

Does prophylactic N-AcetylCysteine decrease incidence of contrast nephropathy in patients undergoing peripheral angiography?

Submission date
30/04/2007

Recruitment status
No longer recruiting

☐ Prospectively registered

☐ Protocol

Registration date
02/08/2007

Overall study status
Completed

☐ Statistical analysis plan

☒ Results

Last Edited
06/08/2010

Condition category
Urological and Genital Diseases

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Protocol serial number

NACP 1

Study information

Scientific Title

Acronym

NAC as a Nephroprotective agent in Peripheral Angiography

Study objectives

To investigate the role of N-acetylcysteine as a nephroprotective agent in patients undergoing peripheral angiography.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from the Cambridge Research Ethics Committee on the 24th November 2006 (ref: 06/Q10108/352).

Primary study design

Interventional

Study design

Prospective randomised controlled trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Contrast induced nephropathy

Interventions

Treatment group:

Patients will be given 600 mg twice daily N-acetylcysteine the day before the angiogram, and 600 mg twice on the day of the angiogram with intravenous fluids. Samples of urine and blood will be collected before the angiogram and first, second and third day post angiography.

Control group:

Patients will only get intravenous hydration as per normal protocol and will have samples taken like the treatment arm patients.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

N-acetylcysteine

Primary outcome(s)

Primarily we are looking for a reduction in the elevation in Albumin/Creatinine ratio and also of other markers of renal damage in urine (retinol binding protein), using the samples collected before the angiogram and first, second and third day post angiography.

Key secondary outcome(s)

A reduction in the mortality and morbidity related to renal failure that may result secondary to contrast solution used in angiography; this 30-day mortality morbidity reduction will be measured on follow up in clinic normally four to six weeks post angiography.

Completion date

01/05/2008

Eligibility**Key inclusion criteria**

Any patient undergoing peripheral angiography in the Cambridge Vascular Unit, Addenbrookes Hospital, Cambridge who consents to participation.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Not Specified

Key exclusion criteria

1. Any patient undergoing peripheral angiography in Cambridge Vascular Unit
2. Any patient that does not consent to participation in the study
3. Any patient under the age of 18 years
4. Any patient with established renal failure on renal replacement therapy (dialysis)

Date of first enrolment

01/05/2007

Date of final enrolment

01/05/2008

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Box 201
Cambridge
United Kingdom
CB2 2QQ

Sponsor information

Organisation

Cambridge University Hospital NHS Trust (UK)

ROR

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

Funder(s)

Funder type

Government

Funder Name

Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust (UK)

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?
Results article	results	01/04/2011		Yes	No