

Safety of discontinuing co-trimoxazole prophylaxis among Ugandan adults on antiretroviral therapy (ART)

Submission date 28/06/2010	Recruitment status No longer recruiting	☒ Prospectively registered ☐ Protocol
Registration date 27/08/2010	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 17/02/2021	Condition category Infections and Infestations	☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Dr Paula Munderi

Contact details

MCR/UVRI Uganda Research Unit on AIDS
Uganda Virus Research Institute
50 - 59 Nakiwogo Road
PO Box 49
Entebbe
Uganda

-

+256 (0)41 770 4152
paula.munderi@mrcuganda.org

Additional identifiers

Protocol serial number

Version 4.0 March 2010; G0902150

Study information

Scientific Title

Safety of discontinuing co-trimoxazole prophylaxis among human immunodeficiency virus (HIV) infected adults in Uganda: a randomised controlled trial

Acronym

COSTOP

Study objectives

Stopping concurrent prophylactic treatment with co-trimoxazole in adult Ugandan patients on antiretroviral therapy, will not lead to an excess of clinical events (predefined co-trimoxazole preventable clinical events) or death, but will lead to a significant reduction in the incidence of grade 3 or 4 haematological adverse events of antiretroviral therapy (ART).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Uganda Virus Research Institute Science and Ethics Committee approved on the 17th June 2010 (ref: GC/127/10/07)

Primary study design

Interventional

Study design

Randomised double-blind placebo-controlled non-inferiority trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Chronic human immunodeficiency virus (HIV) infection

Interventions

Patients who fulfil the inclusion criteria and who do not meet exclusion criteria will be recruited sequentially and will be randomised 1:1 to the experimental or control group:

1. Experimental group: Patients with CD4 count 250 or more cells/mm³ discontinue prophylaxis with co-trimoxazole (CTX), receive CTX placebo and continue taking antiretroviral therapy.
2. Standard/control group: Patients with CD4 count 250 or more cells/mm³ continue prophylaxis with co-trimoxazole (CTX), receive active CTX and continue taking antiretroviral therapy.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Co-trimoxazole

Primary outcome(s)

1. Efficacy: time to the occurrence of the first clinical event (pre-defined CTX-preventable opportunistic clinical event or death)
2. Safety: time to the occurrence of the first grade 3 or 4 haematological adverse event

Recorded at first occurrence during the trial and assessed at the end of the trial.

Key secondary outcome(s)

1. Incidence of all CTX preventable events, recorded at time of occurrence
2. All cause mortality, recorded at time of occurrence
3. Incidence of all clinical events and related events requiring hospitalisation, recorded at time of occurrence
4. Incidence of all confirmed malaria episodes* asymptomatic and symptomatic, recorded at time of occurrence
5. Severity and outcome of all confirmed malaria episodes* asymptomatic and symptomatic, recorded at time of occurrence
6. Incidence of grade 3 or grade 4 adverse events, recorded at time of occurrence
7. Mean change in CD4 count after 12 months on the trial
8. Mean change in haematologic indices after 12 months on the trial
9. Serious adverse events (SAEs)-according to International Conference on Harmonisation (ICH) /Good Clinical Practice (GCP) definitions, recorded at time of occurrence
10. Adherence to use of ART, trial drug and insecticide-treated mosquito nets, evaluated at end of trial

* confirmed by positive parasitaemia on a blood slide

Completion date

30/03/2014

Eligibility

Key inclusion criteria

1. Human immunodeficiency virus (HIV) infected patient taking co-trimoxazole for at least 6 months
2. Aged 18 - 59 years, either sex
3. Documented intake of ART for at least 6 months
4. Clinically asymptomatic
5. Two CD4 counts (not more than 6 months apart) greater than or equal to 250 cells/mm³, the most recent no more than 4 weeks prior to enrolment
6. Able to attend 3-monthly study clinics for appointments and in event of intercurrent illness

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Upper age limit

59 Years

Sex

All

Key exclusion criteria

1. Acute illness (opportunistic infection or other co- morbidity). Patients will be considered for inclusion into the trial after resolution of the illness.
2. First trimester pregnancy. Pregnant women who reach their second trimester of pregnancy could then be re-evaluated for inclusion into the trial.
3. Known hypersensitivity to co-trimoxazole

Date of first enrolment

01/09/2010

Date of final enrolment

30/03/2014

Locations**Countries of recruitment**

Uganda

Study participating centre

MCR/UVRI Uganda Research Unit on AIDS

Entebbe

Uganda

-

Sponsor information**Organisation**

MRC/UVRI Uganda Research Unit on AIDS (Uganda)

ROR

<https://ror.org/04509n826>

Funder(s)**Funder type**

Research council

Funder Name

Medical Research Council (MRC) (UK) (ref: G0902150)

Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

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	Incidence of malari results	20/02/2016		Yes	No
Results article	Longitudinal effect results	15/07/2016		Yes	No
Results article	Effect of antiretroviral therapy results	20/02/2017		Yes	No
Results article	immunology substudy results	06/07/2020	17/02/2021	Yes	No