



2026 KCE Trials calls: information session

Welcome & Agenda

Agenda Information Session KCE Trials Calls 2026 - 4th June 2026

Subject (presenters all KCE)		Time
Welcome and introduction		10 min
What is the scope of the KCE Trials Programme? Which trials do we fund? Criteria of the: • 2026 comparative effectiveness call • 2026 drug repurposing call • 2026 themed call palliative care • 2026 themed call “care for addiction”		20 min
What are pragmatic Trials? What are patient-centred outcomes?		20 min
Practical information on submission Selection procedure		20 min
Q&A session		50 min



Practicalities



- No recording
- Slides available next week (in your mail)
- Please mute yourself



Questions ?

- No content question in chat
- On content ? 5 min after each session
- On individual projects ? at the end
- Please raise your virtual hand and say who you are
- No time or not willing to share your question? Please first contact your CTC (and then us) – if positive → short online meeting (contact: trials@kce.fgov.be)



Who is attending?

- All academic hospitals & universities
- Non academic hospitals
- Clinical Trials Centers (CTCs)
- Scientific Association
- Other

HUB

CHU de Liège

UCL St Luc

UZ Brussel / VUB

UZ Gent / U Gent

UZ Leuven / KU Leuven

UZA

U Hasselt

Psychiatrisch Ziekenhuis Dr
Guislain

Belgian Respiratory Society

Other



Scope

- ✓ **Pragmatic RCTs**, all diseases in real-world clinical setting
- ✓ **Comparative effectiveness** (drugs, devices, surgery, physiotherapy, lifestyle...)
- ✓ **Drug repurposing** (off-patent drugs)
- ✓ **Non-commercial**
- ✓ **Potential for return on investment**
- ✓ **Data sharing**

Quality support

- Sponsor capacity assessed for all trials
- Trainings for Clinical Trials Centres
- Coaching of funded teams
- External audits of ongoing trials

Calls for research proposals

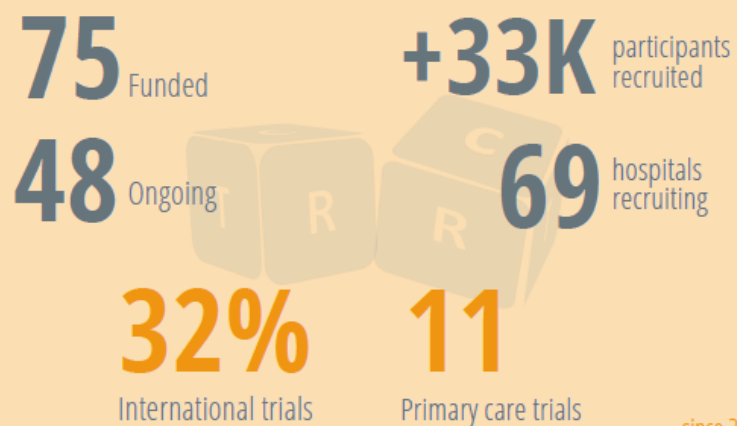


Funding budget

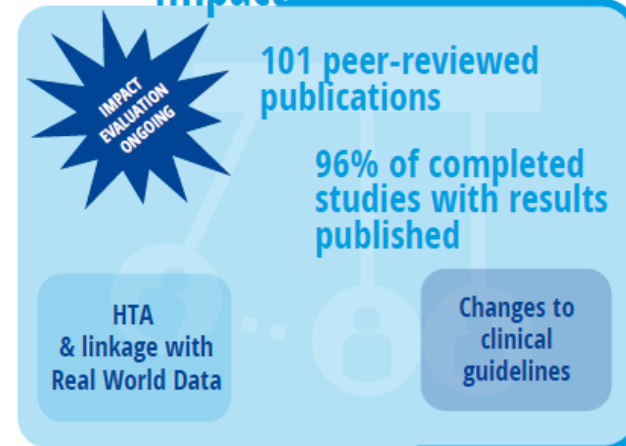
10 million € annual budget

- Budget tool developed for non-commercial research
- Milestone-based payments
- Also funding of Belgian participation to international studies

Funded Trials



Impact



Check the realtime recruitment in our [dynamic dashboards](#)

ARON STUDY – PRIMARY CARE

Sponsor KU Leuven

- 171 primary care practices
- 7049 participants randomised

Can a point-of-care CRP measure in GP practice help prescribe less antibiotics for sick children ?

A clinical decision tool including a decision tree, point-of-care testing of CRP, and safety-netting advice to guide antibiotic prescribing in acutely ill children in primary care in Belgium (ARON): a pragmatic, cluster-randomised, controlled trial



Jan Yvan Verbaekel*, Ruben Burvenich*, Erinn D'hulster, Liselore De Rop, Ann Van den Bruel, Sibyl Anthierens, Samuel Coenen, An De Sutter, Stefan Heytens, Louise Joly, Marina Digregorio, Annouschka Laenen, Jeroen Luyten, Tine De Burghgraeve

Summary

Background Antimicrobial resistance is a global health threat. Many children with acute illness in ambulatory care are unnecessarily prescribed antibiotics. We assessed the clinical effectiveness of a clinical decision tool for these children, including a validated decision tree, guided point-of-care C-reactive protein testing (POCT of CRP), and safety-netting advice.

Methods ARON was a multicentre, unblinded, pragmatic, cluster-randomised, controlled trial conducted at eligible Belgian general practitioner and community paediatrician practices able to recruit children with acute illness consecutively, and not already doing POCT of CRP. Practices were allocated (1:1) with equal size (n=4) block randomisation to the clinical decision tool or usual care, stratified by recruiting academic centre. Children with acute illness aged 6 months to 12 years were recruited and followed up for 30 days. The coprimary outcomes were antibiotic prescribing at the index consultation (tested for superiority), as well as recovery time, additional testing, follow-up visits, and antibiotic prescribing after index consultation (all tested for non-inferiority with margins of 1 day, 3%, 4%, and 2%, respectively). Coprimary outcomes were analysed with logistic regression, accounting for practice clustering, study arm, and age in the intention-to-treat population, except recovery time, which was analysed with Cox regression adjusting for the same covariates. Safety was assessed in the intention-to-treat population. This trial is registered with ClinicalTrials.gov (NCT04470518) and is completed.

Findings Of 171 eligible practices, we randomly allocated 82 to the intervention group and 89 to the usual care group. Between Feb 24, 2021, and Dec 29, 2023, 7049 participants were screened, of whom 6760 were deemed eligible. Five patients in each study arm were excluded, so we analysed data from 6750 participants (2988 in the intervention group and 3762 in the control group; 3447 [51%] boys, 3302 [49%] girls, one [c1%] did not specify). The intervention significantly reduced antibiotic prescribing at the index consultation (466 [16%] vs 817 [22%], adjusted odds ratio 0.72 [95% CI 0.55–0.94]; p=0.017). Recovery time (adjusted mean difference –0.1 day [95% CI –0.5 to 0.3]), additional testing (adjusted absolute risk reduction [aARR] 2.0% [–1.7 to 5.0]), follow-up visits (aARR 2.8% [–0.9 to 6.1]), and antibiotic prescribing after index consultation (aARR 2.4% [0.2 to 4.2]) were all non-inferior in the intervention group versus the control group. 90 (88%) of 102 adverse events were serious (30 [1%] in the intervention group and 60 [2%] in the control group); none were deemed related to the study procedures. No child died throughout the trial.

Interpretation The clinical decision tool reduced antibiotic prescribing in children without causing harm. Our results support its broader dissemination and implementation to improve the management of acutely ill children in ambulatory care.

Funding Belgian Health Care Knowledge Centre.

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Introduction

In 2019, bacterial antimicrobial resistance was linked to 4.95 million deaths globally, including 604 000 in high-income countries.¹ Antimicrobial resistance ranks among the top global health threats, driving up health-care costs, treatment failures, and mortality.² In 2020, over

800 000 antibiotic-resistant infections in the European Economic Area caused over 35 000 deaths, a burden similar to influenza, tuberculosis, and HIV combined.¹ Antibiotic use is a major driver of antimicrobial resistance.² Children are at particularly high risk of unnecessary antibiotic prescribing,³ with about 86% of

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PRECISE STUDY - ICU

ZOL Belgian Coordinating Centre

- 10 hospitals (5 NL, 5 BE)
- 935 patients randomised

How much protein do critically ill patients need in intensive care ?

Effect of high versus standard protein provision on functional recovery in people with critical illness (PRECISE): an investigator-initiated, double-blinded, multicentre, parallel-group, randomised controlled trial in Belgium and the Netherlands



Julia L M Bels, Steven Thiessen, Rob J J van Gassel, Albertus Beishuizen, Ashley De Bie Dekker, Vincent Fraipont, Stoffel Lamote, Didier Ledoux, Clarissa Scheeren, Elisabeth De Waele, Arthur R H van Zanten, Laura Bormans-Russell, Bas C T van Bussel, Markes M J Dictus, Tom Fizez, Ingeborg Harks, Iwan C C van der Horst, Joop Jonckheer, Hugues Marechal, Paul B Massion, Ingrid Meex, Michelle C Paulus, Martin Rinket, Susanne van Santen, Katrien Tartaglia, Adam M Deane, Frieda Demuydt, Zudin Puthucherry, Lilian C M Vloet, Peter J M Weijs, Sander M J van Kuijk, Marcel C G van de Poll*, Dieter Mesotten*, on behalf of the PRECISE study team†

Summary

Background Increased protein provision might ameliorate muscle wasting and improve long-term outcomes in critically ill patients. The aim of the PRECISE trial was to assess whether higher enteral protein provision (ie, 2.0 g/kg per day) would improve health-related quality of life and functional outcomes in critically ill patients who were mechanically ventilated compared with standard enteral protein provision (ie, 1.3 g/kg per day).

Methods The PRECISE trial was an investigator-initiated, double-blinded, multicentre, parallel-group, randomised controlled trial in five Dutch hospitals and five Belgian hospitals. Inclusion criteria were initiation of invasive mechanical ventilation within 24 h of intensive care unit (ICU) admission and an expected duration of invasive ventilation of 3 days or longer. Exclusion criteria were contraindications for enteral nutrition, moribund condition, BMI less than 18 kg/m², kidney failure with a no dialysis code, or hepatic encephalopathy. Patients were randomly assigned to one of four randomisation labels, corresponding with two study groups (ie, standard or high protein; two labels per group) in a 1:1:1:1 ratio through an interactive web-response system. Randomisation was done via random permuted-block randomisation in varying block sizes of eight and 12, stratified by centre. Participants, care providers, investigators, outcome assessors, data analysts, and the independent data safety monitoring board were all blinded to group allocation. Patients received isocaloric enteral feeds that contained 1.3 kcal/mL and 0.06 g of protein/mL (ie, standard protein) or 1.3 kcal/mL and 0.10 g of protein/mL (ie, high protein). The study-nutrition intervention was limited to the time period during the patient's ICU stay in which they required enteral feeding, with a maximum of 90 days. The primary outcome was EuroQoL 5-Dimension 5-level (EQ-5D-5L) health utility score at 30 days, 90 days, and 180 days after randomisation, adjusted for baseline EQ-5D-5L health utility score. This trial was registered with ClinicalTrials.gov (NCT04633421) and is closed to new participants.

Findings Between Nov 19, 2020, and April 14, 2023, 935 patients were randomly assigned. 335 (35.8%) of 935 patients were female and 600 (64.2%) were male. 465 (49.7%) of 935 were assigned to the standard protein group and 470 (50.3%) were assigned to the high protein group. 430 (92.5%) of 465 patients in the standard protein group and 419 (89.1%) of 470 patients in the high protein group were assessed for the primary outcome. The primary outcome, EQ-5D-5L health utility score during 180 days after randomisation (assessed at 30 days, 90 days, and 180 days), was lower in patients allocated to the high protein group than in those allocated to the standard protein group, with a mean difference of -0.05 (95% CI -0.10 to -0.01; p=0.031). Regarding safety outcomes, the probability of mortality during the entire follow-up was 0.38 (SE 0.02) in the standard protein group and 0.42 (0.02) in the high protein group (hazard ratio 1.14, 95% CI 0.92 to 1.40; p=0.22). There was a higher incidence of symptoms of gastrointestinal intolerance in patients in the high protein group (odds ratio 1.76, 95% CI 1.06 to 2.92; p=0.030). Incidence of other adverse events did not differ between groups.

Interpretation High enteral protein provision compared with standard enteral protein provision resulted in worse health-related quality of life in critically ill patients and did not improve functional outcomes during 180 days after ICU admission.

Funding Netherlands Organisation for Healthcare Research and Development and Belgian Health Care Knowledge Centre.

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See [Comment](#) page 630

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BLING-III STUDY

UZ Gent Belgian Coordinating Centre

Can we improve survival sepsis patients by administering antibiotics in another way ?

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Continuous vs Intermittent β -Lactam Antibiotic Infusions in Critically Ill Patients With Sepsis The BLING III Randomized Clinical Trial

Joel M. Dulhunty, MD, PhD; Stephen J. Brett, MD; Jan J. De Waele, MD, PhD; Dorrilyn Rajbhandari, PGDip(Clinical Nursing); Laurent Billot, MRes; Menino O. Cotta, PhD; Joshua S. Davis, MD, PhD; Simon Finfer, MD; Naomi E. Hammond, RN, PhD; Serena Knowles, RN, PhD; Xiaoqiu Liu, PhD; Shay McGuinness, MD; Jayanthi Mysore, MS; David L. Paterson, MD, PhD; Sandra Peake, MD, PhD; Andrew Rhodes, MD, MD(Res); Jason A. Roberts, BPharm, PhD; Claire Roger, MD, PhD; Charudatt Shirwadkar, MD; Therese Starr, RN; Colman Taylor, PhD; John A. Myburgh, MD, PhD; Jeffrey Lipman, MD, DMed(Res); for the BLING III Study Investigators

IMPORTANCE Whether β -lactam antibiotics administered by continuous compared with intermittent infusion reduces the risk of death in patients with sepsis is uncertain.

OBJECTIVE To evaluate whether continuous vs intermittent infusion of a β -lactam antibiotic (piperacillin-tazobactam or meropenem) results in decreased all-cause mortality at 90 days in critically ill patients with sepsis.

- + Visual Abstract
- + Editorial
- + Multimedia
- + Related Articles
- + Supplements



C-EASIE STUDY

UZ Leuven Sponsor

Can vitamin C improve outcomes of patients with sepsis in emergency department?

RESEARCH

Open Access



Early administration of vitamin C in patients with sepsis or septic shock in emergency departments: a multicenter, double-blind, randomized controlled trial: the C-EASIE trial

Stefanie Vandervelden^{1*}, Bente Cortens¹, Steffen Fiehuws², Wilma Eegdeman³, Stefano Malinverni⁴, Philippe Vanhove⁵, Koen Monsieurs⁶, Jan Breuls⁷, Ives Hubloue⁸, François Stifkens⁹, Jacques Creteur¹⁰, Lina Wauters³, Didier Desruelles³ and for the C-EASIE investigators

Abstract

Background Sepsis and septic shock are associated with high mortality and morbidity despite adequate standard care. Vitamin C deficiency is a common, potentially reversible, contributor to morbidity and mortality in sepsis. Previous studies have shown mixed and conflicting results. Our study aimed to determine the potential benefit of early administration (within 6 h after admission) of vitamin C in patients with sepsis or septic shock.

Methods This was a phase 3b prospective, multicenter, double-blinded, randomized placebo-controlled trial. Participants were enrolled in the Emergency Departments of 8 hospitals throughout Belgium. Patients were randomized to receive 1.5 g of vitamin C, or matching placebo, every 6 h for 4 days. The primary outcome was the average post-baseline patient Sequential Organ Failure Assessment (SOFA) score on day 2 to 5. Key secondary outcomes were the maximum SOFA score, 28-day mortality and length of ICU and hospital stay.

Results A total of 300 patients were recruited between June 4th, 2021, and August 19th, 2023. 292 patients, of which 147 were assigned to the vitamin C and 145 to the placebo group, completed the trial and were included in the analysis. The primary outcome (vitamin C, 1.98; placebo, 2.19) was 8.7% lower in the vitamin C group, but not significantly (ratio 0.91, 95% CI 0.77 to 1.08, $P=0.30$). In a planned subgroup analysis, patients with a baseline SOFA score of 6 or above had a significant lower average post-baseline SOFA score in the vitamin C group (ratio 0.76, 95% CI 0.86 to 0.99, $P=0.042$). Findings were similar in the two groups regarding secondary outcomes and adverse events, except for a lower probability of being on renal replacement therapy in the vitamin C group of the per protocol analysis (ratio 0.28, 95% CI 0.078 to 1.0, $P=0.05$).

Conclusions Early treatment with vitamin C did not result in a statistically significant reduction in organ dysfunction. Therefore, this study does not support the use of vitamin C in sepsis patients.

Trial registration: ClinicalTrials.gov Identifier: [NCT04747795](https://clinicaltrials.gov/ct2/show/study/NCT04747795). Registered 4 February 2021.

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Gonoscreen study

ITM Sponsor

How much screening is needed for persons under HIV PREP ?



The Lancet HIV
Volume 11, Issue 4, April 2024, Pages e233-e244



Articles

Effect of screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* on incidence of these infections in men who have sex with men and transgender women taking HIV pre-exposure prophylaxis (the Gonoscreen study): results from a randomised, multicentre, controlled trial

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Agnes Libois MD ^j [†], ...Prof Chris Kenyon PhD ^a [†]

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PuRe-COVID study (pilot study)

UZA Sponsor

Can a pulmonary revalidation program help patients with long COVID ?

Improved functional exercise capacity after primary care pulmonary rehabilitation in patients with long COVID (PuRe-COVID): a pragmatic randomised controlled trial

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► Additional supplemental material is published online only. To view, please visit the journal online (<https://doi.org/10.1136/bmjresp-2025-003653>).

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ABSTRACT

Background Pulmonary rehabilitation (PR) improves physical status and symptoms in patients with long COVID, but access to specialised hospital-based centres is challenging. This trial studied the effect of primary care PR on functional exercise capacity and symptoms in patients with long COVID.

Methods In this pragmatic randomised controlled trial (PuRe-COVID), patients with long COVID were randomised to a 12-week stepwise PR programme in primary care, or to a control group without PR. The primary end point was change in 6 min walk distance (6MWD) from baseline to 12 weeks. Additional outcomes, measured at 6, 12, 24 and 36 weeks, included patient-reported outcomes, physical activity, maximal inspiratory (MIP) and expiratory pressures and hand grip strength.

Results In total, 76 patients were randomised (PR/control group (n=39/37); mean age 49±13 years). The change in 6MWD at 12 weeks was estimated to be +39 m in the PR group compared with the control group (95% CI (18 to 59), p<0.001). Furthermore, a decrease in Checklist Individual Strength (CIS)-fatigue was found for the PR group (-6 points; 95% CI (-10 to -2), p=0.011). At 12 weeks, patients in the intervention group were more likely to have a clinically significant improvement in 6MWD (OR 5.7, 95% CI (2.0 to 16.1), p=0.001), CIS-fatigue (OR 3.8, 95% CI (1.2 to 12.0), p=0.020), MIP (OR 3.7, 95% CI (1.05 to 12.7), p=0.036) and modified Medical Research Council dyspnoea score (OR 5.2, 95% CI (1.6 to 16.4), p=0.003).

Conclusions Primary care stepwise individual PR may improve functional exercise capacity, fatigue and dyspnoea in patients with long COVID. It therefore may be a promising treatment option in primary care for patients with long COVID experiencing fatigue and/or respiratory symptoms.

Trial registration number NCT05244044.

INTRODUCTION

Long COVID is a condition characterised by persistent symptoms post-COVID-19 infection that commonly include fatigue, postexertional

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ No existing randomised controlled trials (RCTs) on the effect of primary care pulmonary rehabilitation in patients with long COVID were found at the time of starting this PuRe-COVID RCT.

WHAT THIS STUDY ADDS

⇒ The PuRe-COVID trial, a pragmatic RCT, showed that a pulmonary rehabilitation programme with five phases in primary care could contribute to an improvement in functional exercise capacity, fatigue and dyspnoea.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ Further research on the ideal training mode, intensity and duration, taking postexertional malaise into account and focussing on behaviour change is needed.

malaise (PEM) and dyspnoea. PEM involves worsening of symptoms following physical, cognitive or emotional activity, typically 12–48 hours after an activity and lasting for days or even weeks.¹ However, long COVID is a heterogeneous condition with various symptomatic manifestations, suggesting the presence of different phenotypes.² This multi-systemic disease significantly impacts health-related quality of life (HRQoL), leading to absenteeism, loss of productivity, increased healthcare expenditure and other costs, implying a high economic global impact.³ The WHO guideline recommends integrated multidisciplinary rehabilitation services as treatment, including physiotherapy.⁴

Pulmonary rehabilitation (PR) has been proven safe and effective in enhancing physical functioning and quality of life in patients

CONFIDENT study

CHU Liège Sponsor (in collaboration with St Luc)

Can convalescent plasma help critically ill patients with COVID ?

ORIGINAL ARTICLE

Convalescent Plasma for Covid-19–Induced ARDS in Mechanically Ventilated Patients

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ABSTRACT

BACKGROUND

Passive immunization with plasma collected from convalescent patients has been regularly used to treat coronavirus disease 2019 (Covid-19). Minimal data are available regarding the use of convalescent plasma in patients with Covid-19–induced acute respiratory distress syndrome (ARDS).

METHODS

In this open-label trial, we randomly assigned adult patients with Covid-19–induced ARDS who had been receiving invasive mechanical ventilation for less than 5 days in a 1:1 ratio to receive either convalescent plasma with a neutralizing antibody titer of at least 1:320 or standard care alone. Randomization was stratified according to the time from tracheal intubation to inclusion. The primary outcome was death by day 28.

RESULTS

A total of 475 patients underwent randomization from September 2020 through March 2022. Overall, 237 patients were assigned to receive convalescent plasma and 238 to receive standard care. Owing to a shortage of convalescent plasma, a neutralizing antibody titer of 1:160 was administered to 17.7% of the patients in the convalescent-plasma group. Glucocorticoids were administered to 466 patients (98.1%). At day 28, mortality was 35.4% in the convalescent-plasma group and 45.0% in the standard-care group ($P=0.03$). In a prespecified analysis, this effect was observed mainly in patients who underwent randomization 48 hours or less after the initiation of invasive mechanical ventilation. Serious adverse events did not differ substantially between the two groups.

CONCLUSIONS

The administration of plasma collected from convalescent donors with a neutralizing antibody titer of at least 1:160 to patients with Covid-19–induced ARDS within 5 days after the initiation of invasive mechanical ventilation significantly reduced mortality at day 28. This effect was mainly observed in patients who underwent randomization 48 hours or less after ventilation initiation. (Funded by the Belgian Health Care Knowledge Center; ClinicalTrials.gov number, NCT04558476.)

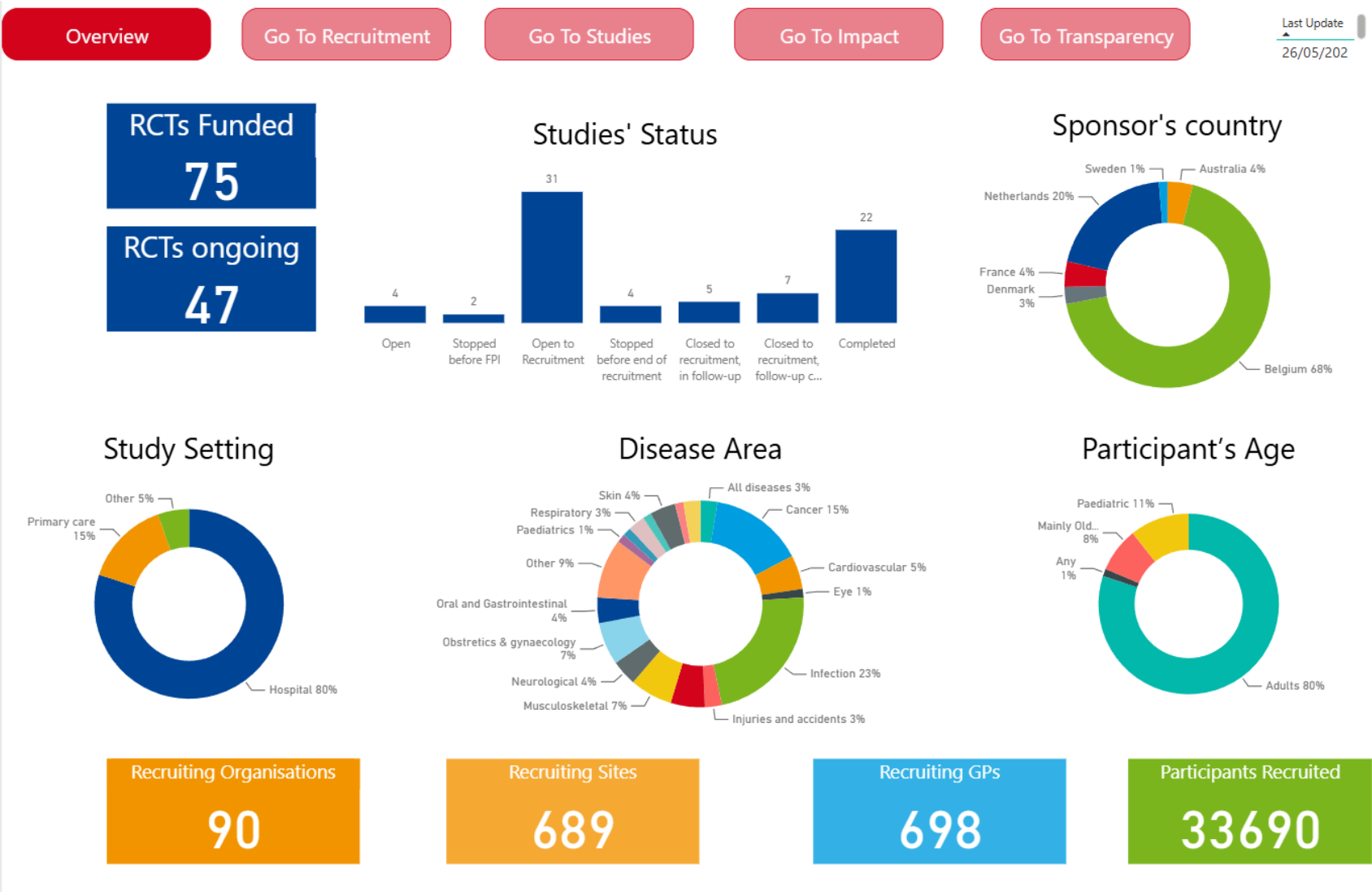
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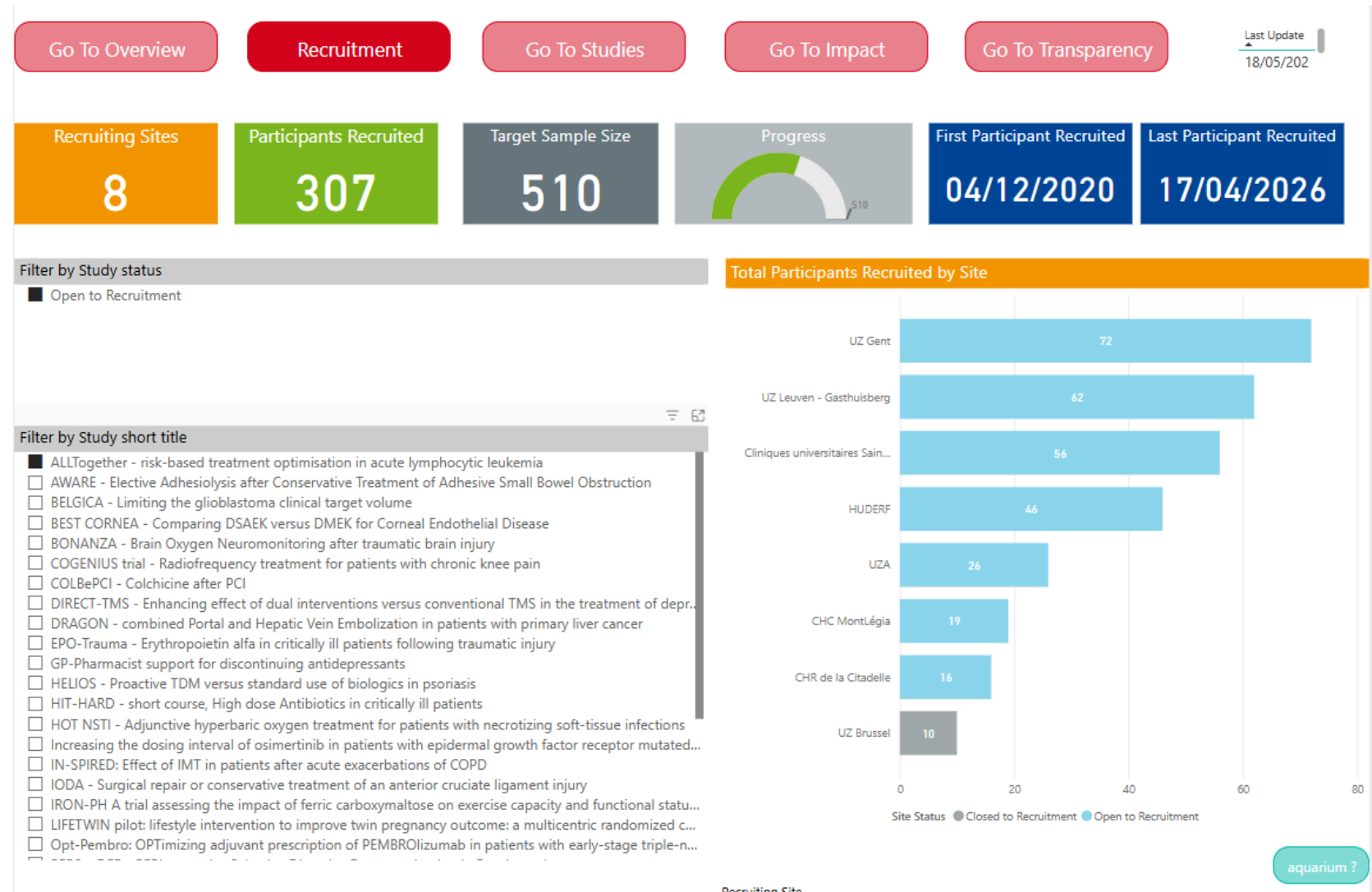
Dynamic dashboards

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Last Update
18/05/202

Local project reference

Project Short Title

Search

Search

Local project reference	Project Short Title	Project status	Results	Chief Investigator/National Coordinator (BE)	Sponsors	KCE website
KCE-16013	Beneductus - Treatment of open ductus arteriosus	Completed	2022	Antonius Mulder	Amalia kindziekenhuis - Radboudumc - Universitair Medisch Centrum	Link
KCE-17001	ADVOR - Acetazolamide in Decompensated heart failure with Volume Overload	Completed	2022	Wlfrid Mullens	ZOL - Ziekenhuis Oost-Limburg	Link
KCE21-1324	COLBePCI - Colchicine after PCI	Open to Recruitment	2028	Ian Buyschaert	AZ Sint-Jan Brugge-Oostende AV	Link
KCE24-1530	IRON-PH A trial assessing the impact of ferric carboxymaltose on exercise capacity and functional status in pulmonary hypertension	Open to Recruitment	2029	Pieter Martens	ZOL - Ziekenhuis Oost-Limburg	Link

Filter by Disease Area

☐ Select all
☐ All diseases
☐ Cancer
☒ Cardiovascular
☐ Eye
☐ Infection
☐ Injuries and accidents
☐ Mental Health
☐ Musculoskeletal
☐ Neurological
☐ Obstetrics & gynaecology
☐ Oral and Gastrointestinal
☐ Other

Filter by Study Setting

☐ Select all
☐ Hospital

Filter by Study Status

☐ Select all
☐ Completed
☐ Open to Recruitment

Filter by Participant's Age

☐ Select all
☐ Adults
☐ Mainly Older Adults
☐ Paediatric



Dynamic dashboards

■ trials.kce.be/dashboard/



KCE Trials Dynamic Dashboard

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[Go To Studies](#)
[Impact](#)
[Go To Transparency](#)

Last Update
18/05/202

Acronym

Study ID

Filter on Category of Publication

- ☐ Select all
- ☐ Methods
- ☐ Protocol
- ☐ Results - Economic Evaluati...
- ☒ Results - Main
- ☐ Results - Other
- ☐ Results - Review
- ☐ SAP

Filter on Year of Publication

2017
2026

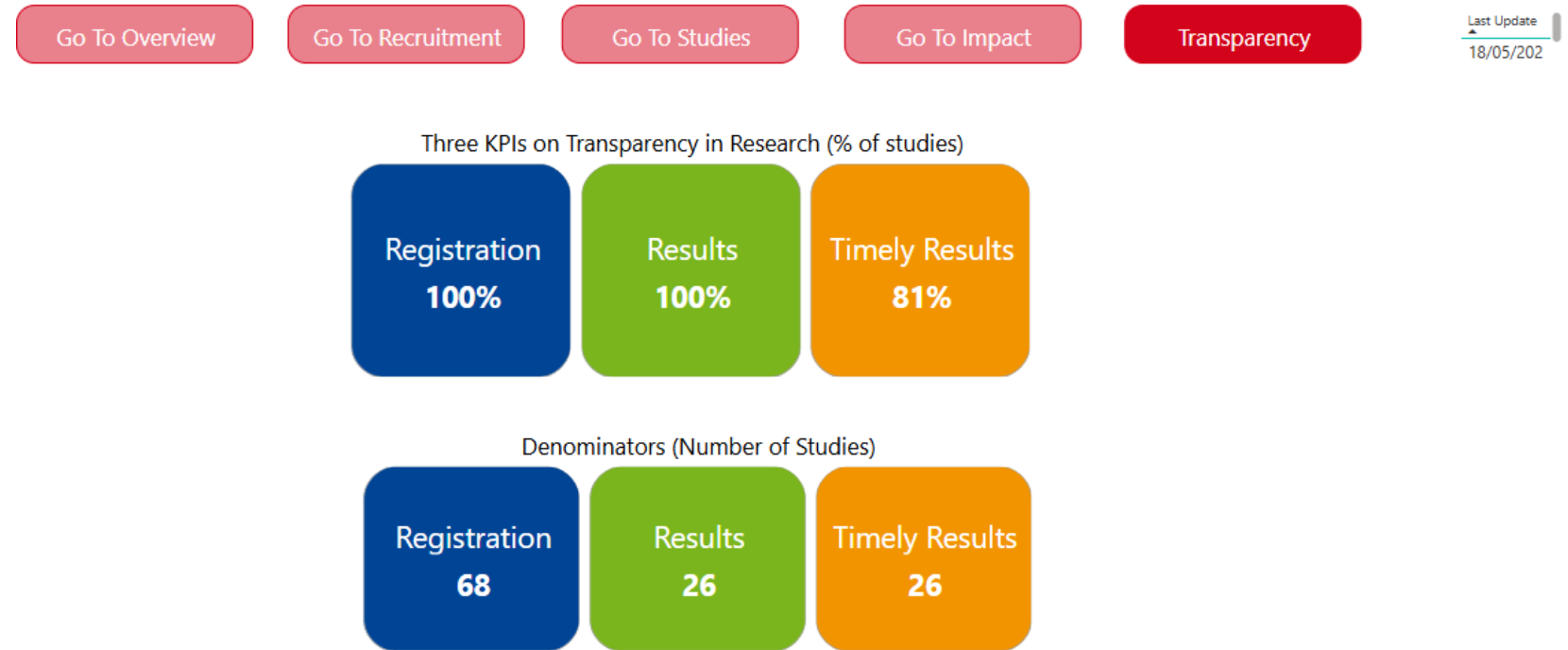
Peer Reviewed Publications
28

Date of publication	Category	Study ID	Acronym	Title	Journal
10/04/2026	Results - Main	KCE18-1128	BENEFICIAL	Bedside model-informed precision dosing of vancomycin in severely ill neonates and children in Belgium (the BENEFICIAL trial): a multicentre, randomised controlled trial	Lancet Child and Adolescent Health
03/03/2026	Results - Main	LCOV21-1306	UNLOCK	Increased physical performance after personalised physiotherapy and nutritional counselling in adults with post-COVID-19 condition: a feasibility randomised trial	Nature Communications Medicine
17/11/2025	Results - Main	LCOV21-1294	PuRe-COVID	Improved functional exercise capacity after primary care pulmonary rehabilitation in patients with long COVID (PuRe-COVID): a pragmatic randomised controlled trial	BMJ Open Respiratory Research
11/11/2025	Results - Main	LCOV21-1303	CovCOG	Cognitive and affective psychoeducation for Long COVID: a randomized controlled trial	Brain Communication
25/09/2025	Results - Main	KCE18-1137	ARON	A clinical decision tool including a decision tree, point-of care testing of CRP, and safety-netting advice to guide antibiotic prescribing in acutely ill children in primary care in Belgium (ARON): a pragmatic, cluster-randomised, controlled trial	The Lancet
23/04/2025	Results - Main	KCE19-1237	C-EASIE	Early administration of vitamin C in patients with sepsis or septic shock in emergency departments: a multicenter, double-blind, randomized controlled trial: the C-EASIE trial	Critical Care
08/10/2024	Results - Main	BeNeFIT 18558	DUET	Superiority trials in invasive aspergillosis: a harsh reality check with the IA-DUET (HOVON502) trial	Clinical Infectious Diseases
17/08/2024	Results - Main	BeNeFIT 18574	PRECISE	Effect of high versus standard protein provision on functional recovery in people with critical illness (PRECISE): an investigator-initiated, double-blinded, multicentre, parallel-group, randomised controlled trial in Belgium and the Netherlands	The Lancet
07/08/2024	Results - Main	KCE-16002	CareRA2020	Effectiveness of methotrexate and bridging glucocorticoids with or without early introduction of a 6-month course of etanercept in early RA: results of the 2-year, pragmatic, randomised CareRA2020 trial	RMD Open
18/07/2024	Results - Main	BeNeFIT 18565	RESET-ASDH	The death of a neurotrauma trial lessons learned from the prematurely halted randomized evaluation of surgery in elderly with traumatic acute subdural hematoma (RESET-ASDH) trial	Brain and Spine
16/07/2024	Results - Main	COV-201288	IMCOVAS	Humoral immune response against SARS-CoV-2 after adapted COVID-19 vaccine schedules in healthy adults: The IMCOVAS randomized clinical trial	Vaccine
12/06/2024	Results - Main	KCE-17005	Bling-III	Continuous vs Intermittent β -Lactam Antibiotic Infusions in Critically Ill Patients With Sepsis The BLING III Randomized Clinical Trial	JAMA
26/02/2024	Results - Main	KCE18-1133	GONOScreen	Effect of screening for Neisseria gonorrhoeae and Chlamydia trachomatis on incidence of these infections in men who have sex with men and transgender women taking HIV pre-exposure prophylaxis (the Gonoscreen study): results from a randomised, multicentre, controlled trial	The Lancet HIV
20/11/2023	Results - Main	COV-201279	DAWN antivirals	The DAWN antivirals trial: process evaluation of a COVID-19 trial in general practice	BJGP Open
25/10/2023	Results - Main	COV-201004	CONFIDENT	Convalescent Plasma for Covid-19-Induced ARDS in Mechanically Ventilated Patients	NEJM
20/04/2023	Results - Main	KCE18-1144	SAFEBOOSC III	Cerebral Oximetry Monitoring in Extremely Preterm Infants	NEJM



Dynamic dashboards

- trials.kce.be/dashboard/



KPI 1 = % of studies registered (100 * number of studies registered in a public registry divided by the number of studies with First Patient In)

KPI 2 = % of studies with results published (100 * number of studies with results published in a peer-reviewed publication divided by the number of studies with Last Patient Last Visit at least 24 months ago)

KPI 3 = % of studies with results published within 24 months (100 * number of studies with results published in a peer-reviewed publication within 24 months divided by the number of studies with Last Patient Last Visit at least 24 months ago)



How to receive the KCE Trials newsletter?

<https://kce.fgov.be/en/kce-trials>

Home > KCE Trials

KCE Trials

About KCE Trials

- What is the KCE Trials programme?
- Which tools does KCE Trials provide to support clinical research in our country?
- Does KCE Trials take into account the views of the patients?
- When and why was KCE Trials set up?
- What type of clinical trials does KCE Trials fund?
- Where and by whom are the clinical trials conducted?

Calls

- Future calls
- Open calls
- Closed calls
- What are calls for proposals?
- How are proposals selected?

News and upcoming events

- 2021/May - Latest news from KCE Trials
- 2021/April - Latest news from KCE Trials
- 2021/February - Latest news from KCE Trials
- 2019/September Latest news from KCE Trials
- 2020/February - Latest news from KCE Trials

[Read more ... >](#)

Collaboration

- International collaboration
- Clinical Trial Units (CTUs) in Belgium
- Patient and Public Involvement

Funded trials

- COV201288: Assessment of the immunogenicity

CONTACT

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✉ trials@kce.fgov.be

DASHBOARD TRIALS

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KCE Trials

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We are pleased to announce that the KCE Trials 2026 calls are officially open for submission. Four separate calls for study proposals are now available simultaneously with a submission deadline of 22nd September 2026, 13:00h.

- 2026 - KCE Trials comparative effectiveness call
- 2026 - KCE Trials drug repurposing call
- 2026 - KCE Trials themed call 'care for addiction'
- 2026 - KCE Trials themed call on palliative care

Online information session for interested applicants: 4th June 2026, 10:00 – 12:00

Full information is available on the KCE Trials website <https://lnkd.in/eH3WpKPT>

#KCE #KCETrials #PublicFunder #ClinicalResearch #impact #DrugRepurposing
#PalliativeCare #AddictionCare #ComparativeEffectiveness #PragmaticTrials



2026 COMPARATIVE EFFECTIVENESS CALL

- ✓ Large noncommercial multicentre randomised trials
- ✓ Online information session: June 4, 2026
- ✓ Submission Deadline: September 22, 2026



More information on the KCE Trials website: [Calls/KCE Trials 2026 comparative effectiveness call](#)



2026 DRUG REPURPOSING CALL

- ✓ Large noncommercial multicentre randomised trials
- ✓ Online information session: June 4, 2026
- ✓ Submission Deadline: September 22, 2026



More information on the KCE Trials website: [Calls/KCE Trials 2026 drug repurposing call](#)



2026 THEMED CALL ON CARE FOR ADDICTION

- ✓ Large noncommercial multicentre randomised trials
- ✓ Online information session: June 4, 2026
- ✓ Submission Deadline: September 22, 2026



More information on the KCE Trials website: [Calls/KCE Trials 2026 themed call on care for addiction](#)



2026 THEMED CALL ON PALLIATIVE CARE

- ✓ Large noncommercial multicentre randomised trials
- ✓ Online information session: June 4, 2026
- ✓ Submission Deadline: September 22, 2026



More information on the KCE Trials website: [Calls/KCE Trials 2026 themed call on palliative care](#)





2026 COMPARATIVE EFFECTIVENESS CALL

- ✓ Large noncommercial multicentre randomised trials
- ✓ Online information session: June 4, 2026
- ✓ Submission Deadline: September 22, 2026



More information on the KCE Trials website: [Calls/KCE Trials 2026 comparative effectiveness call](#)



2026 DRUG REPURPOSING CALL

- ✓ Large noncommercial multicentre randomised trials
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- ✓ Submission Deadline: September 22, 2026



More information on the KCE Trials website: [Calls/KCE Trials 2026 comparative effectiveness call](#)





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More information on the KCE Trials website: [Calls/KCE Trials 2026 comparative effectiveness call](#)



Will be back in 2027 & 2028



2026 THEMED CALL ON CARE FOR ADDICTION

- ✓ Large noncommercial multicentre randomised trials
- ✓ Online information session: June 4, 2026
- ✓ Submission Deadline: September 22, 2026



More information on the KCE Trials website: [Calls/KCE Trials 2026 themed call on care for addiction](#)



Will be back in 2027 & 2028



2026 THEMED CALL ON PALLIATIVE CARE

- ✓ Large noncommercial multicentre randomised trials
- ✓ Online information session: June 4, 2026
- ✓ Submission Deadline: September 22, 2026



More information on the KCE Trials website: [Calls/KCE Trials 2026 themed call on palliative care](#)



