

**EFFECTS OF ENTERAL GLUTAMINE
SUPPLEMENTS ON INFECTIOUS
MORBIDITY
AND MORTALITY IN BURN PATIENTS**

**A MULTICENTRIC PROSPECTIVE
CONTROLLED
RANDOMISED CLINICAL TRIAL**

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RESULTS OF THE 2ND SUBMISSION (SEPTEMBER 2006)

Background information:

From the 1st to the 2nd submission:

- The goal for mortality has been changed from a 40% reduction with glutamine to a 25% reduction.**
- Mechanistic studies have been dropped and replaced by blood sampling in a subset of patients. Mechanistic studies will be designed taking into account the results of clinical outcomes**

- Cost effectiveness studies have been added**
- The placebo mixture is made of 5 amino acids instead of 3**
- A new statistician team was hired**

RESULTS

1. **Comments from the internal reviewer: “There is the greatest degree of enthusiasm for this revised application for a multi-center clinical trial studying the effects of glutamine supplementation in critically injured burn victims to improve outcome and potentially impact the cost of burn care. By reconfiguring the trial and focusing solely on the clinical aspects of the previous application this study has the very real possibility of providing important data that would have direct applicability to patient care. The removal of the mechanistic studies from this proposal that sought to determine the action of glutamine and instead suggesting that the archival specimens will be the basis for separate grant application represent good judgment by the PI.**

Score: Excellent: 4.4

Notes from the scientific Officer:

Strengthens: “The trial appears of great interest to the community of physician caring for burn victims. The trial rationale was informed by a prior trial led by one of the PIs and meta-analysis. The results of the proposed trial will likely have substantial impact on patient care. The Research team is strong with extensive research and clinical experience in burn medicine.

The investigator are encouraged to resubmit their application after addressing the issues raised by reviewers.”

Main issues:

1. We should include a co-investigator with experience in the design and conduct of large RCTs.

Comment: JP Collet has such a background but he recently moved to British Columbia and may not be available for the study.

That question is open to suggestions.

2. We should standardize the amount of protein patients received.

Comment: Is that possible?

3. We need to justify why we are excluding high risk patients.

Comment: OK to include them but we will lose many early in the study.

4. Clarification is required regarding:

Who will determine the extent of burn related to patient eligibility, the timing of randomization, the inertness of the comparator.

Comment: OK for these clarifications.

5. The case report form need substantial work.

Comment: OK, we will do it.

6. In the cost effectiveness analysis the investigators need to clarify what cost will be evaluated and will this vary across provinces and countries.

Comment: I will go back to the expert from the team here but we will need help regarding the payment systems in the US.

7. We need to exclude patients with end stage renal disease.

Comment: Already done in the proposal

8. We need to standardize how we will blind the intervention and ensure consistent dosing,

Comment: Already done, but we will work on that part of the proposal

That was it for weaknesses.

**One of the reviewer raised the issue of the objective
Regarding mortality: Why a 25% reduction ? A 10%
reduction in mortality would justify the use of
Glutamine.**

***Comment: The number of patients needed to show a
10% reduction in mortality would be very high.
I understand that our objective for mortality is based
on feasibility and not on scientific evidence.
Any suggestion?***

THE FUTURE

**We will re-submit on September 1st, providing that
The competition is still on, which has to be confirmed.**

“Cent fois sur le métier remettez votre ouvrage”

Jean de La Fontaine