



Medicines Control Authority of Zimbabwe

## Clinical Trials Registry

**PUBLIC TITLE/ACRONYM** CT176, Therapeutic Approaches to Malnutrition Enteropathy (TAME)

**Scientific Title** Therapeutic Approaches to Malnutrition Enteropathy: Phase II Trials of Four Novel Interventions in Children in Zambia and Zimbabwe

### Primary Sponsor Details

**Sponsors \*** Queen Mary University of London Sponsorship

### Secondary Sponsor Details

### Contact for Public Queries

**Name \*** Dr Mutsawashe Filda Bwakura-Dangarembizi

**Designation \*** Principal Investigator

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**Affiliation**

### Contact for Scientific Queries

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**Email \*** abc@abc.com

**Phone number \*** 243-306028

**Postal Address\*** N/A

**Affiliation**

### Countries of Recruitment \*

Zambia and Zimbabwe

**Source of Funds** QUEEN MARY UNIVERSITY OF LONDON SPONSORSHIP

**Health Condition(s) or Problem(s) Studied \*** Malnutrition enteropathy in African children with severe acute malnutrition

**Medicine Name \*** Teduglutide, Budesonide, Bovine Colostrum, N-acetylglucosamine

**Quantity of medicine required \*** n/a

### 7.0 PRINCIPAL INCLUSION CRITERIA \*

1. Age 6-59 months
2. Inpatient in the paediatric wards of one of the research sites
3. Severe Acute Malnutrition (Weight-for-length z score of less than -3 or mid arm upper circumference of less than 11.5cm, and/or bilateral pedal oedema)
4. Completed resuscitation phase of nutritional rehabilitation; and clinically stable\*
5. Written, informed consent from the primary caregiver
6. Caregiver is willing to remain in hospital for the duration of the study treatment (14 days).

\*Judged by the medical team on any case-by-case basis, but in general a child without shock, hypothermia, hypoglycaemia or reduced conscious level.

### 7.1 PRINCIPAL EXCLUSION CRITERIA \*

1. Clinically unstable\*
2. Less than 5kg body weight;
3. Neurological disability which would explain or partly explain poor feeding;
4. Oro-facial abnormalities which would explain or partly explain poor feeding;
5. Caregiver unwilling to consent to child HIV testing
6. Haemoglobin concentration < 6g/dl at the time of enrollment;
7. Caregiver unwilling to remain in hospital for the duration of the study treatment;
8. Any underlying condition, other than HIV, which in the opinion of the investigator would put the subject at undue risk of failing study completion or would interfere with analysis of study results;
9. Contraindication to any of the trial treatments (e.g allergy to cow's milk protein).

\*As assessed by the medical team on a case-by-case basis, but in general a clinically unstable child would include shock, hypothermia, hypoglycaemia or reduced conscious level.

### 7.2 PRIMARY END POINTS \*

The primary endpoints for this trial will be measured on day 14 (allowable window 14 to 18 days) after initiating treatment by analysis of faecal biomarkers. Gut inflammation will be measured as a composite score of faecal myeloperoxidase, neopterin and alpha-1 antitrypsin, as outlined in section 13.

### 9.0 DESIGN OF THE TRIAL

**Type of trial \*** Opened

*If controlled*

**Randomised**

**Single Blind**

**Double Blind**

**Parallel group**

**Cross over**

**Other**

**If yes to other, specify**

**If controlled, specify the comparator**

**Other medicinal product(s)**

**Placebo**

**Other**

**If yes to other, specify**

**Other**

**Expected Number of participants in Zimbabwe \***

120

<b>Total enrolment in each site: (if competitive enrolment, state minimum and maximum number per site.) *</b>	225 children in total will be enrolled across Zimbabwe and Zambia (up to 120 in Zimbabwe). Allowing for 20% death/loss to follow-up (see below) we will have 180 evaluable children
<b>Total participants worldwide *</b>	225

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**Time period for the trial \*** 2019-2022