A Randomised Double-blind Trial of Taurolidine-Citrate Catheter Locks for the Prevention of Bacteraemia in Cuffed and Tunnelled Haemodialysis Catheters

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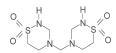
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Haemodialysis -related bacteraemia

Haemodialysis- related bacteraemia usually occurs in patients with tunnelled catheters and is associated with morbidity, hospitalisation and mortality.

Antibiotic locks reduce infection but may be associated with antibiotic resistance.

Taurolidine



Properties

Taurine Derivative Non-toxic Bactericidal Active against MRSA Fungicidal Anti-inflammatory Does not cause antibiotic resistance Has been available many years and been administered intravenously

Taurolidine-citrate (Uncontrolled Studies)

Reduces infection rates in paediatric central venous access May eradicate catheter-related blood stream infections unresponsive to systemic antibiotics

Taurolidine-citrate (haemodialysis studies)

One non-randomised trial in established catheters found reduced bacteraemia but increased need for thrombolytic therapy

Several anecdotal reports of reduced infection rates

The increased need for thrombolytic therapy may have been due to pre-existing biofilm

Hypothesis

Taurolidine-citrate (TC) reduces the incidence of bacteraemia in baemodialysis patients using tunnelled intravascular catheters compared to standard heparin locks and that, if started at the time of catheter insertion, might not be associated with more occlusions requiring thrombolytic therapy.

Trial Protocol

1.35% Taurolidine in 4% Citrate versus Heparin 5000 U/ml Double blind Tunnelled and Cuffed Catheters only 1:1 Randomised permuted blocks of 10 Stratified by Centre

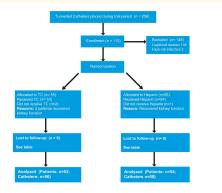
From time of line insertion 3 Main and 10 Satellite Dialysis Units

No change to standard clinical practice Every positive blood culture counted (i.e all cause bacteraemia)

All use of thrombolytics recorded

Replacement catheters could continue in same arm of trial

Trial Flow Diagram



Demographics

atient Detail:	s			Catheter Type		
	тс	Heparin	P		TC	Heparin
No. Patients	53	56		Number of Patients	53	54
	56		0.9	Number of Catheters	- 68 - 68	56
	59.8 +/-14.7	56.7 +/-17.4	0.3		- 00	- 66
Male	26	41	0.009	First Catheler type (all were cuffed)		
Race: White	47	49	0.5	(all were curred) Ash Split Cath	31	34
	4				- 01	
	1		other)	Bard Hickman	1	1
	1			Circle-C	2	2
Years on dialysis	0.73 (0-13)	0.39 (0-6)	0.4	Haemoglide	- 5	5
				PermCath	3	1
Cause of ESRD	Cystic (5),	Cystic (3),		Tesio	14	16
	Diabetic (7)			Location		
	GN(5), BP/Ischaemic (6),	GN (7), BP/Ischaemie (11)		Internal Jugular	55	57
	Other (30)			Subplayion	-	1

Results (Intention to Treat)

		Heparin	TC (per 1000 catheter- days)	Heparin (per 1000 catheter- days)	P (based on rates)
No. Patients	53	54			
Bacteraemic Episodes		23	1.4	2.4	0.1
Gram Pos	9	12	1.1	1.2	0.8
Other		4			
Gram Neg	2	- 11	0.2	1.1	0.02
No. Catheter Days	8129	9642			

Details of organisms			Number of Bacter
	TC	Heparin	

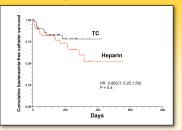
	TC	Heparin		TC (n = 53)	Г
taphylococcus aureus (MSSA)	5	6			
					L
			One		
					L
			Two		
					L
			Three		
erococcus Urinate					

Lancashire Teaching Hospitals **NHS**

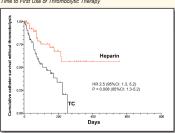
NHS Foundation Trust

raemic Episodes per Patient

Time to First Bacteraemic Episode



Time to First Use of Thrombolytic Therapy



Exit Site Infection

	TC	Heparin
Staph aureus (MSSA)	5	2
Staph aureus (MRSA)	2	2
Coliforms		2
TOTAL	7	6

Reasons for Catheter Removal or Trial Termination

	TC	Heparin	P
Number Patients	53	54	
Number Lines	56	58	
Bacteraemia	2	8	0.1
Exit Site Infection	2	3	0.8
Occlusion/flow problems	8	3	0.06
Patient Choice	2	2	0.8
Physician Choice	1	0	0.2
Heparin induced thrombocytopenia	1	0	0.2
Recovered Renal Function	4	4	0.7
Alternative Access Available	17	15	0.3
Coversion to PD	3	1	0.2
Transplanted	1	2	0.7
Transfer to another Dialysis Unit	3	4	0.9
Catheter Fell Out	0	1	0.3
Deaths	11	8	0.2
Causes of Death:	Unknown 6 Cardiac 2 Staph Sepsis 1 Cirrhosis 1 Miliary tb 1 Myeloma 1	Unknown 4 Infected Toe 1 Mesothelioma 1 Myeloma 1 Peripheral Ischaemia 1	

Comparison Between Centres

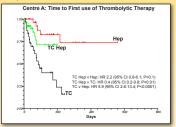
	Centre A		Centre B		Centre C	
	TC	Нер	TC	Нер	TC	Нер
No.Pts	34	34	10	10	9	10
Pt-days	5718	6470	1352	1846	1059	1326
Bacteraemias	7	21	3	0	1	2
Staph aureus	4	8	1	0	1	0
Bact/1000 Pt- Days	1.22	3.25	2.21	0	0.94	1.51

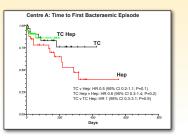
Taurolidine-Citrate + 500 U/ml Heparin

Since March 2009 Centre A has used TC + 500 U /ml Heparin

72 consecutive patients Open Label

Compared to retrospective data from Centre A





Limitations

All Cause Bacteraemia – not specific for Catheter-Related Bacteraemia Other measures to reduce infections introduced over same time period

Conclusions

Taurolidine citrate (TC) reduces the incidence of bacteraemia due to exogenous gram negative organisms in haemodialysis patients using tunnelled cuffed catheters

TC does not reduce exit-site infections

TC is associated with a greater need for thrombolytic therapy

The size of benefit depends on the background rate of bacteraemia and may be greatest in patients at

The addition of 500 U/ml heparin reduces need for thrombolytic therapy without increasing

