

## Abstract: PROSPECT Pilot Results

**Citation:** Cook D, Johnstone J, Marshall J, Lauzier F, Thabane L, Mehta S, Dodek P, McIntyre L, Pagliarello G, Henderson W, Taylor R, Cartin-Ceba R, Goyal E, Herridge M, Wood G, Ovakim D, Karachi T, Surette M, Bowdish D, Lamarche D, Verschoor C, Duan E, Heels- Ansdell, Meade M for the PROSPECT Investigators and the Canadian Critical Trials Group. Probiotics: Prevention of Severe Pneumonia and Endotracheal Colonization Trial - PROSPECT: A Pilot Trial. Can Crit Care Forum, Toronto, ON, October 25-28, 2015.

**Background:** Probiotics are live microorganisms that may confer health benefits when ingested. Randomized trials in critically ill patients suggest that probiotics decrease the incidence of ventilator-associated pneumonia (VAP) by 25% and the overall incidence of infection by 18%. However, these trials were small, mostly single-center, and at risk of bias. The aim of the PROSPECT Pilot Trial was to determine the feasibility of conducting a larger trial of probiotics to prevent VAP in mechanically ventilated patients in the intensive care unit (ICU).

**Methods:** We randomized patients who were expected to be mechanically ventilated for  $\geq 72$  hours to receive either  $1 \times 10^{10}$  colony forming units (CFU) of *L. rhamnosus* GG (Culturelle, Locin Industries Ltd) or an identical placebo, twice daily via gastric or duodenal tube. Patients were excluded if they were at increased risk of *L. rhamnosus* GG infection or had strict contraindications to enteral medication. Patients, families, and clinical and research staff were blinded. Feasibility objectives were: 1) Recruitment of at least 150 patients over 1 year; 2) Successful protocol adherence (administration of  $\geq 90\%$  of prescribed doses); 3) Minimal contamination ( $<5\%$  of patients receive an open-label probiotic); and 4) An overall VAP rate of  $\geq 10\%$ . Clinical outcomes, which will be the focus of the main trial, were all respiratory and other infections, diarrhea (total, antibiotic-associated and *Clostridium difficile*), ICU and hospital length of stay and mortality.

**Results:** We randomized 150 patients from 14 centers in Canada and the US (informed consent rate of 83.3%). All feasibility goals were met: 1) Recruitment was achieved in 1 year; 2) protocol adherence was 97.4%; 3) No patients received open label probiotics; 4) The VAP rates ranged from 10-40% depending on the definition.

**Conclusions:** The PROSPECT Pilot Trial supports the feasibility of a larger trial to investigate the effect of enteral *L. rhamnosus* GG on VAP and other nosocomial infections in mechanically ventilated critically ill patients.

**Trial Registration:** The Pilot Trial is registered at [www.clinicaltrials.gov](http://www.clinicaltrials.gov). Trial registration number: NCT01782755

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