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Vitamin C Infusion for the Treatment of Severe 2019-nCoV Infected Pneumonia

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ClinicalTrials.gov Identifier: NCT04264533

Recruitment Status ⓘ : Not yet recruiting

First Posted ⓘ : February 11, 2020

Last Update Posted ⓘ : February 11, 2020

See [Contacts and Locations](#)

Sponsor:

ZhiYong Peng

Information provided by (Responsible Party):

ZhiYong Peng, Zhongnan Hospital

[Study Details](#)

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[No Results Posted](#)

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How to Read a Study Record

Tracking Information	
First Submitted Date ICMJE	February 4, 2020
First Posted Date ICMJE	February 11, 2020
Last Update Posted Date	February 11, 2020
Estimated Study Start Date ICMJE	February 10, 2020
Estimated Primary Completion Date	September 30, 2020 (Final data collection date for primary outcome n
Current Primary Outcome Measures ICMJE (submitted: February 8, 2020)	Ventilation-free days [Time Frame: on the day 28 after enrollment] days without ventilation support during 28 days after patients' e
Original Primary Outcome Measures ICMJE	<i>Same as current</i>
Change History	No Changes Posted
Current Secondary Outcome Measures ICMJE (submitted: February 8, 2020)	<ul style="list-style-type: none"> • 28-days mortality [Time Frame: on the day 28 after enrollment] wether the patient survives • ICU length of stay [Time Frame: on the day 28 after enrollment days of the patients staying in the ICU • Demand for first aid measuments [Time Frame: on the day 28 a enrollment] t t the rate of CPR • Vasopressor days [Time Frame: on the day 28 after enrollment] days of using vasopressors • Respiratory indexes [Time Frame: on the day 10 and 28 after e P O2/Fi O2 which reflects patients' respiratory function • Ventilator parameters [Time Frame: on the day 10 and 28 after Ecmo or ventilator

	<ul style="list-style-type: none"> • APACHE II scores [Time Frame: on the day 10 after enrollment] Acute Physiology and Chronic Health Evaluation • SOFA scores [Time Frame: on the day 10 after enrollment] Sepsis-related Organ Failure Assessment
Original Secondary Outcome Measures <small>ICMJE</small>	<i>Same as current</i>
Current Other Pre-specified Outcome Measures	<i>Not Provided</i>
Original Other Pre-specified Outcome Measures	<i>Not Provided</i>
Descriptive Information	
Brief Title <small>ICMJE</small>	Vitamin C Infusion for the Treatment of Severe 2019-nCoV Infected Pne
Official Title <small>ICMJE</small>	Vitamin C Infusion for the Treatment of Severe 2019-nCoV Infected Pne Prospective Randomized Clinical Trial
Brief Summary	<p>2019 new coronavirus (2019-nCoV) infected pneumonia, namely severe acute respiratory infection (SARI) has caused global concern and emerged. Due to lack of effective targeted antiviral drugs, and symptomatic support still the current main treatment for SARI.</p> <p>Vitamin C is significant to human body and plays a role in reducing inflammation response and preventing common cold. In addition, a few studies have shown that vitamin C deficiency is related to the increased risk and severity of infections.</p> <p>We hypothesize that Vitamin C infusion can help improve the prognosis with SARI. Therefore, it is necessary to study the clinical efficacy of vitamin C for the clinical management of SARI through randomized controlled trials during the current epidemic of SARI.</p>
Detailed Description	At the end of 2019, patients with unexplained pneumonia appeared in Wuhan, China. At 21:00 on January 7, 2020, a new coronavirus was detected in a laboratory, and the detection of pathogenic nucleic acids was confirmed on January 10. Subsequently, the World Health Organization officially

new coronavirus that caused the pneumonia epidemic in Wuhan a coronavirus (2019-nCoV), and the pneumonia was named severe acute infection (SARI). Up to February 4, 2020, over 20000 cases have been in China, 406 of which have died, and 154 cases have been discovered in countries around the world. Most of the deaths were elderly patients with severe underlying diseases. SARI has caused global concern. Statistics of the 41 patients with SARI published in JAMA initially showed that 11 patients were transferred into the ICU, of which 11 (85%) had ARDS and 10 (77%) required mechanical ventilation support. Of these, 10 (77%) required mechanical ventilation support and 5 (38%) required ECMO support. Of the above 13 patients, 5 (38%) and 7 (38%) were transferred out of the ICU. Viral pneumonia is a condition with a poor clinical prognosis. For most viral infections, there are no effective targeted antiviral drugs, and symptomatic supportive treatment is the current main treatment.

Vitamin C, also known as ascorbic acid, has antioxidant properties. When it happens, the cytokine surge caused by sepsis is activated, and neutrophils accumulate in the lungs, destroying alveolar capillaries. Early studies have shown that vitamin C can effectively prevent this process. In addition, vitamin C can help to eliminate alveolar fluid by preventing the activation and accumulation of neutrophils, and reducing alveolar epithelial water damage. At the same time, vitamin C can prevent the formation of extracellular traps, which is a biological event of vascular injury caused by neutrophil activation. Vitamins can effectively shorten the duration of the common cold. In extreme conditions (athletes, skiers, art workers, military personnel), vitamin C can effectively prevent the common cold. And whether vitamin C also has a protective effect on influenza patients, only few studies have shown. In a controlled but non-randomized trial, 85% of the 252 students treated with a reduction in symptoms in the high-dose vitamin C group (1g / h for 6h, followed by 3 * 1g / day). Among patients with ARDS, patients in the high-dose vitamin group did not show a better outcome and other clinical outcomes. There are still some confounding factors in existing research, and the conclusions are different.

Therefore, during the current epidemic of SARI, it is necessary to study the efficacy and safety of vitamin C for viral pneumonia through randomized controlled trials.

Study Type <small>ICMJE</small>	Interventional
Study Phase <small>ICMJE</small>	Phase 2
Study Design <small>ICMJE</small>	Allocation: Randomized Intervention Model: Parallel Assignment Masking: Triple (Participant, Care Provider, Outcomes Assessor) Primary Purpose: Treatment
Condition <small>ICMJE</small>	<ul style="list-style-type: none"> • Vitamin C • Pneumonia, Viral • Pneumonia, Ventilator-Associated
Intervention <small>ICMJE</small>	<ul style="list-style-type: none"> • Drug: Vit C 24g Vitamin C will be infused in the experimental group per day by the infusion pump with a speed of 7ml/h. Other Name: Vitamin C • Drug: Water for infusion 50ml water for infusion will be infused in the placebo comparison group per day for 7 days by the infusion pump with a speed of 7ml/h
Study Arms <small>ICMJE</small>	<ul style="list-style-type: none"> • Experimental: Vit C 24g Vitamin C+water for injection, total volume 50ml. 7ml/h; infused by infusion pump. Intervention: Drug: Vit C • Placebo Comparator: Water for injection 50ml water for injection. 7ml/h; infusion pump. Intervention: Drug: Water for infusion
Publications *	<i>Not Provided</i>
<p>* Includes publications given by the data provider as well as publications identified by ClinicalTrials.gov (NCT Number) in Medline.</p>	
Recruitment Information	

Recruitment Status ICMJE	Not yet recruiting
Estimated Enrollment ICMJE (submitted: February 8, 2020)	140
Original Estimated Enrollment ICMJE	<i>Same as current</i>
Estimated Study Completion Date ICMJE	September 30, 2020
Estimated Primary Completion Date	September 30, 2020 (Final data collection date for primary outcome n
Eligibility Criteria ICMJE	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. ≥ 18 years old; 2. Diagnosed as serious or critical SARI (according to the 4th v Diagnosis and Clinical management of 2019-nCoV infected 3. Being treated in the ICU. <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Allergic to vitamin C; 2. Dyspnea due to cardiogenic pulmonary edema; 3. Pregnant or breastfeeding; 4. Expected life is less than 24 hours; 5. There is a state of tracheotomy or home oxygen therapy in tl 6. Previously complicated with end-stage lung disease, end-st: glucose-6-phosphate dehydrogenase deficiency, diabetic ke active kidney stone disease; 7. The patient participates in another clinical trial at the same ti
Sex/Gender ICMJE	Sexes Eligible for Study: All
Ages ICMJE	18 Years and older (Adult, Older Adult)
Accepts Healthy Volunteers ICMJE	No
Contacts ICMJE	Contact: Zhiyong Peng, professor +8618672396028 pengzy5@

Listed Location Countries ICMJE	China
Removed Location Countries	
Administrative Information	
NCT Number ICMJE	NCT04264533
Other Study ID Numbers ICMJE	2020001
Has Data Monitoring Committee	<i>Not Provided</i>
U.S. FDA-regulated Product	Studies a U.S. FDA-regulated Drug Product: No Studies a U.S. FDA-regulated Device Product: No
IPD Sharing Statement ICMJE	Plan to Share IPD: No
Responsible Party	ZhiYong Peng, Zhongnan Hospital
Study Sponsor ICMJE	ZhiYong Peng
Collaborators ICMJE	<i>Not Provided</i>
Investigators ICMJE	Principal Investigator: Zhiyong Peng, professor Wuhan
PRS Account	Zhongnan Hospital
Verification Date	February 2020
<p>ICMJE Data element required by the International Committee of Medical Journal Editors and the World Organization ICTRP</p>	