

Molecular Diagnosis of Central Venous Catheter (CVC) associated infections

Submission date 25/11/2004	Recruitment status No longer recruiting	☒ Prospectively registered ☐ Protocol
Registration date 14/12/2004	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 26/10/2022	Condition category Infections and Infestations	☐ Individual participant data

Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-a-new-test-to-help-diagnose-infection-in-central-lines-for-children-and-young-people-having-cancer-treatment>

Contact information

Type(s)

Scientific

Contact name

Dr Michael Millar

Contact details

Department of Microbiology
37 Ashfield Street
Whitechapel
London
United Kingdom
E1 1BB
+44 (0)20 73773078
M.R.millar@qmul.ac.uk

Additional identifiers

Protocol serial number

HTA 03/39/13; N0484156267

Study information

Scientific Title

Molecular Diagnosis of Central Venous Catheter (CVC) associated infections

Acronym

MD-CVC

Study objectives

Central Venous Catheters (CVCs) are an essential part of the management of children undergoing treatment for cancer because they allow the safe administration of life-saving cancer drugs. Blood stream infection is a frequent and potentially serious complication of the use of CVCs. Some CVC associated infections can be treated by leaving the CVC where it is but frequently the best management involves taking the CVC out. Current methods of diagnosing CVC associated infection are unreliable with a result that more than 80% of CVCs removed for suspected infection are not in fact the source of infection. Also because of the difficulty in making a diagnosis, CVC associated infections may not be diagnosed or treated as early or as well as they can be.

In this study we will determine how best to use this test in children undergoing treatment for cancer and then find out if this new and relatively expensive test should be made available more widely.

In summary, we aim to find out whether the new test helps with the management of children with a central venous catheter, and improves the health outcomes.

Protocol can be found at <http://www.hta.ac.uk/protocols/200300390013.pdf>

More details can be found at <http://www.hta.ac.uk/1449>

Please note that, as of 27/08/2009, the anticipated end date of this trial has been updated from 30/11/2008 to 30/09/2009.

Ethics approval required

Old ethics approval format

Ethics approval(s)

No ethics information provided at time of registration.

Primary study design

Interventional

Study design

Randomised controlled trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Central Venous Catheter Associated Infections

Interventions

There are two parts to the study:

In part one, we will determine how a novel molecular test for the diagnosis of CVC-associated infections performs in children being treated for cancer.

In the second part, we will determine the impact of the test as an adjunct to standard care on CVC management. Patients will be randomised to availability of the test plus standard care or standard care only.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

CVC survival

Key secondary outcome(s)

1. Duration of antibiotic treatment and hospitalisation for fever
2. Mortality
3. Economic analysis

Completion date

30/09/2009

Eligibility**Key inclusion criteria**

1. Child, adolescent or young adult aged zero 18 years inclusive
2. Undergoing treatment for cancer/leukaemia or severe haematological disorders at a collaborating United Kingdom Children's Cancer Study Group (UKCCSG) centre
3. The routine standard of care requires a tunnelled single, double or triple lumen CVC or implanted vascular port
4. It is expected that the CVC or port will be required for a minimum of three months
5. Patients who already have an indwelling vascular access device in situ at the time of recruitment are eligible if they have been afebrile and have not received intravenous antimicrobial therapy in the preceding two weeks
6. Written informed consent has been obtained from the parent/guardian and assent from the patient where appropriate
7. National/Local Ethical Committee approval has been obtained

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Upper age limit

18 Years

Sex

All

Key exclusion criteria

1. Failure to meet the above criteria
2. Patients with untunnelled CVCs or short term CVCs will not be included

Date of first enrolment

01/06/2005

Date of final enrolment

30/09/2009

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Department of Microbiology

London

United Kingdom

E1 1BB

Sponsor information

Organisation

Department of Health (UK)

ROR

<https://ror.org/03sbpja79>

Funder(s)

Funder type

Government

Funder Name

Health Technology Assessment Programme

Alternative Name(s)

NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/02/2011		Yes	No
Plain English results			26/10/2022	No	Yes