diagnostic

### **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**

Topic: National Cancer Research Network; Subtopic: Lung Cancer; Disease: Miscellaneous

### **Interventions**

Study interventions will begin prior to the start of chemo/immunosuppression and continue until recovery of the neutrophil count to greater than  $1.0 \times 10^9/L$ . If fungal infection occurs, then testing should continue until discharge. Samples will be analysed in batches. A febrile episode is defined as any of the following:

1. Temperature greater than  $38^\circ C$  for more than 4 hours
2. Temperature greater than  $38^\circ C$  on two occasions greater than 4 hours apart within a 24 hour period
3. Temp greater than  $38.5^\circ C$  on one occasion

PCR: PCR for fungal DNA will be performed twice weekly.

### **Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome measure**

GM ELISA from serum and BALF, measured within 6 months of the conclusion of the study

**Secondary outcome measures**

Measured within 6 months of the conclusion of the study:

1. To establish cut off points to rule IA in or out
2. GM Elisa in prognosis
3. Inflammatory marker and cytokine profil in EBC
4. Non-invasive EBC in IA
5. PCR for Aspergillus
6. PCR for Aspergillus from blood and BALF
7. Repeated measures over time or a combination of markers
8. Role of BAL

**Overall study start date**

01/06/2005

**Completion date**

31/07/2011

**Eligibility****Key inclusion criteria**

1. Informed consent
2. Patients with acute myeloid leukemia (AML), myelodysplastic syndromes (MDS) and acute lymphoblastic leukemia (ALL) undergoing intensive chemotherapy (predicted neutropenia of less than  $0.5 \times 10^9/L$  for greater than 10 days) and/or receiving high dose steroids
3. Patients undergoing allogeneic haematopoietic stem cell transplantation (HSCT)
4. Patients requiring high dose steroids for graft versus host disease post HSCT
5. Patients with a history of probable or proven invasive aspergillosis and having chemotherapy, regardless of their underlying haematological malignancy
6. Aged greater than 18 years, either sex

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

Planned sample size: 300

**Key exclusion criteria**

1. Inability to give informed consent
2. Patients aged less than 18 years
3. Pre-existing chest disease

**Date of first enrolment**

01/06/2005

**Date of final enrolment**

31/07/2011

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

Ground Floor, Pathology Block

London

United Kingdom

EC1A 7BE

## **Sponsor information**

**Organisation**

Barts and The London NHS Trust (UK)

**Sponsor details**

Queen Mary's Innovation Centre

5 Walden Street

London

England

United Kingdom

E1 2EF

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.bartsandthelondon.nhs.uk/>

ROR

<https://ror.org/00b31g692>

## Funder(s)

### Funder type

Industry

### Funder Name

Gilead Sciences Inc (USA)

### Funder Name

Pfizer (UK)

### Alternative Name(s)

Pfizer Inc., Pfizer Consumer Healthcare, Davis, Charles Pfizer & Company, Warner-Lambert, King Pharmaceuticals, Wyeth Pharmaceuticals, Seagen

### Funding Body Type

Government organisation

### Funding Body Subtype

For-profit companies (industry)

### Location

United States of America

## 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