

# A multicentre randomised controlled trial of C13-Urea Breath testing and Helicobacter pylori eradication for dyspepsia in primary care

<b>Submission date</b> 02/05/2001	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 02/05/2001	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 31/03/2009	<b>Condition category</b> Digestive System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Study website

<http://pcpoh.bham.ac.uk/primarycare/research/cube/>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

## Secondary identifying numbers

G0001078

# Study information

## Scientific Title

## Acronym

CUBE

## Study objectives

1. To determine the cost-effectiveness of an H. pylori 'test and trust' strategy compared with initial acid suppression for the initial management of dyspepsia in primary care
2. To determine the influence of selected patients on the basis of predominant heartburn or epigastric pain
3. To determine the performance of the H. pylori stool antigen (HpSA) test for H. pylori compared with a C13 Urea breath test for confirming H. pylori eradication in primary care

Please note that the target number of participants was added as of 06/03/2008.

## 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

## Secondary study design

Randomised controlled trial

## Study setting(s)

GP practice

## Study type(s)

Not Specified

## Participant information sheet

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

Dyspepsia in primary care

## Interventions

All patients - will receive omeprazole 20mg once daily.

Study Group - C13 Urea breath test for H. pylori, using a test kit performed by the practice nurse. Patients testing positive will be offered H. pylori eradication with clarithromycin 250 mg twice daily and metronidazole 400 mg twice daily in addition to omeprazole. Patients testing negative will continue PPI (omeprazole).

Control Group - Patients will continue 4/52 PPI (omeprazole).

After four weeks patient management will be at the discretion of the general practitioner (GP). Patients receiving H. pylori eradication will be contacted by research staff and asked to attend for a follow-up breath test and produce a stool sample (for the stool antigen test) nine weeks after entry.

Follow-up will be by postal questionnaire at 12 weeks, interview at one year and a GP notes review (conducted by research staff).

### **Intervention Type**

Drug

### **Phase**

Not Specified

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

omeprazole, clarithromycin, metronidazole

### **Primary outcome measure**

1. Effects measured as absolute risk reduction for dyspeptic symptoms measured by the Short Form Leeds Dyspepsia score, a validated community-based measure that also includes a question on 'predominant symptoms'.
2. Health service related dyspepsia costs as determined by application of national reference costs to individual units of resource consumption (prescribing, consultations, interventions and investigations).

### **Secondary outcome measures**

1. Quality of life using Euro-QoL instrument (EQ-5D).
2. Patient satisfaction using the consultations Satisfaction Score (subscales one and two, general and professional care)
3. Performance of HpSA test

### **Overall study start date**

01/03/2002

### **Completion date**

28/02/2006

## **Eligibility**

### **Key inclusion criteria**

All patients age 18-65 years consulting GP with dyspepsia (either with a new episode or for follow up).

### **Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Upper age limit**

65 Years

**Sex**

Both

**Target number of participants**

Target number: 2000; Number actually enrolled: 699

**Key exclusion criteria**

1. Knowledge of previous test for H. pylori.
2. Patients who have a history suggestive of gastric cancer.i.e. dysphagia, weight loss, haematemesis or malaena, first-degree relative with gastric cancer.
3. Patient age 55-65 with continuous as opposed to episodic epigastric pain or a total history of any dyspeptic symptoms of less than a year at presentation (in accord with the National Health Service two week suspected cancer referral guidelines).
4. Knowledge of endoscopically proven peptic ulcer disease or severe oesophagitis (who should all receive either eradication therapy (ulcer) or proton pump inhibitor (oesophagitis)
5. Pregnant women
6. Patients who are unable to give informed consent
7. Patients taking regular non-steroidal anti-inflammatory drugs (who might have NSAID induced ulcers),or having started aspirin 75 - 150 mg in the past three months
8. Patients allergic to study drugs
9. Residents of USA or Canada

**Date of first enrolment**

01/03/2002

**Date of final enrolment**

28/02/2006

**Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

Department of Primary Care & General Practice  
Birmingham

United Kingdom  
B15 2TT

## Sponsor information

### Organisation

University of Birmingham (UK)

### Sponsor details

Edgbaston  
Birmingham  
England  
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B15 2TT

### Sponsor type

University/education

### Website

<http://www.bham.ac.uk>

### ROR

<https://ror.org/03angcq70>

## Funder(s)

### Funder type

Research council

### Funder Name

Medical Research Council (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

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?
<a href="#">Results article</a>	Results	22/03/2008		Yes	No