

# Oxantel and oxantel-albendazole in the treatment of whipworm and hookworm infections

<b>Submission date</b> 15/08/2012	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 22/08/2012	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 12/06/2014	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Between 600 and 800 million people are infected with one or several of the common soil-transmitted helminths, which are *Ascaris lumbricoides*, *Trichuris trichiura*, and hookworms. The current strategy to control soil-transmitted helminths is to administer either albendazole or mebendazole to people at risk. However, these drugs are not effective or only partially effective against *T. trichiura* and hookworm. Therefore new safe drugs are needed. The aim of this study is to compare the effectiveness and safety of albendazole, mebendazole, oxantel pamoate and an albendazole-oxantel pamoate combination against infections with *T. trichiura* and hookworm.

### Who can participate?

Children aged 6-14 infected with *T. trichiura* or hookworm, or both.

### What does the study involve?

Two stool samples will be collected from school-aged children until 380 cases of *T. trichiura* and/or hookworm infections have been identified. Positive tested children will be randomly assigned to one of the following four treatment groups: group 1 will receive oxantel pamoate on the first day and albendazole and a placebo (dummy) tablet on the next day. Group 2 will receive oxantel pamoate on day 1 and two placebo tablets on day 2. Group 3 will receive a placebo tablet on day 1 and one tablet of albendazole plus a placebo tablet on the next day. Group 4 will be administered a placebo tablet on day 1 and one mebendazole tablet plus one placebo tablet on day 2. Adverse effects will be assessed at 3 and 24 hours after each treatment.

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

The three drugs which are being compared are well known and have few adverse effects. All enrolled children will benefit from a free treatment against soil-transmitted helminths.

### Where is the study run from?

The study will be carried out in three schools on Pemba, Tanzania and will be conducted by the Public Health Laboratory Ivo de Carneri (Tanzania).

When is the study starting and how long is it expected to run for?  
The study will take place from September to November 2012.

Who is funding the study?  
The study will be funded by the Medicor Foundation (Liechtenstein).

Who is the main contact?  
Jennifer Keiser, Swiss Tropical and Public Health Institute, Basel, Switzerland.

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Jennifer Keiser

**Contact details**  
University of Basel  
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## Additional identifiers

## Study information

**Scientific Title**  
Efficacy and safety of albendazole-oxantel combined and single oxantel albendazole, and mebendazole, in the treatment of *Trichuris trichiura* and hookworm infections in Pemba: a randomized, double blind trial

**Acronym**  
OXAALB-STH

**Study objectives**  
Oxantel-albendazole reaches higher cure rates against *T. trichiura* and hookworm infections than the standard treatments (mebendazole).

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
1. Ethics Committee of Basel [Ethikkommission beider Basel (EKBB)], 20/01/2012, ref: 390/11  
2. Ministry of Health and Social Welfare, 27/07/2012, ref: ZAMREC/0001/JAN/011

**Study design**  
Double-blind randomized controlled trial with four treatment arms

## Primary study design

Interventional

## Study type(s)

Treatment

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

T. trichiura or/and hookworm infections

## Interventions

Group 1:

Day 1: 20 mg/kg oxantel pamoate; Day 2: 1 albendazole tablet plus 1 mebendazole matching placebo

Group 2:

Day 1: 20 mg/kg oxantel pamoate; Day 2: 1 albendazole matching placebo plus 1 mebendazole matching placebo

Group 3:

Day 1: 20 mg/kg oxantel pamoate placebo; Day 2: 1 albendazole tablet plus 1 mebendazole matching placebo

Group 4:

Day 1: 20 mg/kg oxantel pamoate placebo; Day 2: 1 mebendazole tablet plus 1 albendazole matching placebo

## Intervention Type

Drug

## Phase

Not Applicable

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

Oxantel, oxantel-albendazole

## Primary outcome(s)

Cure rates and egg reduction rates 3 weeks after treatment. For diagnosis two stool samples will be collected before and after treatment. From each stool sample duplicate Kato-Katz thick smears will be examined.

## Key secondary outcome(s)

Adverse events will be assessed 3 and 24 hours after each day of treatment.

## Completion date

26/10/2012

## Eligibility

### Key inclusion criteria

1. Written informed consent signed by parents and/or legal guardian; and oral assent by children
2. Able and willing to be examined by a study physician at the beginning and at the end of the study (3 weeks post-treatment)
3. Able and willing to provide two stool samples at the beginning and at the end of the study
4. Positive for *T. trichiura* or hookworm, or both STH concurrently (presence of helminth eggs in stool)
5. Absence of major systemic illnesses (e.g. cancer, diabetes, clinical malaria or hepato-splenic schistosomiasis) as assessed by a medical doctor, upon initial clinical assessment
6. No known or reported history of chronic illness such as cancer, diabetes, chronic heart, liver or renal disease
7. No recent anthelmintic treatment (within past 4 weeks)
8. No known allergy to study medications

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Child

**Sex**

All

**Key exclusion criteria**

1. No written informed consent by parents and/or legal guardian
2. Presence of any abnormal medical condition, judged by the study physician
3. History of acute or severe chronic disease such as cancer, diabetes, chronic heart, liver or renal disease
4. Recent use of anthelmintic drug (within past 4 weeks)
5. Attending other clinical trials during the study
6. Negative diagnostic result for *T. trichiura* and/or hookworm (absence of helminth eggs in stool)

**Date of first enrolment**

10/09/2012

**Date of final enrolment**

26/10/2012

**Locations****Countries of recruitment**

Switzerland

Tanzania

**Study participating centre**  
University of Basel  
Basel  
Switzerland  
4051

## Sponsor information

**Organisation**  
Medicor Foundation (Liechtenstein)

**ROR**  
<https://ror.org/0469pxf24>

## Funder(s)

**Funder type**  
Charity

**Funder Name**  
Medicor Foundation (Liechtenstein)

## 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?
<a href="#">Results article</a>	results	13/02/2014		Yes	No