

✱ **National Collaborative Sites** ✱

Children's Hospital of Philadelphia

Philadelphia, PA

Children's Hospital of Pittsburgh

Pittsburgh, PA

Children's Hospital of Michigan

Detroit, MI

Johns Hopkins Children's Center

Baltimore, MD

Women and Children's Hospital of Buffalo

Buffalo, NY

Children's National Medical Center

Washington, DC

Oregon Health and Science University

Portland, OR

Univ. of Oklahoma Health Science Center

Oklahoma City, OK

Children's Hospital

Boston, MA

Children's Hospital of Columbus

Columbus, OH

Children's Mercy Hospital and Clinics

Kansas City, MO

Emory Children's Center

Atlanta, GA

The Hospital of Sick Children

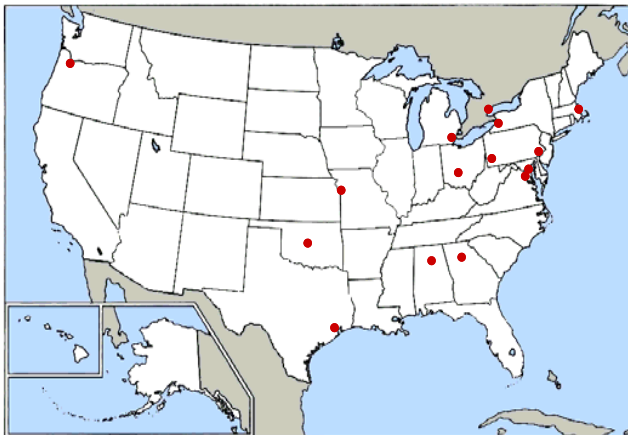
Toronto, CA

Texas Children's Hospital

Houston, TX

University of Alabama

Birmingham, AL



**Randomized Intervention for
Children with Vesicoureteral
Reflux (RIVUR)**

Sponsored by:

**National Institute of Diabetes and
Digestive and Kidney Diseases
(NIDDK)**



**National Institutes of Health
(NIH)**

For more information about the
RIVUR study, or to contact a RIVUR
Study Clinic near you, go to:
www.rivur.net

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**Randomized Intervention
for Children with
Vesicoureteral
Reflux (RIVUR)**

**Patient
Informational
Pamphlet**

A Research Study
funded by
The National Institute of
Diabetes and Digestive and
Kidney Diseases



Understanding the use of Antibiotics in Treating Vesicoureteral Reflux in Children



Vesicoureteral reflux (VUR) is a condition in which urine goes up from the bladder into the ureters during urination. VUR is found in 30-50% of children who have had a urinary tract infection (UTI), and is thought to increase the risk of kidney damage when children have recurrent UTIs. Currently, children who are found to have VUR after a UTI are treated with a small daily dose of antibiotics (often for several years) in order to prevent recurrent UTIs and kidney damage. However, there have been no well-designed research studies to show that this practice is necessary in all children with vesicoureteral reflux.

All children in the RIVUR study will be closely monitored for urinary infections and kidney health. The study team will provide participant families with educational materials about VUR and UTIs, and will stay in close contact through phone calls and study visits.

The RIVUR study has the potential to help us understand how to provide the best care for the tens of thousands of children who are diagnosed each year with VUR and UTI.



Enrollment Requirements



In order to screen your child for this study, **Your child must:**

- Be at least 1 month, but less than 6 years old,
- Have had the first urinary tract infection within 10 weeks of the first study visit,
- Have vesicoureteral reflux as diagnosed by a voiding cystourethrogram (VCUG).

Your child cannot have:

- Other serious health problems,
- Allergy to trimethoprim-sulfamethoxazole, the antibiotic used in the study.

Frequently Asked Questions



Is there a cost involved?

No, your health insurance or the RIVUR study will cover most expenses. You will be reimbursed up to \$150 for your time and travel expenses.

Where do the study visits take place?

Your child will be seen at a study hospital or doctor's office near you. The study has 15 sites around the USA and in Toronto.

What is involved?

Participants will receive a diagnostic evaluation, complete kidney imaging tests, urine and blood tests. Your child will be placed into one of two treatment groups (active antimicrobial prophylaxis or placebo). All results and information are kept confidential.

After the enrollment visit, we will provide your child with study medication.

Follow-up will include telephone calls every 2 months, and 4 clinic visits (at 6 months, 12 months, 18 months and 24 months) over 2 years .

Flexible appointments available.