

Immune system changes after thymectomy (removal of the thymus gland) and childhood cardiac (heart) transplant

Submission date 14/10/2022	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 17/10/2022	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 11/12/2023	Condition category Infections and Infestations	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English Summary

Background and study aims

Post-transplant lymphoproliferative disease (PTLD) is a potentially fatal cancer seen in children who have received an organ transplant. In most children, PTLD is caused by Epstein-Barr Virus (EBV), which infects B-lymphocytes and is also known to cause glandular fever. These infected cells are normally kept under control by the immune system. However, the lifelong medication taken by transplant recipients to prevent organ rejection (immunosuppressants) also diminishes the control of this virus, leading to an abnormal accumulation of infected B-lymphocytes and their transformation into cancerous cells. PTLD affects approximately 1 in every 10 children within the first 5 years following heart transplant, representing a substantially higher risk than following other types of organ transplant. However, the reason for this increased risk is still poorly understood. We have previously identified that children with congenital heart disease are more likely to develop PTLD than children who develop an "acquired" heart disease. We believe this could be linked to their younger age at routine surgical removal of the thymus, a gland in the neck that is important for developing a healthy immune response to EBV.

The aim of this study is to collect clinical information and blood samples from children having a heart transplant to study their immune response to EBV.

Who can participate?

The study would like to recruit any child (0-18 years) who has a heart transplant in the UK. It will also recruit a small number of children having a kidney transplant as a comparison group.

What does the study involve?

Participating in the study involves reading an information sheet, asking questions and then agreeing to take part (consenting). Once part of the study, small additional blood samples will be taken prior to transplant, and during routine follow-up clinic appointments at 3, 6, 12 and 24 months after transplant. No extra appointments for blood tests are needed. The trial team will also collect information from the clinical records.

What are the possible benefits and risks of participating?

The study is intended to further our understanding of the causes of post-transplant lymphoproliferative disorders. Participants will not directly benefit but neither are there any identified risks.

Where is the study run from?

The study is run from the Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle University (UK). It is being carried out in collaboration with Great Ormond Street Hospital as these two hospitals undertake all children's heart transplants in the UK.

When is the study starting and how long is it expected to run for?

January 2020 to December 2025

Who is funding the study?

The study is jointly funded by Cancer Research UK and The Lymphoma Research Trust (UK)

Who is the main contact?

Dr Simon Bomken, s.n.bomken@ncl.ac.uk

Contact information

Type(s)

Principal Investigator

Contact name

Dr Simon Bomken

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

298986

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Immunology of thymectomy and childhood cardiac transplant cohort study

Acronym

ITHACA

Study hypothesis

In children undergoing heart transplant, prior early thymectomy is associated with a dysregulated immune response to Epstein Barr virus infection.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 11/112021, North of Scotland Research Ethics Service (Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE, UK; +44 (0)1224558458; gram.nosres@nhs.scot), ref: 21/NS/0142.

Study design

Multicentre observational cohort study

Primary study design

Observational

Secondary study design

Cohort study

Study setting(s)

Hospital

Study type(s)

Other

Participant information sheet

See additional files

Condition

Response to Epstein Barr virus (EBV) infection in children undergoing heart transplant

Interventions

Blood samples assessing EBV status and to investigate systemic immune parameters will be obtained pre-transplant and during two years following transplant.

Intervention Type

Other

Primary outcome measure

1. Innate and adaptive immune cell populations will be assessed in peripheral blood samples taken pre-transplant and at 3, 6, 12 and 24 months post-transplant.
2. Peri-transplant EBV-specific immune responses will be assessed in peripheral blood samples taken pre-transplant and at 3, 6, 12 and 24 months post-transplant.

Secondary outcome measures

There are no secondary outcome measures

Overall study start date

01/01/2020

Overall study end date

31/12/2025

Eligibility

Participant inclusion criteria

1. Resident in the UK.
2. Aged 0 – 18 years.
3. Actively listed on the NHS Blood and Transplant (NHSBT) waiting list for a primary organ transplant OR awaiting transplant with a living related donor kidney OR recently transplanted with pre-transplant blood samples available.
4. Written informed consent.

Participant type(s)

Patient

Age group

Child

Lower age limit

0 Years

Upper age limit

18 Years

Sex

Both

Target number of participants

40

Participant exclusion criteria

1. Has a pre-existing diagnosis of an inherited or acquired immunodeficiency.
2. Has an underlying thymic disorder.
3. Has previously received a bone marrow or organ transplant.
4. Has had a previous cancer diagnosis.
5. Withheld consent.
6. Weight under 2.5kg

Recruitment start date

31/03/2022

Recruitment end date

30/06/2024

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Freeman Hospital

Freeman Road

High Heaton

Newcastle upon Tyne

United Kingdom

NE7 7DN

Study participating centre

The Royal Victoria Infirmary and Associated Hospitals NHS Trust

Queen Victoria Road

Newcastle upon Tyne

United Kingdom

NE1 4LP

Study participating centre

Great Ormond Street Hospital

Great Ormond Street

London

United Kingdom

WC1N 3JH

Sponsor information

Organisation

Newcastle upon Tyne Hospitals NHS Foundation Trust

Sponsor details

Newcastle Joint Research Office,
Regent Point
Regent Farm Road
Gosforth
Newcastle upon Tyne
England
United Kingdom
NE3 3HD
+44 191 2825789
aaron.jackson@nhs.net

Sponsor type

Hospital/treatment centre

Website

<http://www.newcastle-hospitals.org.uk/>

ROR

<https://ror.org/05p40t847>

Funder(s)**Funder type**

Charity

Funder Name

Cancer Research UK

Alternative Name(s)

CR_UK, Cancer Research UK - London, CRUK

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Funder Name

The Lymphoma Research Trust

Results and Publications

Publication and dissemination plan

Planned publication in a high-impact peer-reviewed journal

Intention to publish date

31/12/2026

Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study will be published as a supplement to the subsequent results publication

IPD sharing plan summary

Published as a supplement to the results publication

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	11-15 years version 2.5.2	07/07/2022	17/10/2022	No	Yes
Participant information sheet	16 years and above version 2.6.2	07/07/2022	17/10/2022	No	Yes
Participant information sheet	6-10 years version 2.6.1	02/12/2021	17/10/2022	No	Yes
Participant information sheet	Parents version 2.5.2	07/07/2022	17/10/2022	No	Yes
Protocol file	version 2.4	07/07/2022	17/10/2022	No	No
HRA research summary			28/06/2023	No	No
Protocol article		21/10/2023	23/10/2023	Yes	No