

High-dose erythropoietin no benefit for extreme preemies

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group difference in the incidence of death or severe neurodevelopmental impairment at age 2 years (26 versus 26 percent; relative risk, 1.03; 95 percent confidence interval, 0.81 to 1.32; $P = 0.80$). No significant between-group differences were seen in the rates of retinopathy of prematurity, [intracranial hemorrhage](#), sepsis, necrotizing enterocolitis, [bronchopulmonary dysplasia](#), or death or in frequency of serious adverse events.

"We did not observe that treatment with high-dose erythropoietin in extremely [preterm infants](#) resulted in a lower risk of death or in better neurodevelopmental outcomes at 2 years of age than placebo," the authors write.

One author disclosed financial ties to Best Doctors.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For extremely preterm infants, high-dose erythropoietin treatment from 24 hours after birth does not result in a reduced risk for severe neurodevelopmental impairment or death at age 2 years, according to a study published in the Jan. 16 issue of the *New England Journal of Medicine*.

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Sandra E. Juul, M.D., Ph.D., from the University of Washington in Seattle, and colleagues conducted a randomized trial of high-dose erythropoietin involving 941 infants born at 24 weeks 0 days to 27 weeks 6 days of gestation. A total of 741 infants were randomly assigned to receive either erythropoietin (376 infants) or placebo (365 infants) within 24 hours of birth. Erythropoietin was administered intravenously at a dose of 1,000 U/kg body weight every 48 hours for a total of six doses, followed by a lower maintenance dose of 400 U/kg body weight three times per week administered by [subcutaneous injection](#) through 32 completed weeks of postmenstrual age.

The researchers observed no significant between-

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