



European Society
for Paediatric Research

Survey Results
‘PREMILOC /
Prophylactic
hydrocortisone to
prevent BPD’
28 responses

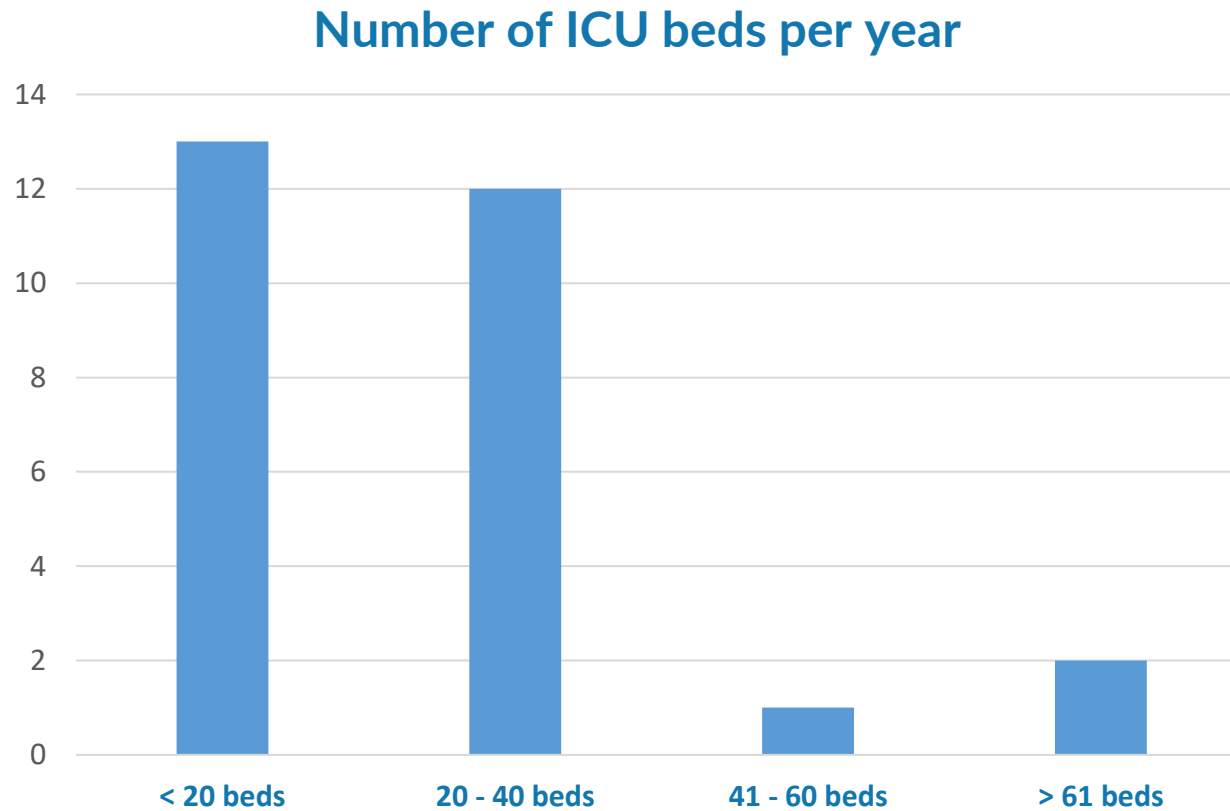
The survey was conducted in
Spring 2023.

1. Country of survey participants

- 10x France
- 2x New Zealand
- 2x UK
- 2x Netherlands
- Suisse
- Greece
- Spain
- Italy
- Turkey
- Romania
- Poland
- Egypt
- Canada
- Oman
- Côte d'Ivoire/Procrea
- Réunion

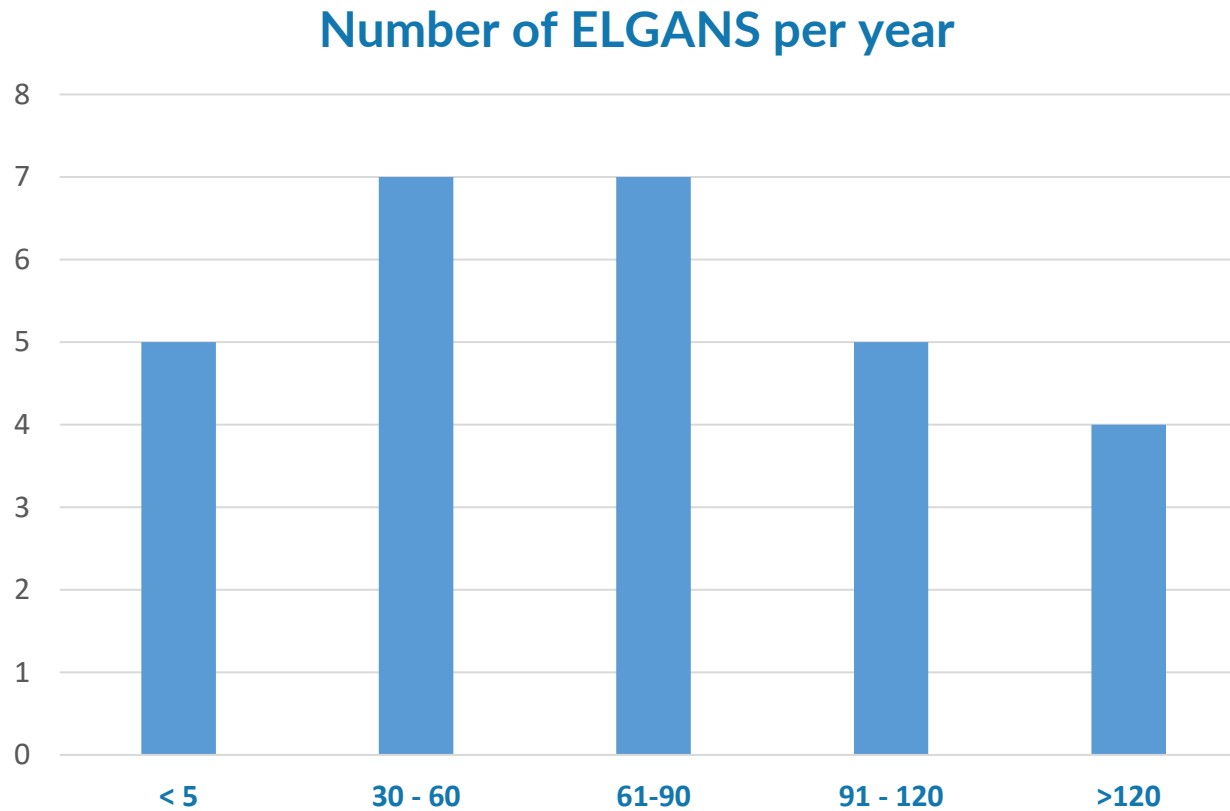
2. Number of ICU beds per year

28 responses



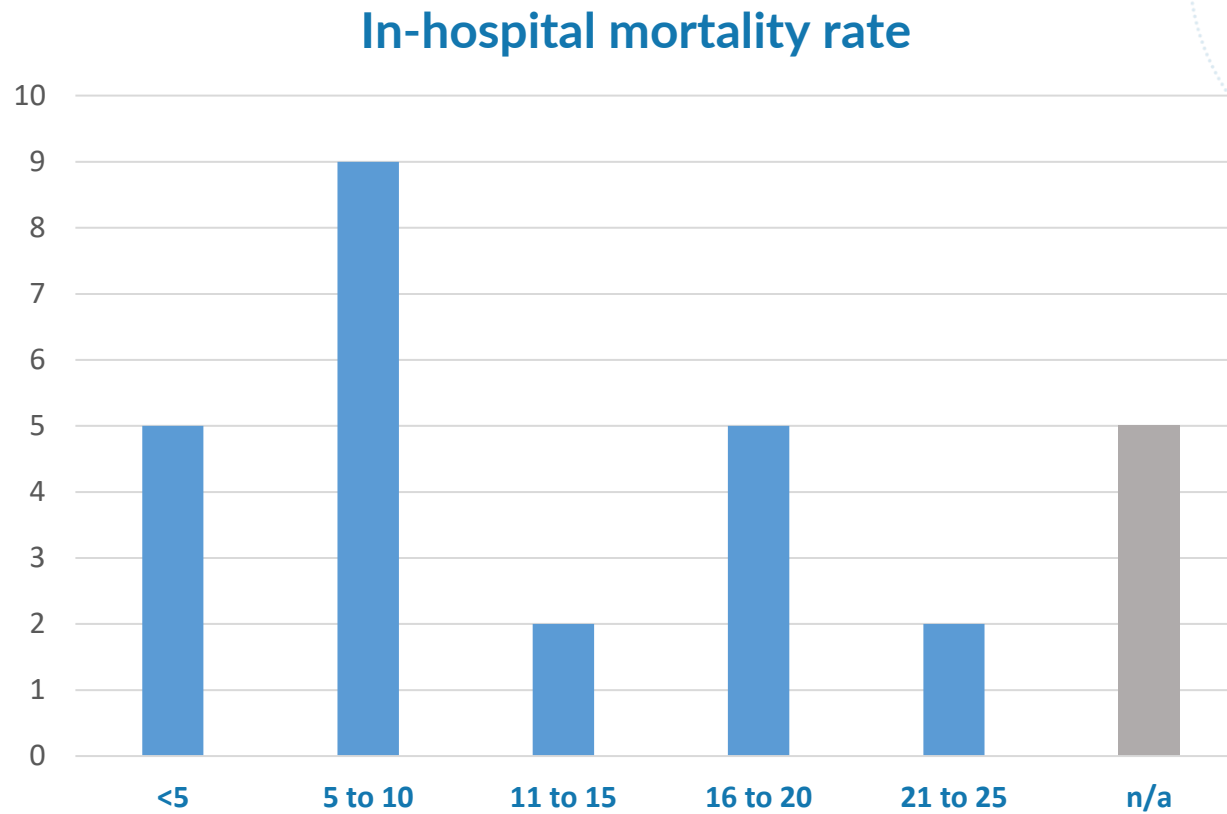
3. Number of ELGANs per year

28 responses



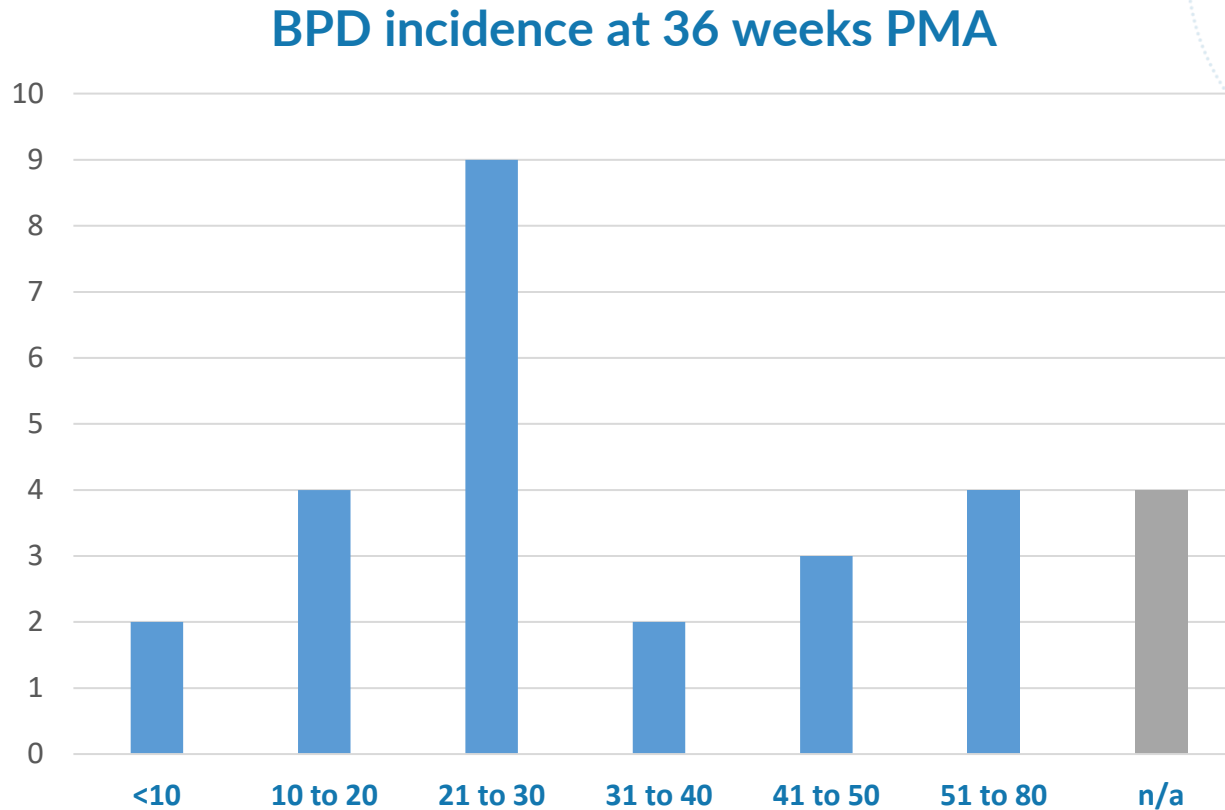
4. In-hospital mortality rate

28 responses



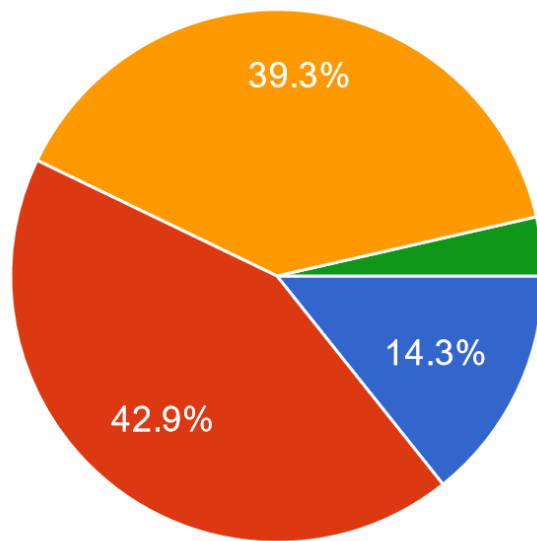
5. BPD incidence at 36 weeks PMA:

28 responses



6. Lowest gestational age for active resuscitation in delivery room

28 responses

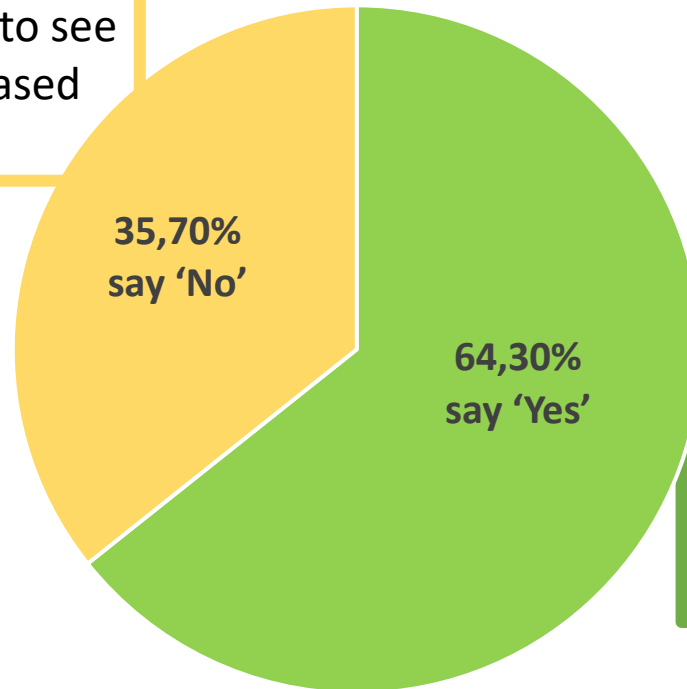


- 22 weeks
- 23 weeks
- 24 weeks
- > 24 weeks

7. Prophylactic Hydrocortisone use (= onset of treatment before 24h after birth, as tested in the PREMILOC trial):

28 responses

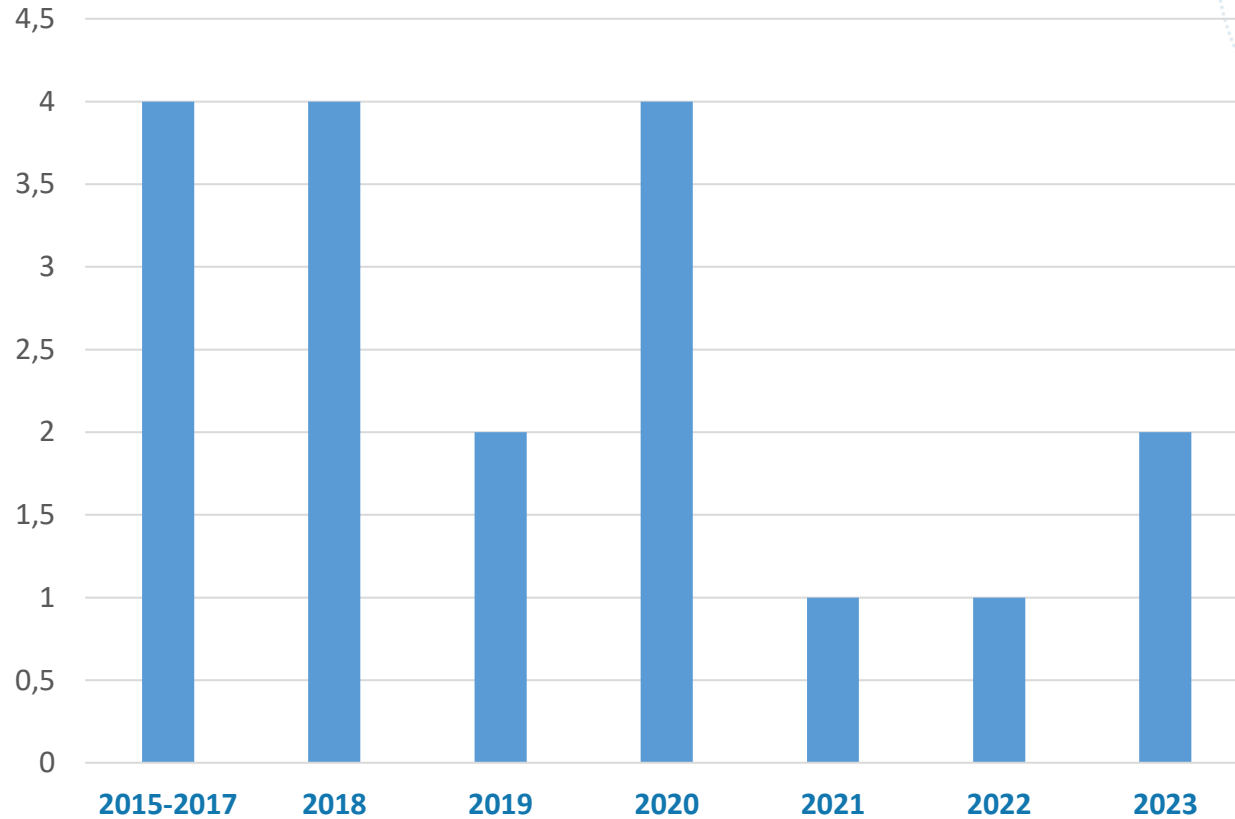
Go to slides 17 - 23 to see further questions based on the answer ,No'



Go to slides 9 – 16 to see further questions based on the answer ,Yes'

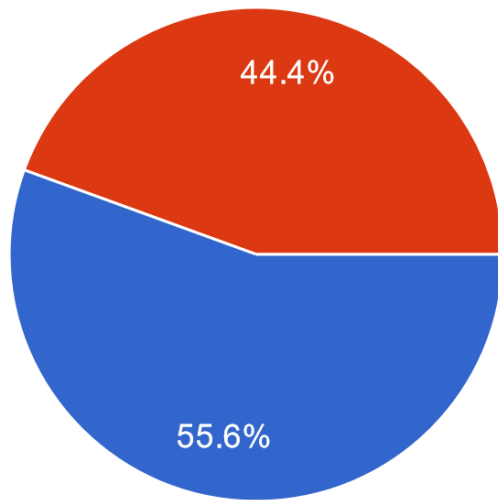
8. Year of treatment implementation

18 responses

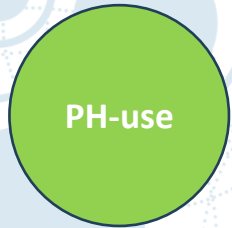


9. Population treated

18 responses



- All < 28 weekers (as for PREMILOC trial)
- selected population < 28 weeks
- Other population



10. Population selected based on which criteria:

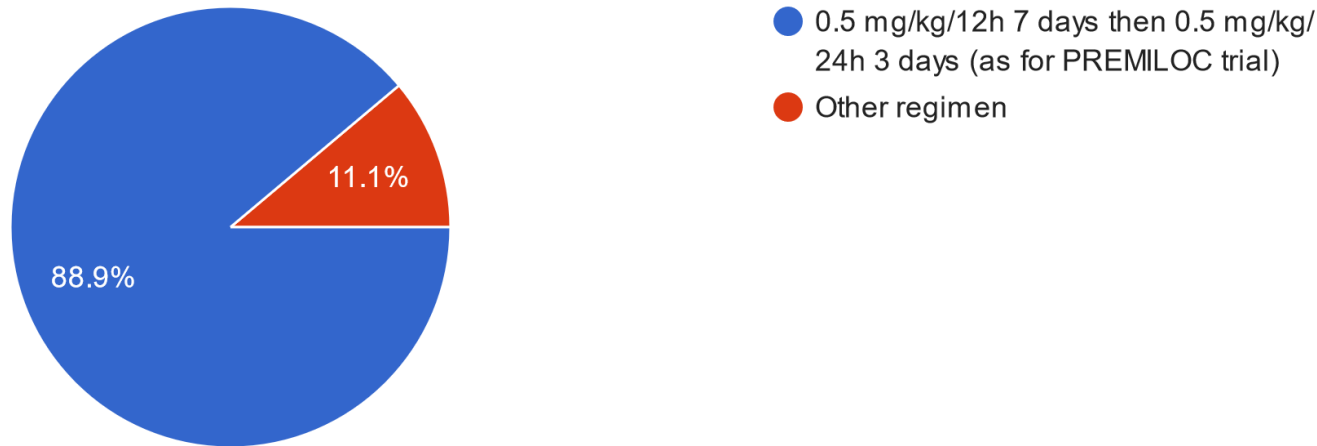
8 responses

- Surfactant use, chorioamnionitis, hemodynamic failure;
- Exclusion criteria : SGA, FiO₂ 0.21 on day 1, NSAID treatment;
- All < 28, except those with RCIU or very good initial adaptation;
- Exclusion RCIU < 3 e percentile;
- Weight, cord cortisol and 24-hour oxygen requirement;
- Prenatal corticosteroids not given or incomplete course;
- Exclusion if : BW<10th centile, no surfactant or baseline cortisol > 900 nmol/ml or premature rupture of membranes before 20 weeks or severe perinatal asphyxia;
- Lack of antenatal steroids all < 28 weeks, determined by neonatologists;

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11. Prophylactic Hydrocortisone regimen and treatment duration:

18 responses



Other regimen:

2 responses

- 0.5 mg/kg/j ptd 9j puis 0.25 mg/kg/d ptd 3j

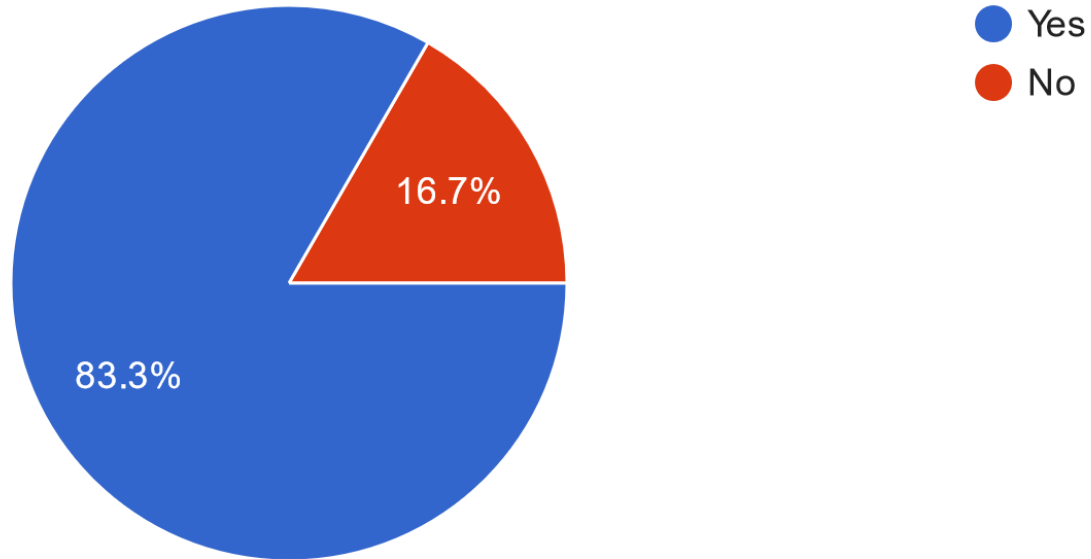
- 2 mg/kg/d 3-4 days followed by 1 mg/kg/d 3-4 days and 0.5 mg/kg/d last 3-4 days

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12. Do you have a written protocol about this treatment?

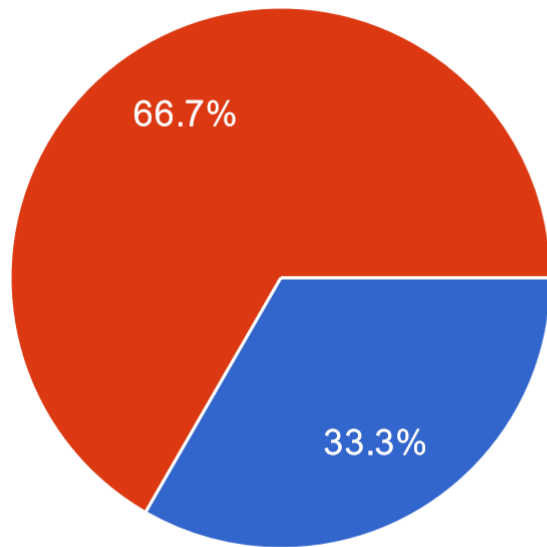
18 responses

PH-use



13. Do you monitor in a database the benefits or safety items regarding this treatment?

18 responses



- Yes
- No



14. Which variables do you collect?

6 responses

- Oxygen/ Respiratory support at 36 weeks corrected Gestation;
- SIP, BPD, NEC, ND outcomes;
- LOS, HIV, BPD, NEC, IP, Mortality;
- BPD, IVH; PVL; death, blood pressure, growth, NEC, SIP, infections;
- CNN variables (data collected in CNN);
- Survival, morbidities;

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PH-use

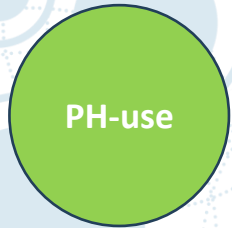
15. Do you have any concern about Prophylactic Hydrocortisone since its implementation with regard to late onset sepsis or others?

18 responses

- 12x 'NO'
- 6x 'YES'

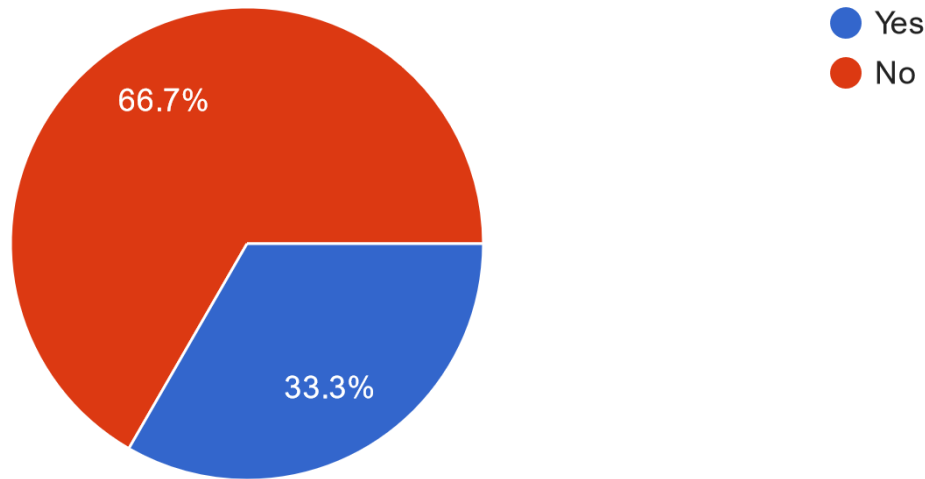
Those who responded 'YES' left the following comments:

- More digestive perforations (2x);
- GI perforation;
- Noted more sepsis;
- SIP in two cases;



16. Did you observe any side benefits of patient stability or nurse management in treated infants?

18 responses



Which side benefits did you observe?

6 responses

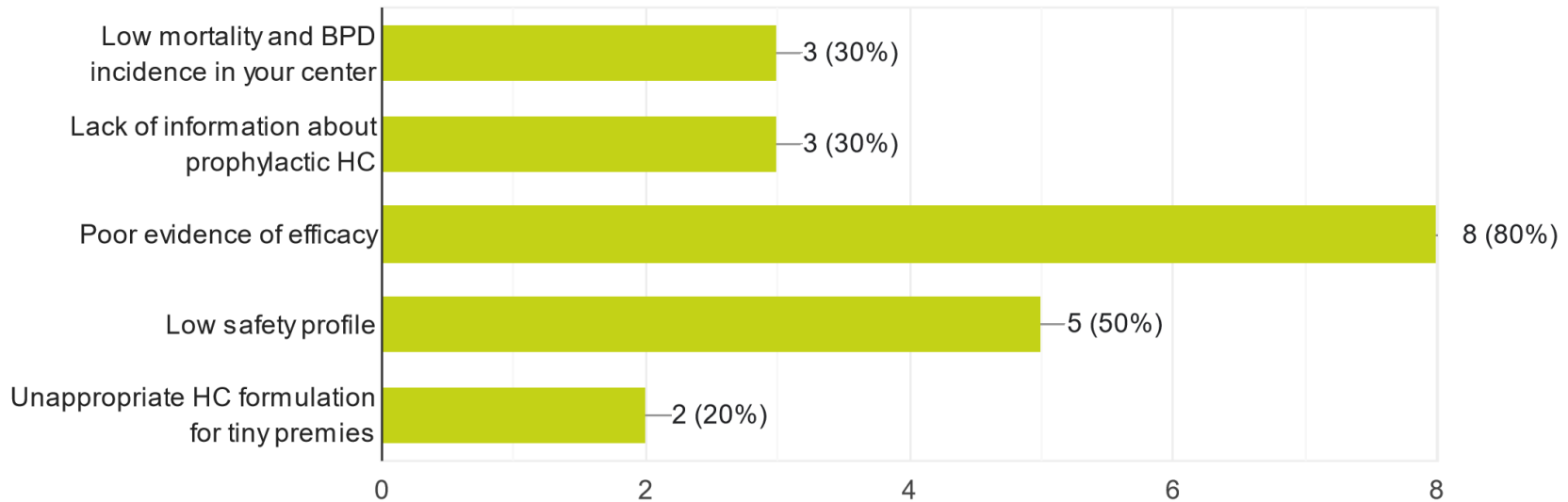
- Lesser use of Inotropes in the first week of life;
- High stability of ELGANs, higher rate of infants never intubated;
- Hemodynamic stability;
- Better breathe;
- More stable blood pressure and glycemia;
- Reduced treatment for PDA;

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17. Why don't you use Prophylactic Hydrocortisone?

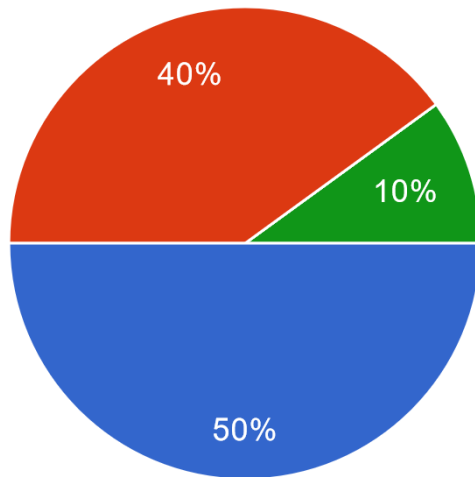
10 responses

NO
PH-use



18. Do you use Hydrocortisone for other indications?

10 responses



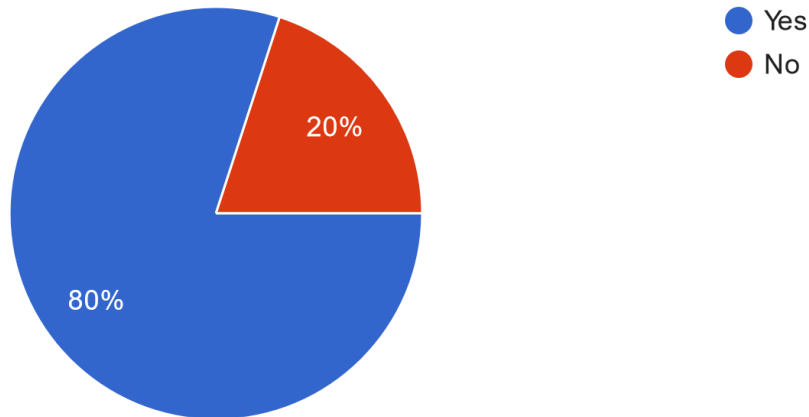
- Hemodynamic failure
- Selective treatment of ventilated patients (selective treatment means to start HC after 7 days of life)
- for no other indications

NO
PH-use

19. If you don't use Prophylactic Hydrocortisone with regards to BPD, do you use alternative strategies to prevent BPD?

NO
PH-use

10 responses



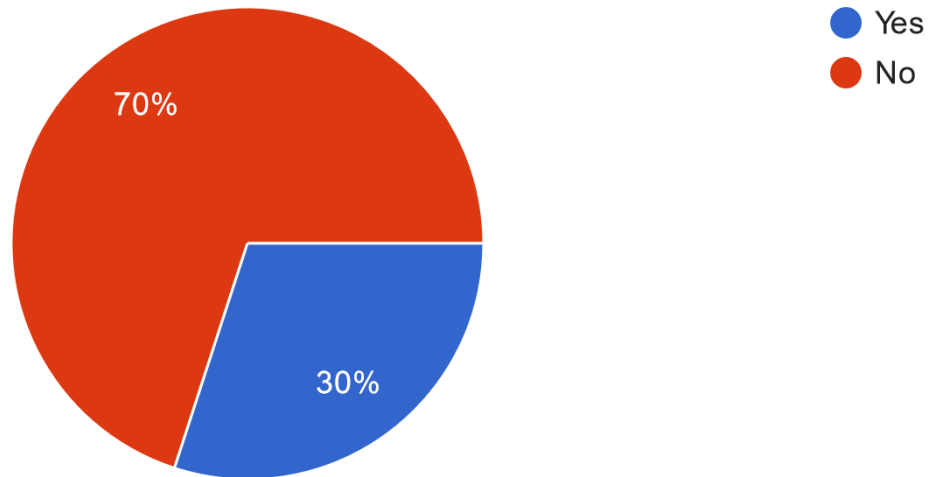
Which alternative strategies do you use to prevent BPD?

8 responses

- Non-invasive or volume guaranteed ventilation
- Diuretics
- Limit mechanical ventilation
- Vitamine A, caffeine
- Dexamethasone and caffeine citrate
- Early extubation, LISA
- VTV, early extubation, Haemodynamic Management
- Moderately early low dose dexamethasone

20. Have you read the last report about 5-y follow up published recently (Trousson et al. DMCN)?

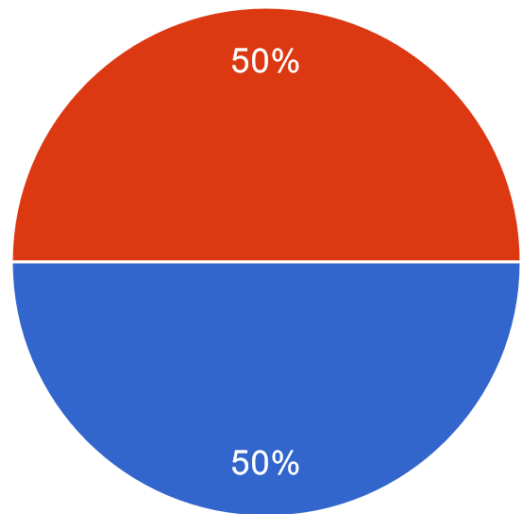
10 responses



NO
PH-use

21. Based on these new safety data, would you plan to revise your practice about Prophylactic Hydrocortisone?

10 responses



- Yes
- No

NO
PH-use

22. Comments or any unmet needs:

2 responses

- We have implemented premiloc hydrocortison dosing regimen in from mid 2018 -mid 2020. We did not observe an effect on bpd/mortality but did see trend towards more nec. Mechanical ventilation strategy seems somewhat different compared to premiloc population. All in all, we decided to stop with hc suppletion.

- We are concerned about the paucity of data in the smallest infants (<26/40) hence the non-use in these infants.

NO
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**Thank you for
your attention!**