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Double Blind Randomised Placebo Controlled Trial of Oral Co-trimoxazole in Pulmonary Fibrosis

Submission date
25/08/2005

Recruitment status
No longer recruiting

Registration date
09/09/2005

Overall study status
Completed

Last Edited
05/07/2018

Condition category
Circulatory System

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
UK study number for local regional ethical committee (LREC) 64/99

Study information

Scientific Title
Double Blind Randomised Placebo Controlled Trial of Oral Co-trimoxazole in Pulmonary Fibrosis

Acronym
Septrin and CFA

Study objectives
Oral Co-trimoxazole improves exercise capacity in patients with pulmonary fibrosis

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not 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
Idiopathic pulmonary fibrosis (UIP/NSIP/Mixed)

Interventions
Investigations prior to selection and randomisation:
All selected patients underwent baseline investigations before entry. This included:
1. Arterial gases at rest (on air)
2. Pulmonary function tests (laboratory measurement of TLC, DLCO)
3. St Georges Hospital respiratory questionnaire (SGHRQ), and MRC 5 Point Dyspnoea Score
4. Two shuttle-walking tests (2 weeks apart) demonstrating oxygen desaturation below 90% (either during or upon cessation of exercise)
5. An echocardiogram and ECG
6. Routine bloods tests including serum samples for cytokine measurements
7. Sputum samples for pneumocystis silver stain at request of Ethics Committee

Randomisation:
Patients were randomly allocated to active or placebo treatments by our clinical trials pharmacist, using computer generated random numbers. This assigned patients to study treatment groups, with a patient number. The study was conducted double blind. To preserve the double blind status of the trial, medication was issued by the pharmacist; using identical placebo tablets and labelling to ensure all treatment packs were identical.

Drug Treatment:
Co-trimoxazole or identical placebo (480 mg) tablets were supplied with dosage according to body-weight. Patients up to 70 kg received 960 mg bd, those above 70 kg, took 1440 mg (3 x 480 mg) bd. Folic acid 5 mg was given 3 times a week (minimum dose) to protect the bone marrow. Ranitidine 150 mg bd was supplied but optional for any indigestion. Patients on oral daily prednisolone had no adjustments to their prednisolone dose throughout the double blind study, except that permitted during a viral illness.

Assessment during Study:
On entry to the study all patients made visits for the following assessments every 2 weeks:
1. Body-weight
2. Resting respiratory rate and chest auscultation
3. FVC
4. Oxygen saturations at rest and during shuttle walking test and recovery recorded by Pulsox 3i wrist watch Minolta range
5. MRC-5 Point Dyspnoea Score
6. Compliance with treatment/side effects/study withdrawal and deaths were assessed and recorded
7. Blood tests (FBC, U & E, LFTs, ESR and CRP)
At 3 months all patients had arterial gases, full pulmonary function tests, serum cytokines and SGHRQ, repeated. Six weeks of pulmonary rehabilitation (rehab) was then commenced. Two weeks post rehabilitation final assessments were made before decoding. These assessments were identical to the regular 2 week assessments during the study.

Intervention Type
Drug

Phase
Not Specified

Drug/device/biological/vaccine name(s)
Co-trimoxazole

Primary outcome(s)
Exercise capacity (shuttle walking test) with area under the curve oxygen desaturation

Key secondary outcome(s)
1. Respiratory function tests (FVC, TLC, DLCO)
2. Arterial oxygen measurements
3. Quality of life data
4. Benefit of pulmonary rehabilitation
Twenty patients were selected.

Completion date
01/02/2004

Eligibility

Key inclusion criteria
1. Male or female below 85 years old
2. Demonstrated breathlessness with oxygen desaturation below 90% on two baseline shuttle walking tests (SWT)
3. Physical examination, HRCT scan and pulmonary function test results compatible with IPF (with or without histological diagnosis)
4. New diagnosis of IPF without treatment or previous diagnosis on regular daily prednisolone
5. Symptoms of exertional dyspnoea affecting life quality
6. Normal glucose 6-phosphate dehydrogenase levels to avoid drug induced haemolysis. Normal vitamin B12 levels

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. Recognised secondary causes of pulmonary fibrosis
2. Co-trimoxazole allergy or severe upper GI symptoms
3. Abnormal liver function tests or concurrent drug treatments that disturb liver function including azathioprine
4. Inability to perform the shuttle test due to musculoskeletal or cardiac causes

Date of first enrolment
21/02/2000

Date of final enrolment
01/02/2004

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
St Helier Hospital
Carshalton
United Kingdom
SM5 1AA

Sponsor information

Organisation
The Peel Trust Fund (UK)

ROR
https://ror.org/05ag50972

Funder(s)

Funder type
Charity

Funder Name
Part funded by The Peel Trust Fund for funding of placebo and Co-trimoxazole drugs only

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	01/05/2008		Yes	No