

Growth hormone treatment of children after IntraUterine Growth Retardation: IUGR-2 study

Submission date 27/01/2006	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 27/01/2006	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 29/12/2016	Condition category Pregnancy and Childbirth	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> 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
NTR444

Study information

Scientific Title
Growth hormone treatment of children after IntraUterine Growth Retardation: IUGR-2 study

Acronym

IUGR-2 Study

Study objectives

Study evaluating the effects of growth hormone (GH)-therapy versus no GH therapy in children with short stature born after intrauterine growth retardation (IUGR) (age 3.00 tot 7.99 years).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from the local medical ethics committee

Primary study design

Interventional

Study design

Multicentre randomised controlled parallel group trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Small for gestational age (SGA) children with persistent short stature

Interventions

Growth hormone treatment versus untreated control group.

For 3 years 2/3 of the children (n = 80) will be treated with biosynthetic growth hormone, 3 IU/m²/day (GH-group), and 1/3 of the children (n = 40) will not receive growth hormone therapy (control group).

Children with GHD (max GH peak less than 20 mU/l during two GH stimulation tests) will not be randomised but will receive GH therapy from the start of the study (as a separate GHD group).

After 3 years the children of the control group will also start with GH therapy, 3 IU/m²/day. GH therapy will be continued in all groups until attainment of final height. In 1999 a group of 30 older IUGR children (aged greater than 8 years) was added to the original protocol.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Growth hormone

Primary outcome(s)

To assess the efficacy of biosynthetic GH treatment on various auxological parameters and bone maturation in comparison with a randomised untreated control group.

Key secondary outcome(s)

1. To assess the effects of biosynthetic GH treatment on bone density, lean body mass and daily food intake in comparison with a randomised untreated control group
2. To assess the long term efficacy of biosynthetic GH treatment on final height and other various auxological parameters
3. To assess the safety of GH treatment by studying the short- and long-term effects on blood pressure, carbohydrate metabolism, thyroid function

Completion date

31/12/2014

Eligibility

Key inclusion criteria

1. Birth weight less than P3 for gestational age (according to Usher and McLean)
2. Neonatal period without signs of severe asphyxia (defined by Apgar score less than 3 after 5 minutes), without signs of chronic lung disease (such as bronchopulmonary dysplasia)
3. No catch-up growth defined as obtaining a height of P3 within the first 2 years of life or at a later stage
4. Height velocity (cm/year) for chronological age P50
5. Chronological age at the start of treatment: 3.0 - 7.99 years (boys and girls)
6. Prepubertal signs defined as Tanner stage 1 or testicular volume less than 4 ml
7. Well documented growth data from birth up to 2 years and at least 1 year before the start of the study

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Lower age limit

3 Years

Upper age limit

7 Years

Sex

All

Key exclusion criteria

1. Any endocrine or metabolic disorder such as diabetes mellitus, diabetes insipidus, hypothyroidism or inborn errors of metabolism, except of GHD

2. Disorders of genito-urinary tract, cardiopulmonary or gastrointestinal tract, or nervous systems, nutritional and/or vitamin deficiencies
3. Chromosomal abnormalities or signs of a syndrome, except of Silver-Russell Syndrome (SRS)
4. Chondrodysplasia
5. Hydrocephalus
6. Active malignancy or increased risk of leukaemia
7. Serious suspicion of psychosocial dwarfism (emotional deprivation)
8. Previous anabolic sex steroid or GH therapy

Date of first enrolment

17/12/1996

Date of final enrolment

31/12/2014

Locations

Countries of recruitment

Netherlands

Study participating centre

Erasmus Medical Center

Rotterdam

Netherlands

3015 GJ

Sponsor information

Organisation

Erasmus Medical Centre (The Netherlands)

ROR

<https://ror.org/018906e22>

Funder(s)

Funder type

Industry

Funder Name

Novo Nordisk (The Netherlands)

Alternative Name(s)

Novo Nordisk Global

Funding Body Type

Private sector organisation

Funding Body Subtype

For-profit companies (industry)

Location

Denmark

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	01/02/2017		Yes	No