

CT for prevention/treatment of BPD

discussion points:

- **Several suggested products = several studies**
 - Feasibility?
 - Network
- **Treatment vs prevention**
 - BPD definition \Rightarrow diagnose after the "damage is done".
 - When can it be *prevented* (single dose at birth - continued until diagnose?)
 - Continued *treatment* after diagnose?
 - Marker for ongoing BPD development that may need treatment?
(FiO₂, MV with significant FiO₂ and/or pressures, marker in tracheal aspirate)?

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Prevention:

- Target population – at risk population

PMA	22 w	23w	24w	25 w	26 w	27 w	28 w
Risk of Moderate/Severe BPD	73%	54%	49%	30%	19%	11%	5%

– NNT? Risk/benefit for Pt in CT? IRL?

- Marker for ongoing BPD development before diagnose?
- "Substitution" to "normal" values – is that always safe?
 - Pharmacological, administration?

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Outcome and Endpoints:

BPD a surrogate endpoint for chronic respiratory morbidity?

What should we measure?

- **Primary endpoint?**

- BPD?
- CRM (chronic respiratory morbidity) How?
 - validated respiratory diaries
 - pulmonary questionnaires (respiratory illness ; medications, unscheduled medical visits and/or
 - Emergency Room (ER) or hospital admissions.
 - Pulmonary function tests

- **Follow-up time?**

- **Secondary endpoints:** AE. NICU follow up program . PHT? Ventilator/CPAP free days. Days w/o oxygen suppl.?...