

# Can a glucose sensor improve control of sugar levels of premature babies in intensive care?

<b>Submission date</b> 14/05/2015	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 15/05/2015	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 15/02/2021	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Both high and low blood sugar (glucose) levels are common in preterm babies and this has been linked with poor outcome. Managing these sugar levels in preterm babies is difficult as individual babies respond very differently to treatment and checking sugar levels currently involves taking blood samples. Clinical teams try to avoid taking blood samples and there can therefore be a relatively long time between taking measurements. In contrast other parameters like blood pressure and levels of oxygen are measured continuously. There is now a device 'real time continuous glucose monitoring' (rCGM) that is used by some children and adults with diabetes which can provide continuous data on sugar levels. This involves a small sensor being placed under the skin, but it can be left there for up to a week and allows the medical team to respond quickly and treat changes in sugar levels to keep the sugar level within a normal range. Our previous study investigated how easy it was to use rCGM in a neonatal intensive care setting and the impact it had on the number of blood tests babies have. We are now expanding upon this, developing and running a study to compare rCGM with standard care. The aim is to determine if rCGM with a new paper-based algorithm can help improve glucose control, is clinically acceptable, and is safe in these preterm infants.

### Who can participate?

Pre-term babies within 24 hours of birth and with a birth weight of 1200 g or lower.

### What does the study involve?

Participating babies are randomly allocated to either have rCGM with a paper-based algorithm to guide sugar control, or standard care with glucose monitored but with data hidden from the clinical team. The intervention is for the first week of their life. The percentage of time that blood glucose is in the target range is measured.

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

Not provided at time of registration

### Where is the study run from?

Addenbrooke's Hospital (UK)

When is the study starting and how long is it expected to run for?  
January 2012 to July 2019

Who is funding the study?  
National Institute for Health Research (UK)

Who is the main contact?  
Dr Kathryn Beardsall  
kb274@medschl.cam.ac.uk

## Contact information

**Type(s)**  
Public

**Contact name**  
Dr Kathryn Beardsall

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## Additional identifiers

**Integrated Research Application System (IRAS)**  
168042

**Protocol serial number**  
CRN 18826, IRAS 168042

## Study information

**Scientific Title**  
Real time continuous glucose monitoring in neonatal intensive care: a randomised controlled trial

**Acronym**  
REACT RCT

## **Study objectives**

The aim of this study is to determine if 'real time continuous glucose monitoring' (rCGM) with a new paper based algorithm can help improve glucose control and is clinically acceptable and safe for preterm infants.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

NRES Committee East of England - Cambridge Central, 28/07/2015, 15/EE/0158

## **Study design**

Randomised; Interventional; Design type: Diagnosis

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

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

Topic: Children; Subtopic: All Diagnoses; Disease: All Diseases

## **Interventions**

Updated interventions as of 21/09/2018:

Eligible babies are randomised within 24 hours of age through TENALEA (web based randomisation program) using a 1:1 ratio to either the treatment arm or the control arm.

Intervention Arm: Real-time continuous glucose monitoring (rCGM) with paper-based algorithm. A glucose sensor is inserted to transmit data to real-time continuous glucose monitor to support clinical management for up to 6 days. The sensor is removed on day 7.

Control Arm: Standard clinical management with continuous glucose monitoring data blinded to the clinical team. A glucose sensor is inserted to collect blinded data using continuous glucose sensor for up to 6 days. The sensor is removed on day 7.

Follow up for both arms:

Day 14

Sensor site checked

Clinical details recorded including length, weight and head circumference

At 36 weeks corrected gestation

Assessment of resource used and clinical details recorded including length, weight and head circumference.

Previous interventions:

Insertion and removal of sensor (replacements may be necessary)

Study Entry : Registration and one or more randomisations

## **Intervention Type**

Device

**Phase**

Not Applicable

**Primary outcome(s)**

Percentage of time sensor glucose in target of 2.6-10mmol/l within the first 6 days of life in preterm infants

**Key secondary outcome(s)**

1. Efficacy
2. Acceptability
3. Safety
4. Health economics

**Completion date**

31/07/2019

## **Eligibility**

**Key inclusion criteria**

1. Parental consent
2. Less than or equal to 1200g birth weight
3. Less than or equal to 24 hours of age
4. Less than or equal to 33+6 weeks gestation
5. Male & Female
6. Upper Age Limit 1 days; Lower Age Limit 1 days

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Neonate

**Sex**

All

**Total final enrolment**

182

**Key exclusion criteria**

1. A lethal congenital abnormality known at trial entry
2. Any congenital metabolic disorder known at trial entry
3. Neonates who, in the opinion of the treating clinician at trial entry, have no realistic prospect of survival

**Date of first enrolment**

04/07/2016

**Date of final enrolment**

31/12/2018

## Locations

**Countries of recruitment**

United Kingdom

England

Netherlands

Spain

**Study participating centre**

**Addenbrooke's Hospital (co-coordinating centre)**

University Department of Paediatrics

University of Cambridge

Box 116

Cambridge Biomedical Campus

Hills Road

Cambridge

United Kingdom

CB2 0QQ

## Sponsor information

**Organisation**

Cambridge University Hospitals NHS Foundation Trust

**ROR**

<https://ror.org/04v54gj93>

**Organisation**

University of Cambridge (UK)

## Funder(s)

**Funder type**

Government

**Funder Name**

National Institute for Health Research

**Alternative Name(s)**

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan**

Data applications need to be made to Dr Kathryn Beardsall, Chief Investigator (kb274@medschl.cam.ac.uk). The type of data available is anonymised CRF data and continuous glucose monitoring (CGM) data. The data will become available after the publication of the primary results and will be available for 25 years.

**IPD sharing plan summary**

Available on request

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/04/2021	15/02/2021	Yes	No
<a href="#">Protocol article</a>	protocol	04/06/2018		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes