

Une dose ou deux doses en antenatal ?

Dose reduction of antenatal betamethasone in women at risk of preterm delivery:

a randomized, multicenter, double blinded, placebo-controlled, non-inferiority trial (BETADOSE)

Thomas Schmitz, for the BETADOSE study group and the GROG

The BETADOSE trial: rational

- One course of antenatal corticosteroids (ACS) reduces in preterm neonates the incidence of:
 - Respiratory distress syndrome (RDS),
 - Intraventricular hemorrhage (IVH),
 - Necrotizing enterocolitis (NEC) and
 - Neonatal death

Roberts D, et al. Cochrane Database Syst Rev 2017

The BETADOSE trial: rational

- One course of antenatal corticosteroids (ACS) reduces in preterm neonates the incidence of:
 - Respiratory distress syndrome (RDS),
 - Intraventricular hemorrhage (IVH),
 - Necrotizing enterocolitis (NEC) and
 - Neonatal death

- ACS are recommended worldwide in women at risk of preterm delivery

Roberts D, et al. Cochrane Database Syst Rev 2017

The BETADOSE trial: rational

- One course of antenatal corticosteroids (ACS) reduces in preterm neonates the incidence of:
 - Respiratory distress syndrome (RDS),
 - Intraventricular hemorrhage (IVH),
 - Necrotizing enterocolitis (NEC) and
 - Neonatal death

Roberts D, et al. Cochrane Database Syst Rev 2017



- ACS are recommended worldwide in women at risk of preterm delivery
- Indications and the number of fetuses exposed to ACS are rising

Gyamfi-Bannerman C, et al. N Engl J Med 2016
Saccone G, Berghella V. BMJ 2016

The BETADOSE trial: rational

- ACS are associated with long-term dose-related side effects

Wapner RJ, et al. N Engl J Med 2007

Asztalos EV, et al. JAMA Pediatr 2013

Moisiadis VG, et al. Nat Rev Endocrinol 2014

The BETADOSE trial: rational

- ACS are associated with long-term dose-related side effects

Wapner RJ, et al. N Engl J Med 2007

Asztalos EV, et al. JAMA Pediatr 2013

Moisiadis VG, et al. Nat Rev Endocrinol 2014

- The current dose derives from sheep experiments in the late 60's and has been unchallenged since 1972

The BETADOSE trial: rational

- ACS are associated with long-term dose-related side effects

Wapner RJ, et al. N Engl J Med 2007
Asztalos EV, et al. JAMA Pediatr 2013
Moisiadis VG, et al. Nat Rev Endocrinol 2014

- The current dose derives from sheep experiments in the late 60's and has been unchallenged since 1972
- Trials comparing the commonly used corticosteroids are most urgently needed, as are trials of dosages and other variations in treatment regimens

Brownfoot FC, et al. Cochrane Database Syst Rev 2013

The BETADOSE trial: rational

- ACS are associated with long-term dose-related side effects

Wapner RJ, et al. N Engl J Med 2007
Asztalos EV, et al. JAMA Pediatr 2013
Moisiadis VG, et al. Nat Rev Endocrinol 2014

- The current dose derives from sheep experiments in the late 60's and has been unchallenged since 1972

- Trials comparing the commonly used corticosteroids are most urgently needed, as are trials of dosages and other variations in treatment regimens

Brownfoot FC, et al. Cochrane Database Syst Rev 2013



- Half dose as effective as full dose to induce fetal lung maturation in sheep

Loehle M, et al. Am J Obstet Gynecol 2010
Schmidt AF, et al. Am J Obstet Gynecol 2018

The BETADOSE trial: rational

- ACS are associated with long-term dose-related side effects

Wapner RJ, et al. N Engl J Med 2007
Asztalos EV, et al. JAMA Pediatr 2013
Moisiadis VG, et al. Nat Rev Endocrinol 2014

- The current dose derives from sheep experiments in the late 60's and has been unchallenged since 1972

- Trials comparing the commonly used corticosteroids are most urgently needed, as are trials of dosages and other variations in treatment regimens

Brownfoot FC, et al. Cochrane Database Syst Rev 2013



- Half dose as effective as full dose to induce fetal lung maturation in sheep

Loehle M, et al. Am J Obstet Gynecol 2010
Schmidt AF, et al. Am J Obstet Gynecol 2018

**A randomised non-inferiority trial testing
a 50% dose reduction of antenatal betamethasone**

The BETADOSE trial: objectives

- **Primary aim:** to determine whether half dose regimen given to women at risk of very preterm delivery is not inferior to full antenatal betamethasone dose regimen to prevent severe RDS associated with preterm birth

The BETADOSE trial: objectives

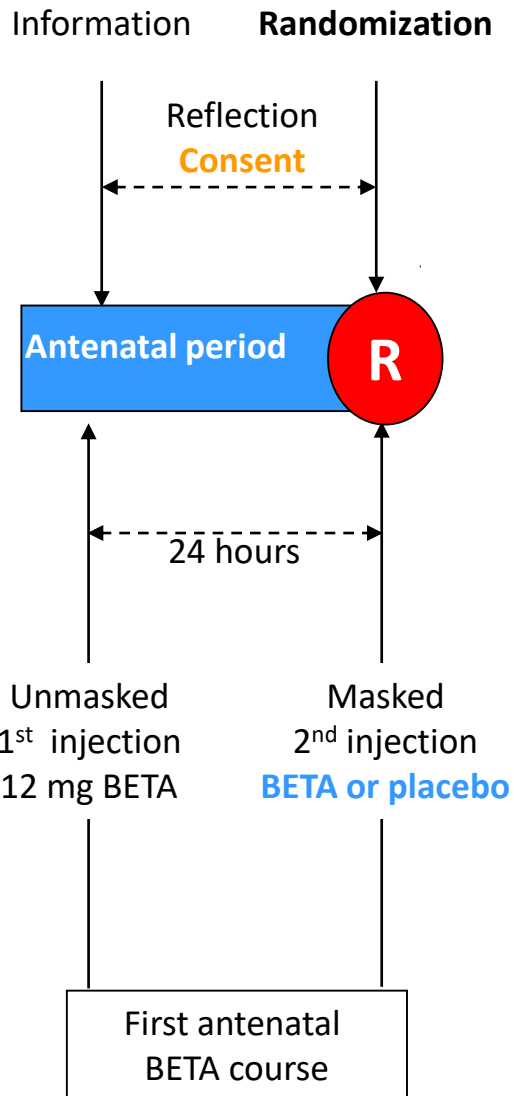
- **Primary aim:** to determine whether half dose regimen given to women at risk of very preterm delivery is not inferior to full antenatal betamethasone dose regimen to prevent severe RDS associated with preterm birth
- **Secondary aims:** to compare other neonatal complications between half and full antenatal betamethasone dose regimens

The BETADOSE trial: eligibility criteria

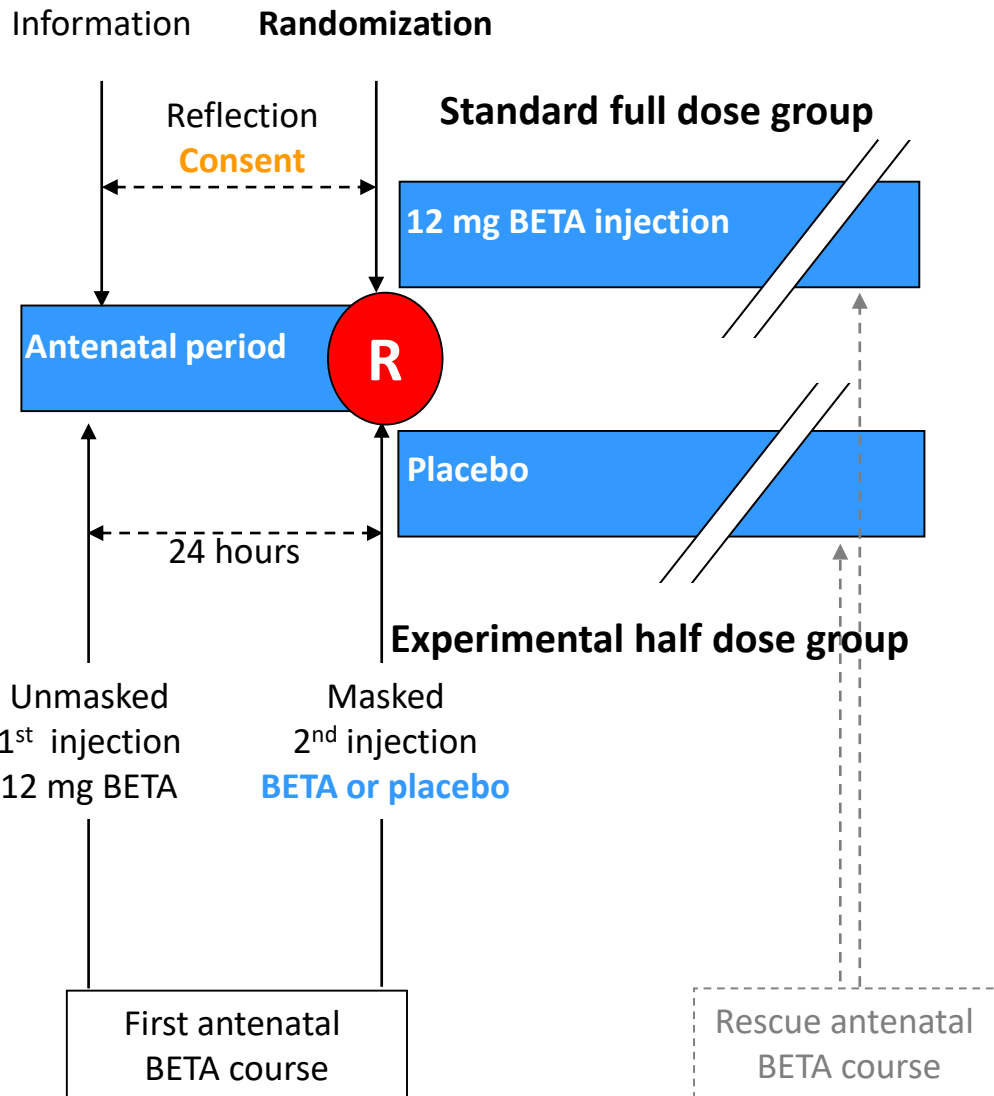
- **Inclusion criteria**
 - Age \geq 18 years
 - Singleton pregnancy
 - First betamethasone injection already performed
 - Gestational age $<$ 32 weeks at first betamethasone injection
 - Signed informed consent has been obtained

- **Inclusion criteria**
 - Age \geq 18 years
 - Singleton pregnancy
 - First betamethasone injection already performed
 - Gestational age $<$ 32 weeks at first betamethasone injection
 - Signed informed consent has been obtained
- **Exclusion criteria**
 - Already received a full course of betamethasone
 - First injection given by the intravascular route
 - In case of preterm labor:
 - Cervical dilatation \geq 4 cm
 - Ultrasonographic cervical length \geq 20 mm
 - Chromosomal aberrations and/or major fetal malformations
 - Poor understanding of the French language

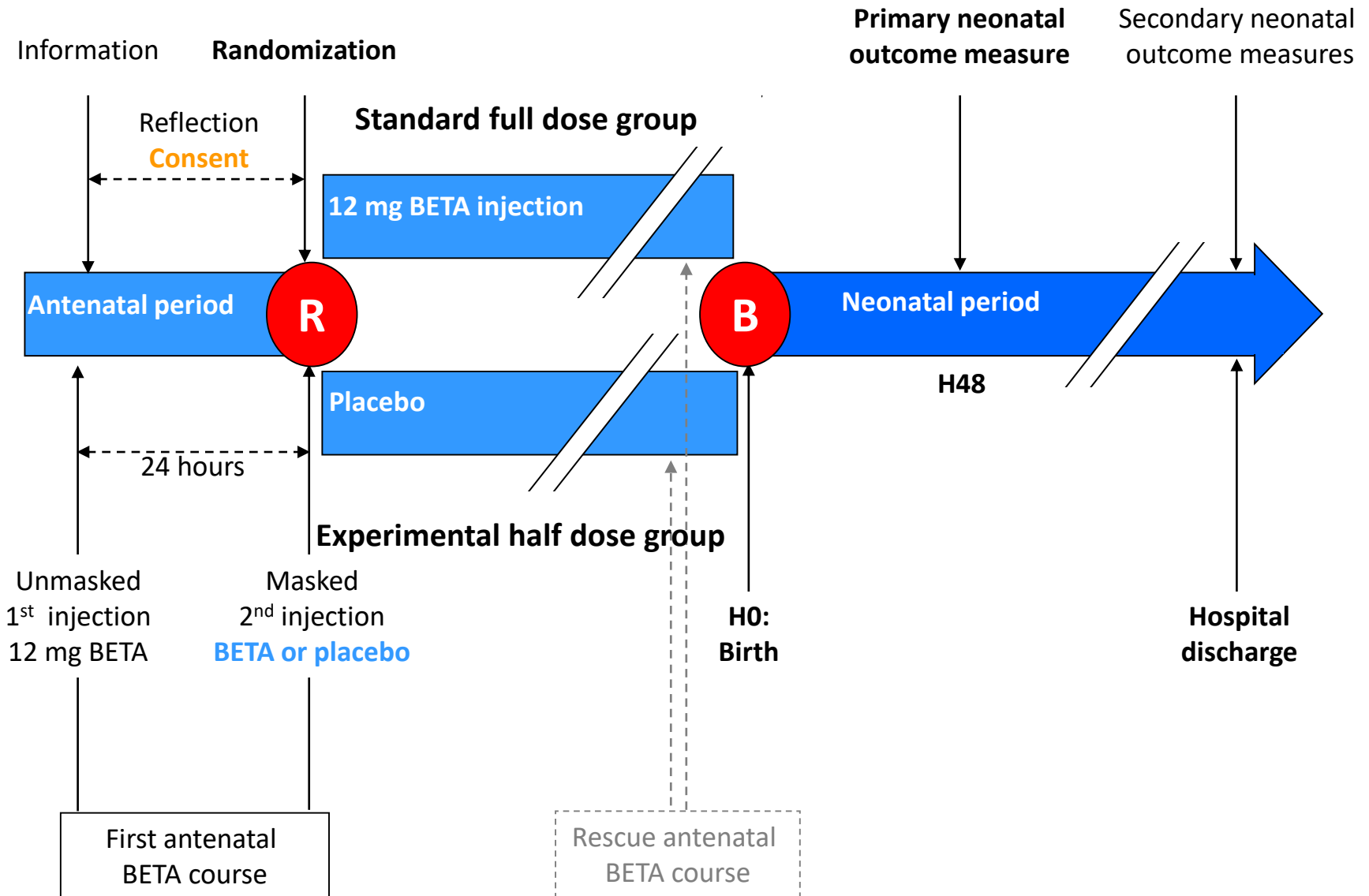
The BETADOSE trial: intervention



The BETADOSE trial: intervention



The BETADOSE trial: intervention



The BETADOSE trial: outcome measures

- **Primary outcome:** severe RDS defined as need for exogenous intra-tracheal surfactant within the first 48 hours of life

The BETADOSE trial: outcome measures

- **Primary outcome:** severe RDS defined as need for exogenous intra-tracheal surfactant within the first 48 hours of life
- **Secondary outcomes considered as safety end-points:**
 - Neonatal death
 - Intraventricular hemorrhage (IVH) grade 3-4
 - Necrotizing enterocolitis (NEC) stage ≥ 2
 - Retinopathy of prematurity (ROP) treated by anti-VEGF or laser
 - Neonatal survival without severe RDS, IVH 3-4, NEC ≥ 2 or ROP

The BETADOSE trial: outcome measures

- **Primary outcome:** severe RDS defined as need for exogenous intra-tracheal surfactant within the first 48 hours of life
- **Secondary outcomes considered as safety end-points:**
 - Neonatal death
 - Intraventricular hemorrhage (IVH) grade 3-4
 - Necrotizing enterocolitis (NEC) stage ≥ 2
 - Retinopathy of prematurity (ROP) treated by anti-VEGF or laser
 - Neonatal survival without severe RDS, IVH 3-4, NEC ≥ 2 or ROP
- **Secondary respiratory outcomes**
- **Other secondary prematurity-associated outcomes**
- **Secondary anthropometric outcomes**

- We assumed a 20% rate of severe RDS in the full dose group because 60% of the children born <32 weeks received surfactant in the Epipage2 study and we anticipated a rate of delivery <32 weeks of 33% ($0,33 \times 60\% = 20\%$)

The BETADOSE trial: sample size and statistical analyses

- We assumed a 20% rate of severe RDS in the full dose group because 60% of the children born <32 weeks received surfactant in the Epipage2 study and we anticipated a rate of delivery <32 weeks of 33% ($0,33 \times 60\% = 20\%$)
- Preserving 67% of the upper boundary for the historical difference between full dose and placebo (i.e. $0.67 \times (0.20 - 0.20/0.77)$) gave a margin of 4% (or expressed as Relative Risk $(20 + 4) / 20 = 1.20$)

The BETADOSE trial: sample size and statistical analyses



- We assumed a 20% rate of severe RDS in the full dose group because 60% of the children born <32 weeks received surfactant in the Epipage2 study and we anticipated a rate of delivery <32 weeks of 33% ($0,33 \times 60\% = 20\%$)
- Preserving 67% of the upper boundary for the historical difference between full dose and placebo (i.e. $0.67 \times (0.20 - 0.20/0.77)$) gave a margin of 4% (or expressed as Relative Risk $(20 + 4) / 20 = 1.20$)
- 1571 women per group ($\alpha=2.5\%$, $1-\beta=80\%$), we hypothesized 3% lost to follow-up, 3250 women to randomize (1625 per group)

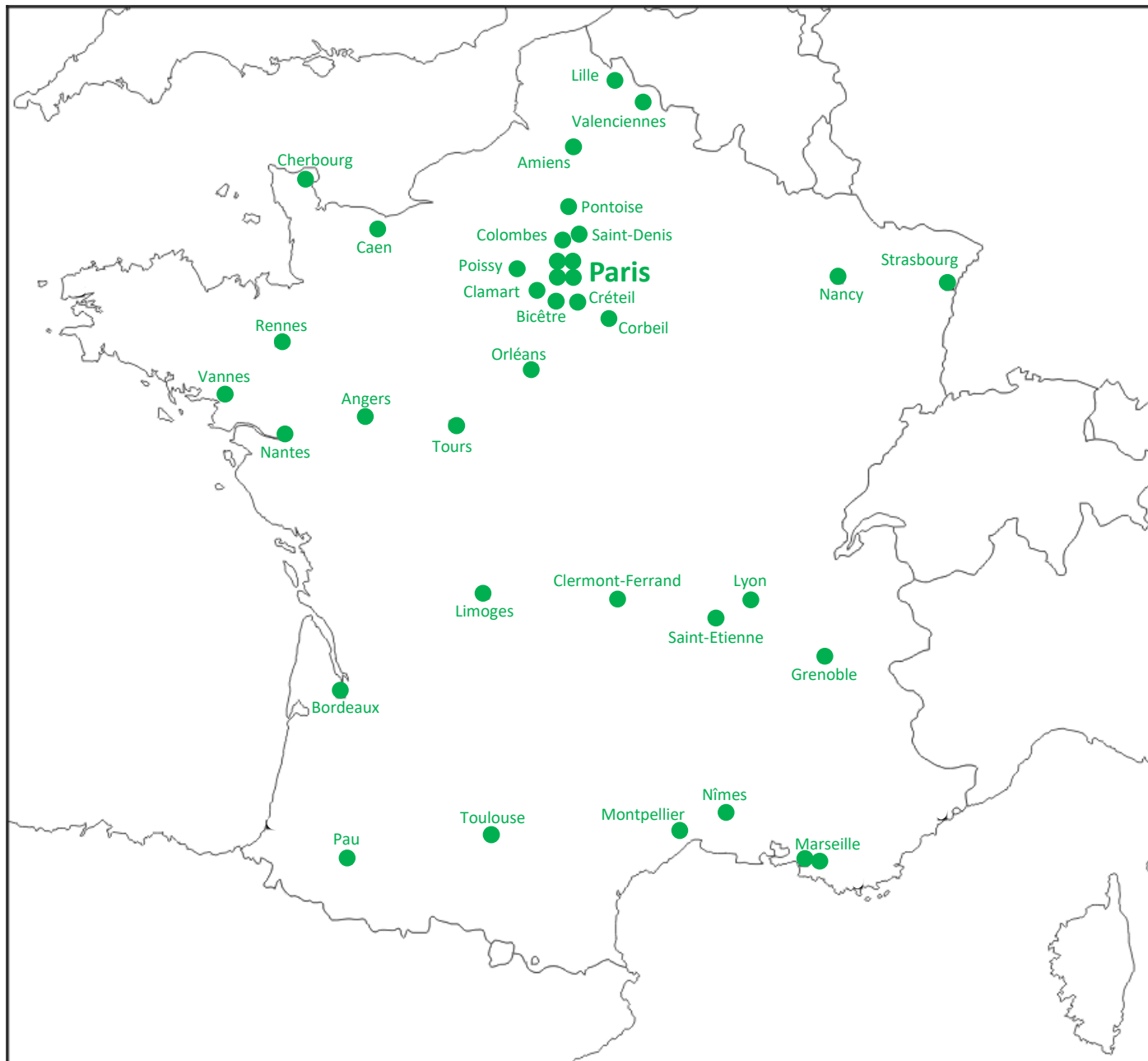
The BETADOSE trial: sample size and statistical analyses



- We assumed a 20% rate of severe RDS in the full dose group because 60% of the children born <32 weeks received surfactant in the Epipage2 study and we anticipated a rate of delivery <32 weeks of 33% ($0,33 \times 60\% = 20\%$)
- Preserving 67% of the upper boundary for the historical difference between full dose and placebo (i.e. $0.67 \times (0.20 - 0.20/0.77)$) gave a margin of 4% (or expressed as Relative Risk $(20 + 4) / 20 = 1.20$)
- 1571 women per group ($\alpha=2.5\%$, $1-\beta=80\%$), we hypothesized 3% lost to follow-up, 3250 women to randomize (1625 per group)
- Analyses in intention-to-treat and per protocol populations

- We assumed a 20% rate of severe RDS in the full dose group because 60% of the children born <32 weeks received surfactant in the Epipage2 study and we anticipated a rate of delivery <32 weeks of 33% ($0,33 \times 60\% = 20\%$)
- Preserving 67% of the upper boundary for the historical difference between full dose and placebo (i.e. $0.67 \times (0.20 - 0.20/0.77)$) gave a margin of 4% (or expressed as Relative Risk $(20 + 4) / 20 = 1.20$)
- 1571 women per group ($\alpha=2.5\%$, $1-\beta=80\%$), we hypothesized 3% lost to follow-up, 3250 women to randomize (1625 per group)
- Analyses in intention-to-treat and per protocol populations
- Subgroup analyses according to:
 - gestational age at randomization (before/after 28 weeks)
 - gestational age at delivery (<28, [28-32[, and >32 weeks)
 - Sex of the newborn

The BETADOSE trial: participating centers



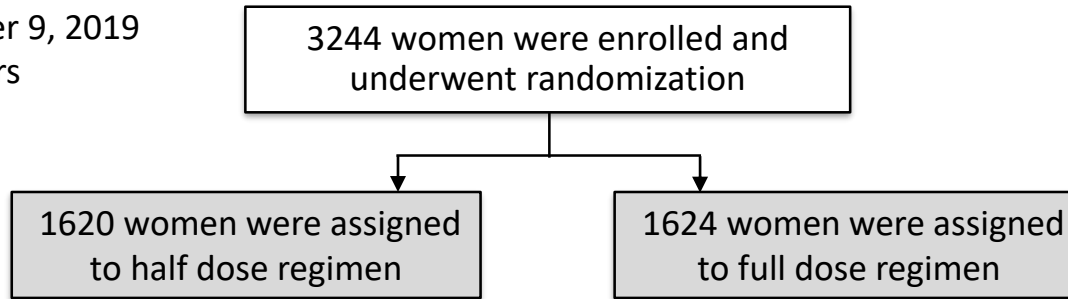
The BETADOSE trial: Flow chart

January 3, 2017 to October 9, 2019
37 level-3 perinatal centers

3244 women were enrolled and
underwent randomization

The BETADOSE trial: Flow chart

January 3, 2017 to October 9, 2019
37 level-3 perinatal centers



The BETADOSE trial: Flow chart

January 3, 2017 to October 9, 2019
37 level-3 perinatal centers

3244 women were enrolled and
underwent randomization

1620 women were assigned
to half dose regimen

1624 women were assigned
to full dose regimen

23 withdrew consent
and were excluded

25 withdrew consent
and were excluded

1597 women
for intention-to-treat analysis

1599 women
for intention-to-treat analysis

17 stillbirths
7 neonates lost to
follow-up
6 neonates died
before evaluation

13 stillbirths
9 neonates lost to
follow-up
3 neonates died
before evaluation

1567 neonates
for intention-to-treat analysis

1574 neonates
for intention-to-treat analysis

The BETADOSE trial: Flow chart

January 3, 2017 to October 9, 2019
37 level-3 perinatal centers

3244 women were enrolled and
underwent randomization

1620 women were assigned
to half dose regimen

1624 women were assigned
to full dose regimen

23 withdrew consent
and were excluded

25 withdrew consent
and were excluded

1597 women
for intention-to-treat analysis

1599 women
for intention-to-treat analysis

17 stillbirths
7 neonates lost to
follow-up
6 neonates died
before evaluation

13 stillbirths
9 neonates lost to
follow-up
3 neonates died
before evaluation

1567 neonates
for intention-to-treat analysis

1574 neonates
for intention-to-treat analysis

14 inclusion criteria not met
1 gestational age ≥ 32 weeks
0 major fetal malformations
13 cervical length ≥ 20 mm
23 did not receive allocated treatment
19 did not receive treatment according to
protocol
21 received open labelled treatment
6 delivered before second injection
3 refused second injection

32 inclusion criteria not met
1 gestational age ≥ 32 weeks
2 major fetal malformations
29 cervical length ≥ 20 mm
27 did not receive allocated treatment
24 did not receive treatment according to
protocol
27 received open labelled treatment
5 delivered before second injection
2 refused second injection

1481 neonates
for per protocol analysis

1457 neonates
for per protocol analysis

The BETADOSE trial: baseline characteristics

Maternal and pregnancy baseline characteristics	Half dose N=1598	Full dose N=1598
Maternal age (yr, med, Q1-Q3)	30.9 (26.8-35.0)	31.1 (27.0-35.3)
Body mass index (Kg.m ⁻² , med, Q1-Q3)	23.0 (20.3-27.3)	22.8 (20.4-27.0)
Previous preterm delivery < 37 wk	276 (17.6%)	272 (17.4%)

The BETADOSE trial: baseline characteristics

Maternal and pregnancy baseline characteristics	Half dose N=1598	Full dose N=1598
Maternal age (yr, med, Q1-Q3)	30.9 (26.8-35.0)	31.1 (27.0-35.3)
Body mass index (Kg.m ⁻² , med, Q1-Q3)	23.0 (20.3-27.3)	22.8 (20.4-27.0)
Previous preterm delivery < 37 wk	276 (17.6%)	272 (17.4%)
Indication for trial entry		
Preterm labor	714 (44.7%)	691 (43.2%)
PPROM	322 (20.2%)	315 (19.7%)
Preeclampsia	173 (10.8%)	203 (12.7%)
IUGR	147 (9.2%)	148 (9.3%)
Bleeding	170 (10.6%)	186 (11.6%)
Other	71 (4.5%)	56 (3.5%)

The BETADOSE trial: baseline characteristics

Maternal and pregnancy baseline characteristics	Half dose N=1598	Full dose N=1598
Maternal age (yr, med, Q1-Q3)	30.9 (26.8-35.0)	31.1 (27.0-35.3)
Body mass index (Kg.m ⁻² , med, Q1-Q3)	23.0 (20.3-27.3)	22.8 (20.4-27.0)
Previous preterm delivery < 37 wk	276 (17.6%)	272 (17.4%)
Indication for trial entry		
Preterm labor	714 (44.7%)	691 (43.2%)
PPROM	322 (20.2%)	315 (19.7%)
Preeclampsia	173 (10.8%)	203 (12.7%)
IUGR	147 (9.2%)	148 (9.3%)
Bleeding	170 (10.6%)	186 (11.6%)
Other	71 (4.5%)	56 (3.5%)
Gestational age at trial entry		
< 28 weeks	653 (40.9%)	646 (40.4%)
≥ 28 weeks	944 (59.1%)	953 (59.6%)

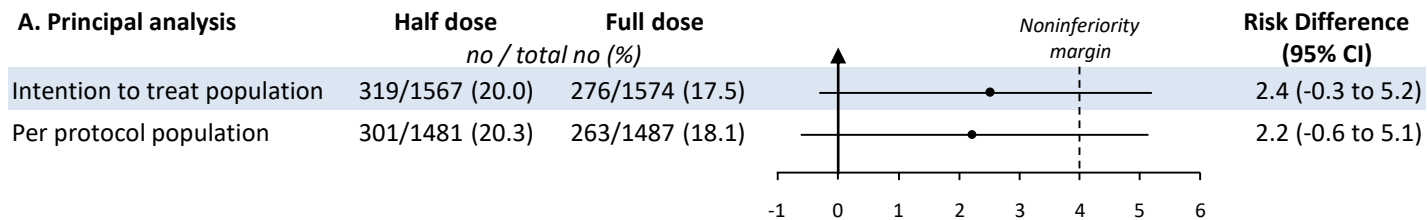
The BETADOSE trial: baseline characteristics

Maternal and pregnancy baseline characteristics	Half dose N=1598	Full dose N=1598
Maternal age (yr, med, Q1-Q3)	30.9 (26.8-35.0)	31.1 (27.0-35.3)
Body mass index (Kg.m ⁻² , med, Q1-Q3)	23.0 (20.3-27.3)	22.8 (20.4-27.0)
Previous preterm delivery < 37 wk	276 (17.6%)	272 (17.4%)
Indication for trial entry		
Preterm labor	714 (44.7%)	691 (43.2%)
PPROM	322 (20.2%)	315 (19.7%)
Preeclampsia	173 (10.8%)	203 (12.7%)
IUGR	147 (9.2%)	148 (9.3%)
Bleeding	170 (10.6%)	186 (11.6%)
Other	71 (4.5%)	56 (3.5%)
Gestational age at trial entry		
< 28 weeks	653 (40.9%)	646 (40.4%)
≥ 28 weeks	944 (59.1%)	953 (59.6%)
Gestational age at delivery		
< 28 weeks	153 (9.6%)	139 (8.7%)
28 to <32 weeks	322 (20.3%)	345 (21.7%)
32 to <37 weeks	489 (30.8%)	461 (29.0%)
≥ 37 weeks	623 (39.3%)	646 (40.6%)

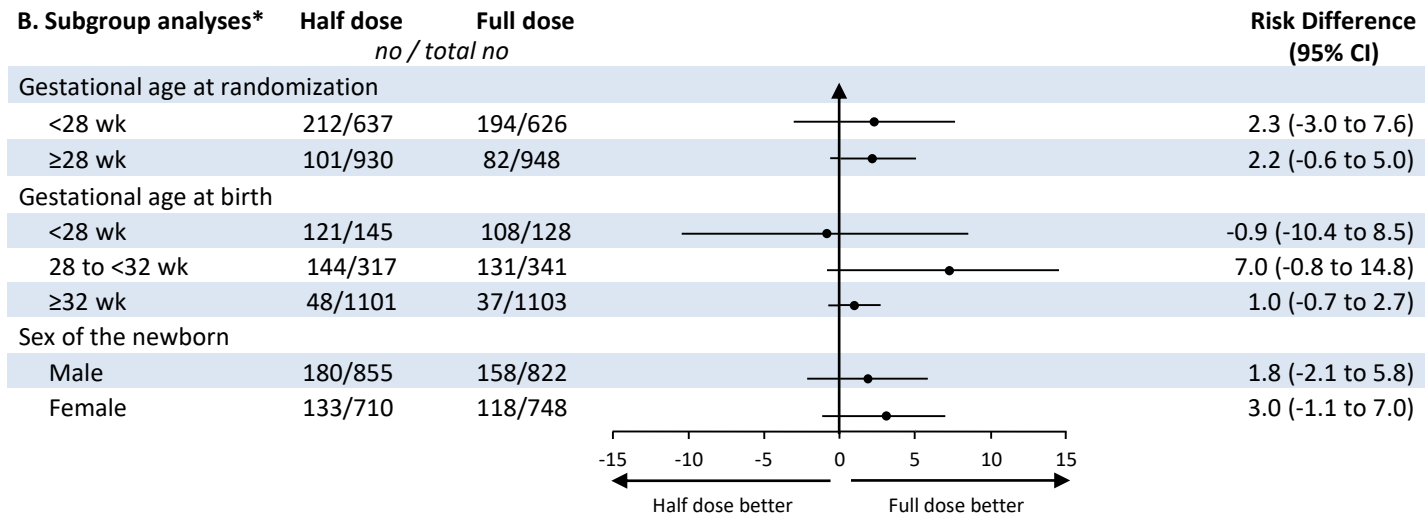
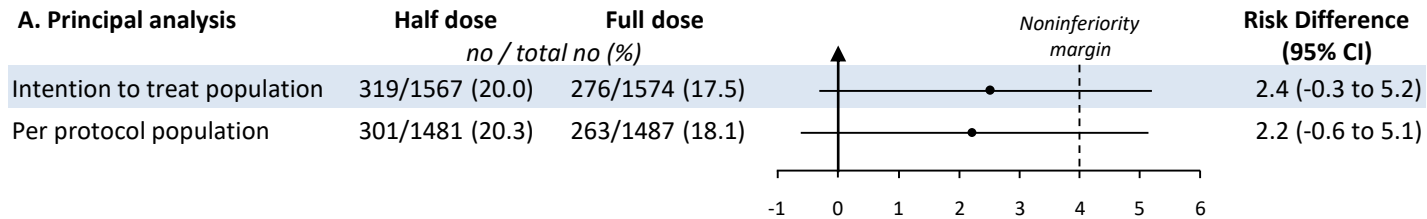
The BETADOSE trial: baseline characteristics

Maternal and pregnancy baseline characteristics	Half dose N=1598	Full dose N=1598
Maternal age (yr, med, Q1-Q3)	30.9 (26.8-35.0)	31.1 (27.0-35.3)
Body mass index (Kg.m ⁻² , med, Q1-Q3)	23.0 (20.3-27.3)	22.8 (20.4-27.0)
Previous preterm delivery < 37 wk	276 (17.6%)	272 (17.4%)
Indication for trial entry		
Preterm labor	714 (44.7%)	691 (43.2%)
PPROM	322 (20.2%)	315 (19.7%)
Preeclampsia	173 (10.8%)	203 (12.7%)
IUGR	147 (9.2%)	148 (9.3%)
Bleeding	170 (10.6%)	186 (11.6%)
Other	71 (4.5%)	56 (3.5%)
Gestational age at trial entry		
< 28 weeks	653 (40.9%)	646 (40.4%)
≥ 28 weeks	944 (59.1%)	953 (59.6%)
Gestational age at delivery		
< 28 weeks	153 (9.6%)	139 (8.7%)
28 to <32 weeks	322 (20.3%)	345 (21.7%)
32 to <37 weeks	489 (30.8%)	461 (29.0%)
≥ 37 weeks	623 (39.3%)	646 (40.6%)
Betamethasone rescue course	44 (2.8%)	46 (2.9%)
Magnesium sulfate for fetal neuroprotection	392 (25.6%)	411 (26.7%)

The BETADOSE trial: primary outcome



The BETADOSE trial: primary outcome

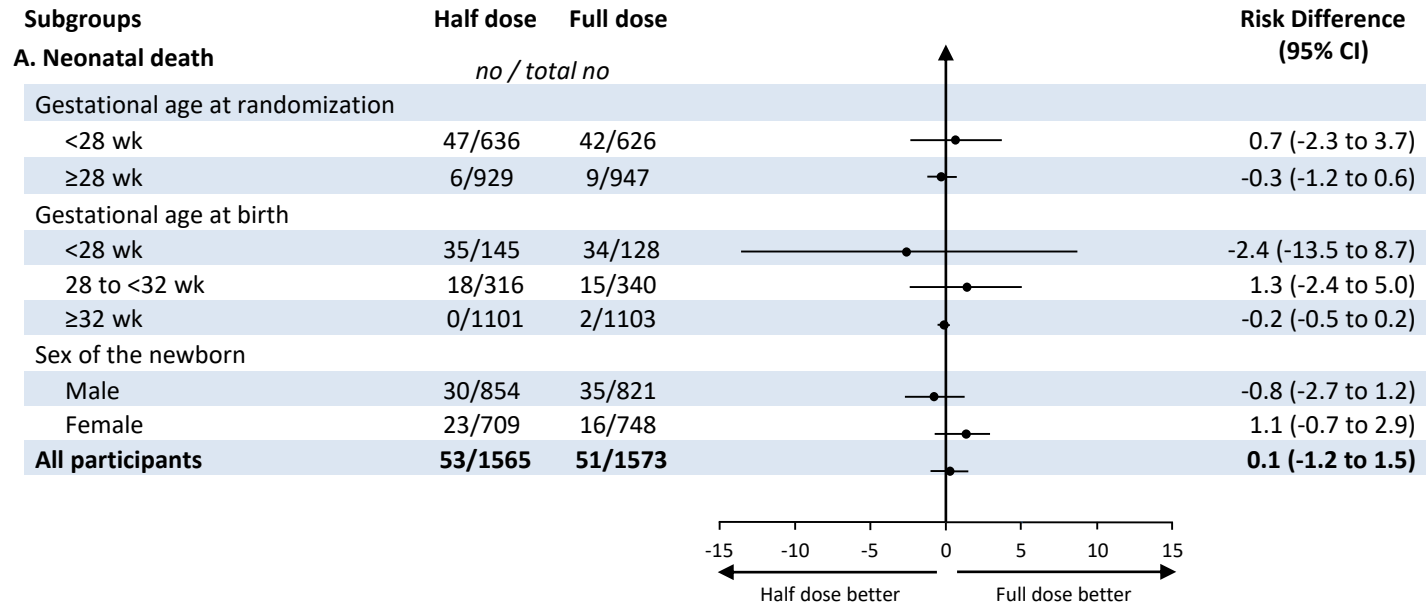


*Prespecified subgroup analysis were performed in the intention to treat population

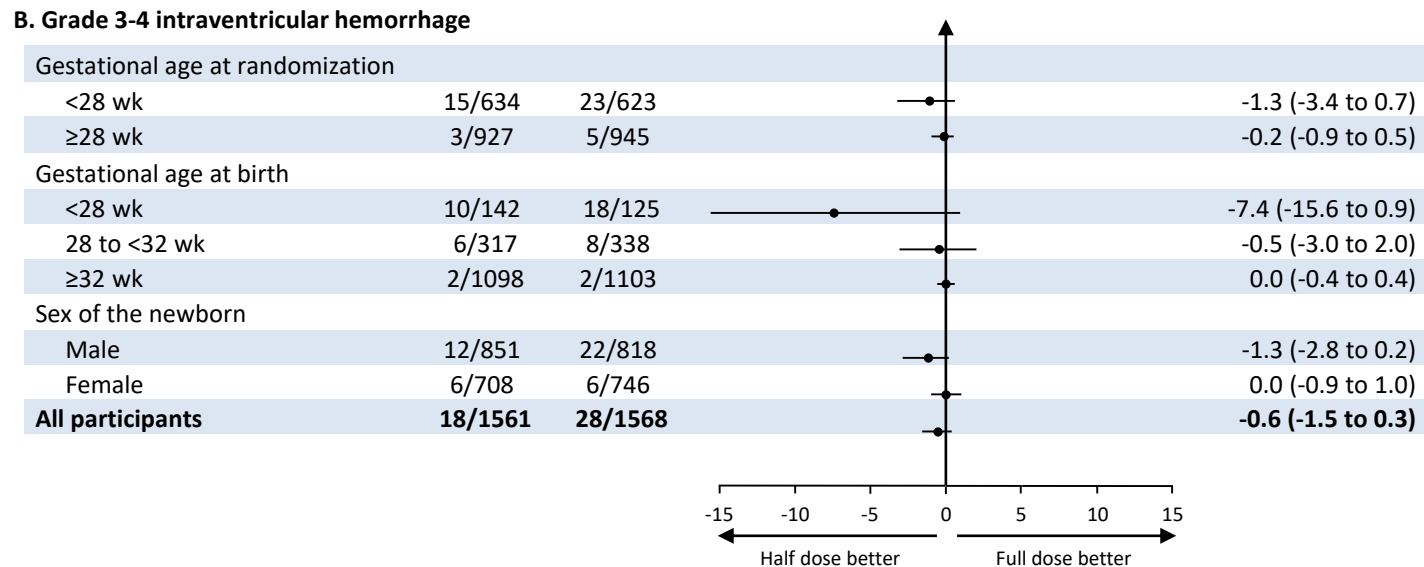
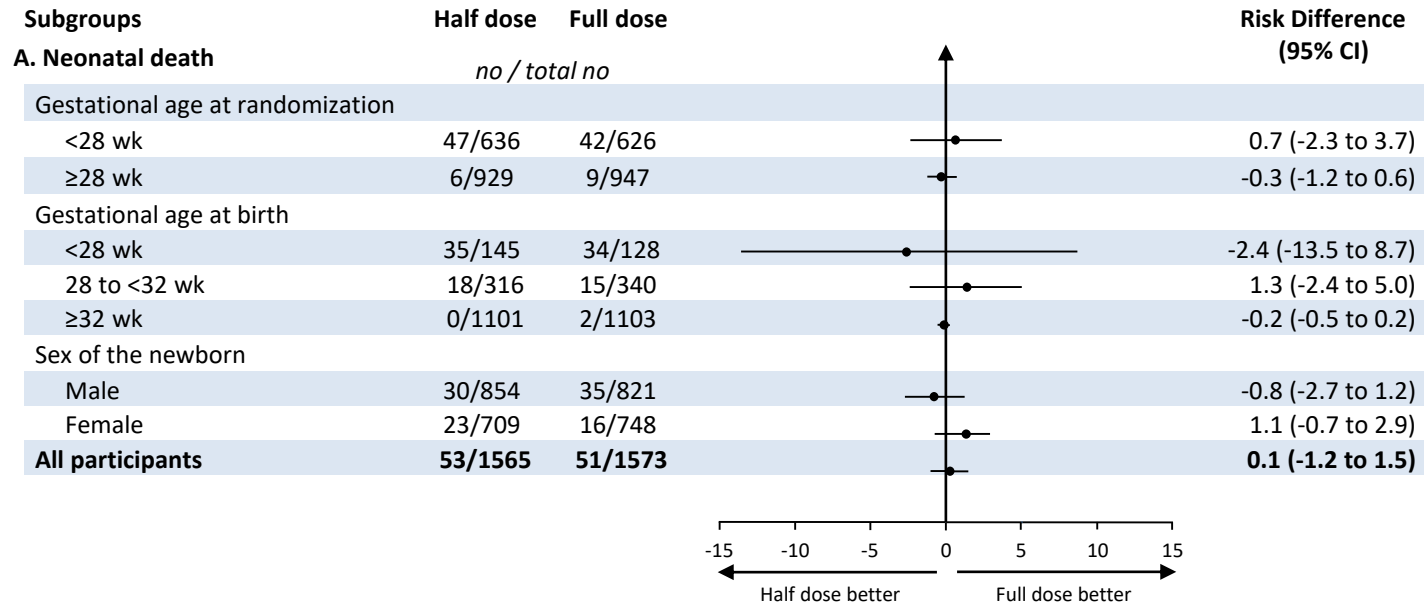
The BETADOSE trial: secondary safety outcomes

Secondary safety neonatal outcomes	Half dose N=1567	Full dose N=1574	Risk difference (95% CI)
Neonatal death	53 (3.4%)	51 (3.2%)	0.1 (-1.2 to 1.5)
Intraventricular hemorrhage grade 3-4	18 (1.2%)	28 (1.8%)	-0.6 (-1.5 to 0.3)
Necrotizing enterocolitis stage ≥ 2	31 (2.0%)	20 (1.3%)	0.7 (-0.2 to 1.7)
ROP treated by laser or anti-VEGF	6 (0.4%)	6 (0.4%)	0.0 (-0.4 to 0.4)
Neonatal survival without severe RDS, IVH 3-4, NEC ≥ 2 or ROP treated by laser or anti-VEGF	1231 (78.9%)	1271 (81.1%)	-2.3 (-5.1 to 0.6)

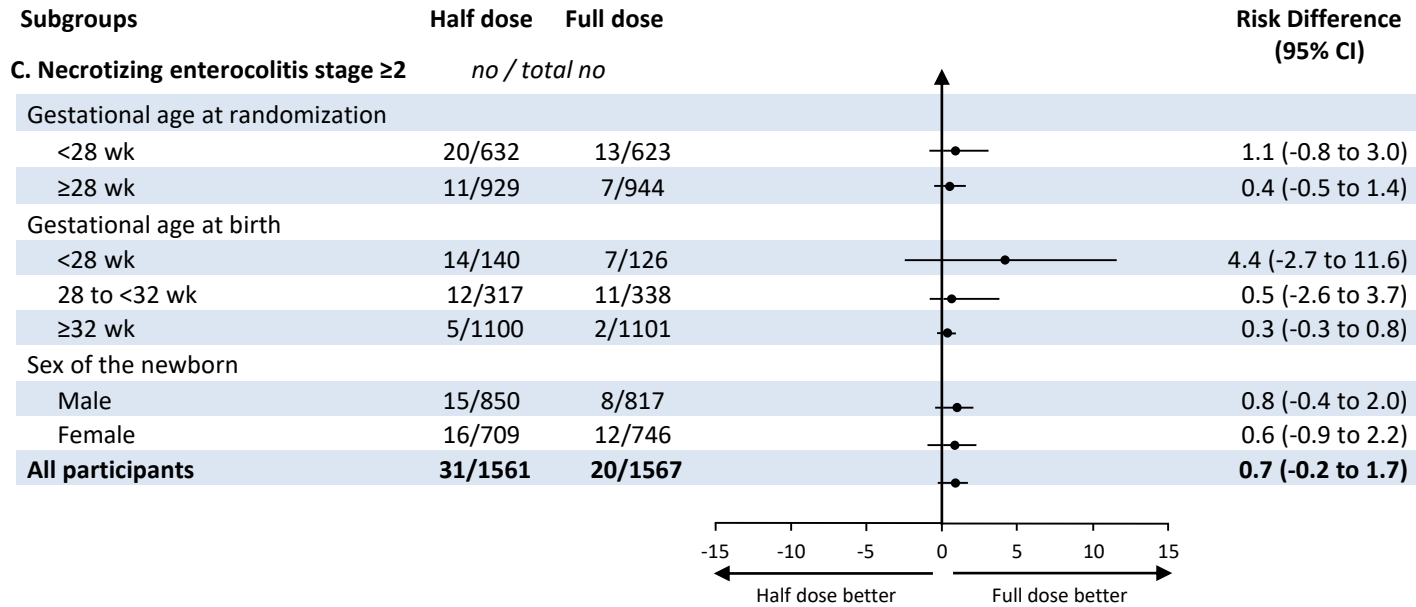
The BETADOSE trial: secondary safety outcomes



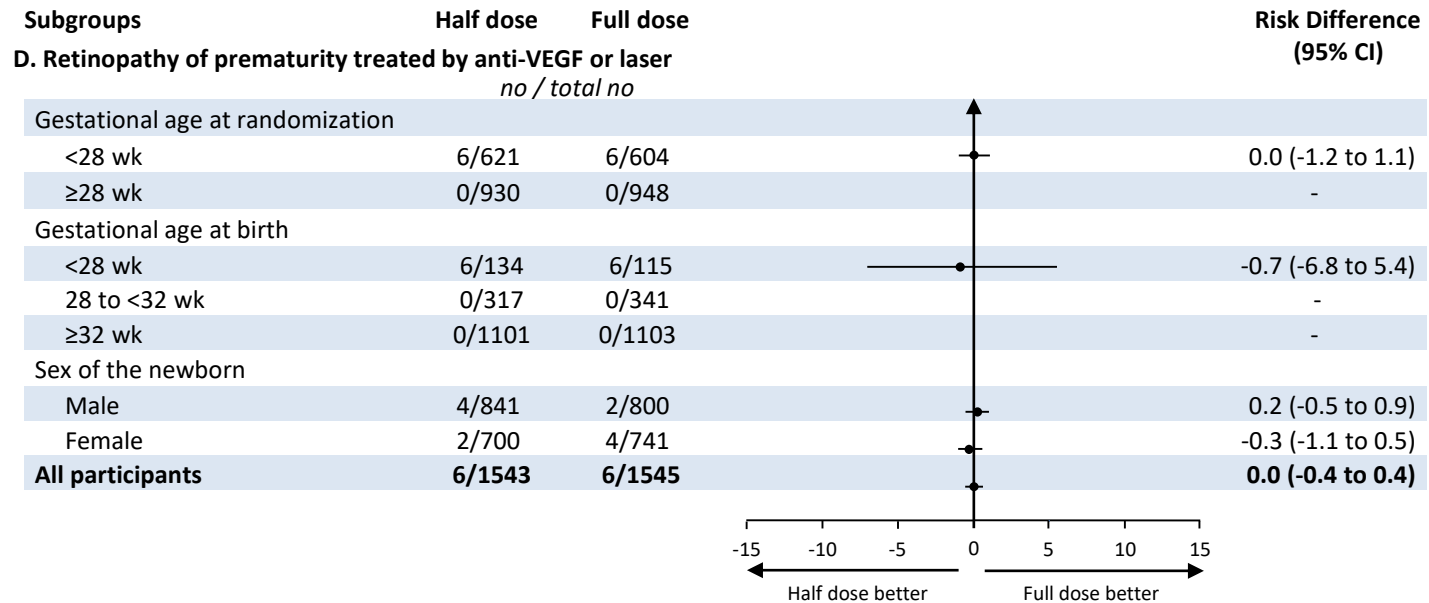
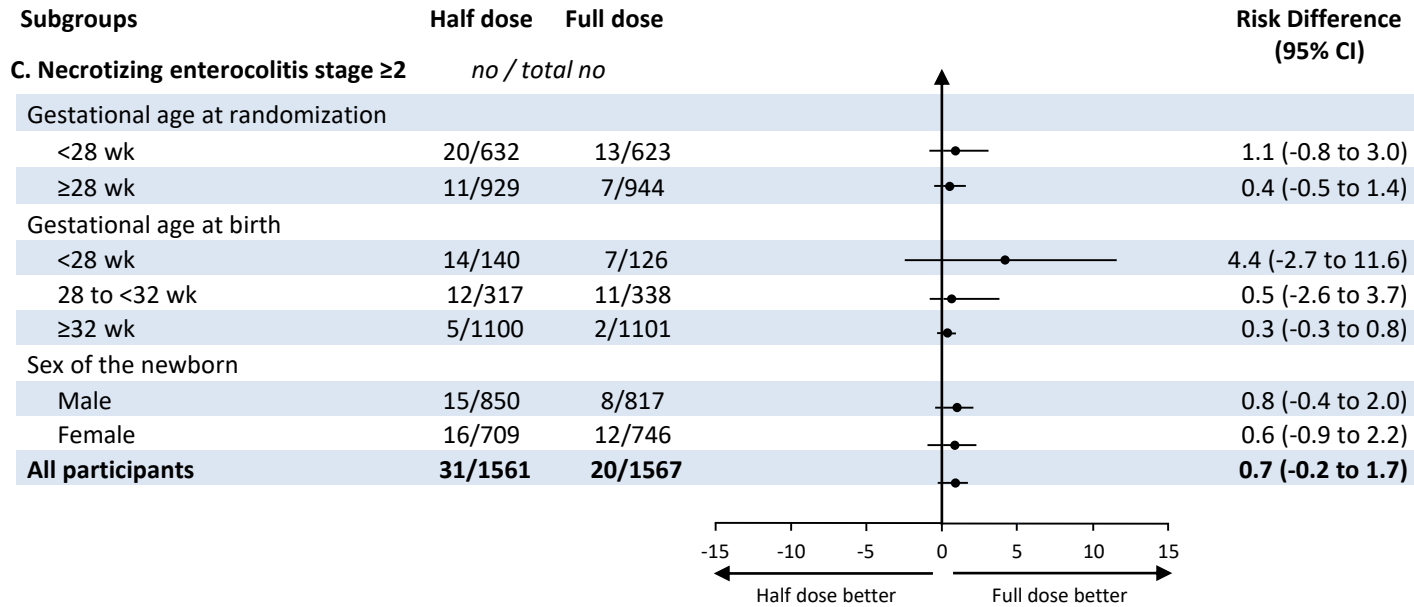
The BETADOSE trial: secondary safety outcomes



The BETADOSE trial: secondary safety outcomes



The BETADOSE trial: secondary safety outcomes



The BETADOSE trial: other secondary outcomes

Other secondary outcomes	Half dose N=1567	Full dose N=1574	Risk difference (95% CI)
Respiratory outcomes			
RDS	699 (44.6%)	686 (43.7%)	1.0 (-2.6 to 4.5)
Transient tachypnea of the newborn	147 (9.5%)	156 (10.0%)	-0.5 (-2.6 to 1.7)
Mechanical ventilation in the first 48h	197 (13.1%)	166 (11.1%)	2.1 (-0.3 to 4.5)
CPAP in the first 48h	409 (27.2%)	411 (27.3%)	-0.2 (-3.4 to 3.1)
Bronchopulmonary dysplasia	66 (4.4%)	73 (4.9%)	-0.4 (-2.0 to 1.1)

The BETADOSE trial: other secondary outcomes

Other secondary outcomes	Half dose N=1567	Full dose N=1574	Risk difference (95% CI)
Respiratory outcomes			
RDS	699 (44.6%)	686 (43.7%)	1.0 (-2.6 to 4.5)
Transient tachypnea of the newborn	147 (9.5%)	156 (10.0%)	-0.5 (-2.6 to 1.7)
Mechanical ventilation in the first 48h	197 (13.1%)	166 (11.1%)	2.1 (-0.3 to 4.5)
CPAP in the first 48h	409 (27.2%)	411 (27.3%)	-0.2 (-3.4 to 3.1)
Bronchopulmonary dysplasia	66 (4.4%)	73 (4.9%)	-0.4 (-2.0 to 1.1)
Other secondary prematurity-associated outcomes			
Admission to NICU	727 (46.4%)	718 (45.6%)	0.8 (-2.8 to 4.3)
Inotrope support	118 (7.5%)	99 (6.3%)	1.2 (-0.6 to 3.1)
Patent ductus arteriosus	181 (11.6%)	162 (10.3%)	1.3 (-0.9 to 3.5)
Cystic periventricular leukomalacia	20 (1.3%)	26 (1.7%)	-0.4 (-1.3 to 0.5)
Early onset sepsis	96 (6.1%)	93 (5.9%)	0.2 (-1.5 to 1.9)
Severe hypoglycemia	100 (6.4%)	97 (6.2%)	0.2 (-1.5 to 2.0)

The BETADOSE trial: other secondary outcomes

Other secondary outcomes	Half dose N=1567	Full dose N=1574	Risk difference (95% CI)
Respiratory outcomes			
RDS	699 (44.6%)	686 (43.7%)	1.0 (-2.6 to 4.5)
Transient tachypnea of the newborn	147 (9.5%)	156 (10.0%)	-0.5 (-2.6 to 1.7)
Mechanical ventilation in the first 48h	197 (13.1%)	166 (11.1%)	2.1 (-0.3 to 4.5)
CPAP in the first 48h	409 (27.2%)	411 (27.3%)	-0.2 (-3.4 to 3.1)
Bronchopulmonary dysplasia	66 (4.4%)	73 (4.9%)	-0.4 (-2.0 to 1.1)
Other secondary prematurity-associated outcomes			
Admission to NICU	727 (46.4%)	718 (45.6%)	0.8 (-2.8 to 4.3)
Inotrope support	118 (7.5%)	99 (6.3%)	1.2 (-0.6 to 3.1)
Patent ductus arteriosus	181 (11.6%)	162 (10.3%)	1.3 (-0.9 to 3.5)
Cystic periventricular leukomalacia	20 (1.3%)	26 (1.7%)	-0.4 (-1.3 to 0.5)
Early onset sepsis	96 (6.1%)	93 (5.9%)	0.2 (-1.5 to 1.9)
Severe hypoglycemia	100 (6.4%)	97 (6.2%)	0.2 (-1.5 to 2.0)
Secondary anthropometric outcomes at birth			Mean difference (95% CI)
Weight (g, mean \pm SD)	2239 \pm 941	2221 \pm 926	18 (-47 to 84)
Length (cm, mean \pm SD)	43.6 \pm 5.9	43.3 \pm 5.9	0.3 (-0.1 to 0.8)
Head circumference (cm, mean \pm SD)	30.6 \pm 4.0	30.4 \pm 4.0	0.2 (-0.1 to 0.5)

The BETADOSE trial: other secondary outcomes

Other secondary outcomes	Half dose N=1567	Full dose N=1574	Risk difference (95% CI)
Respiratory outcomes			
RDS	699 (44.6%)	686 (43.7%)	1.0 (-2.6 to 4.5)
Transient tachypnea of the newborn	147 (9.5%)	156 (10.0%)	-0.5 (-2.6 to 1.7)
Mechanical ventilation in the first 48h	197 (13.1%)	166 (11.1%)	2.1 (-0.3 to 4.5)
CPAP in the first 48h	409 (27.2%)	411 (27.3%)	-0.2 (-3.4 to 3.1)
Bronchopulmonary dysplasia	66 (4.4%)	73 (4.9%)	-0.4 (-2.0 to 1.1)
Other secondary prematurity-associated outcomes			
Admission to NICU	727 (46.4%)	718 (45.6%)	0.8 (-2.8 to 4.3)
Inotrope support	118 (7.5%)	99 (6.3%)	1.2 (-0.6 to 3.1)
Patent ductus arteriosus	181 (11.6%)	162 (10.3%)	1.3 (-0.9 to 3.5)
Cystic periventricular leukomalacia	20 (1.3%)	26 (1.7%)	-0.4 (-1.3 to 0.5)
Early onset sepsis	96 (6.1%)	93 (5.9%)	0.2 (-1.5 to 1.9)
Severe hypoglycemia	100 (6.4%)	97 (6.2%)	0.2 (-1.5 to 2.0)
Secondary anthropometric outcomes at birth			Mean difference (95% CI)
Weight (z score, mean \pm SD)	-0.37 \pm 0.92	-0.43 \pm 0.92	0.06 (-0.01 to 0.12)
Length (z score, mean \pm SD)	-0.41 \pm 1.05	-0.48 \pm 1.07	0.07 (-0.01 to 0.15)
Head circumference (z score, mean \pm SD)	-0.14 \pm 1.14	-0.26 \pm 1.18	0.12 (0.03 to 0.20)

The BETADOSE trial: other posthoc analyses

The BETADOSE trial: other posthoc analyses

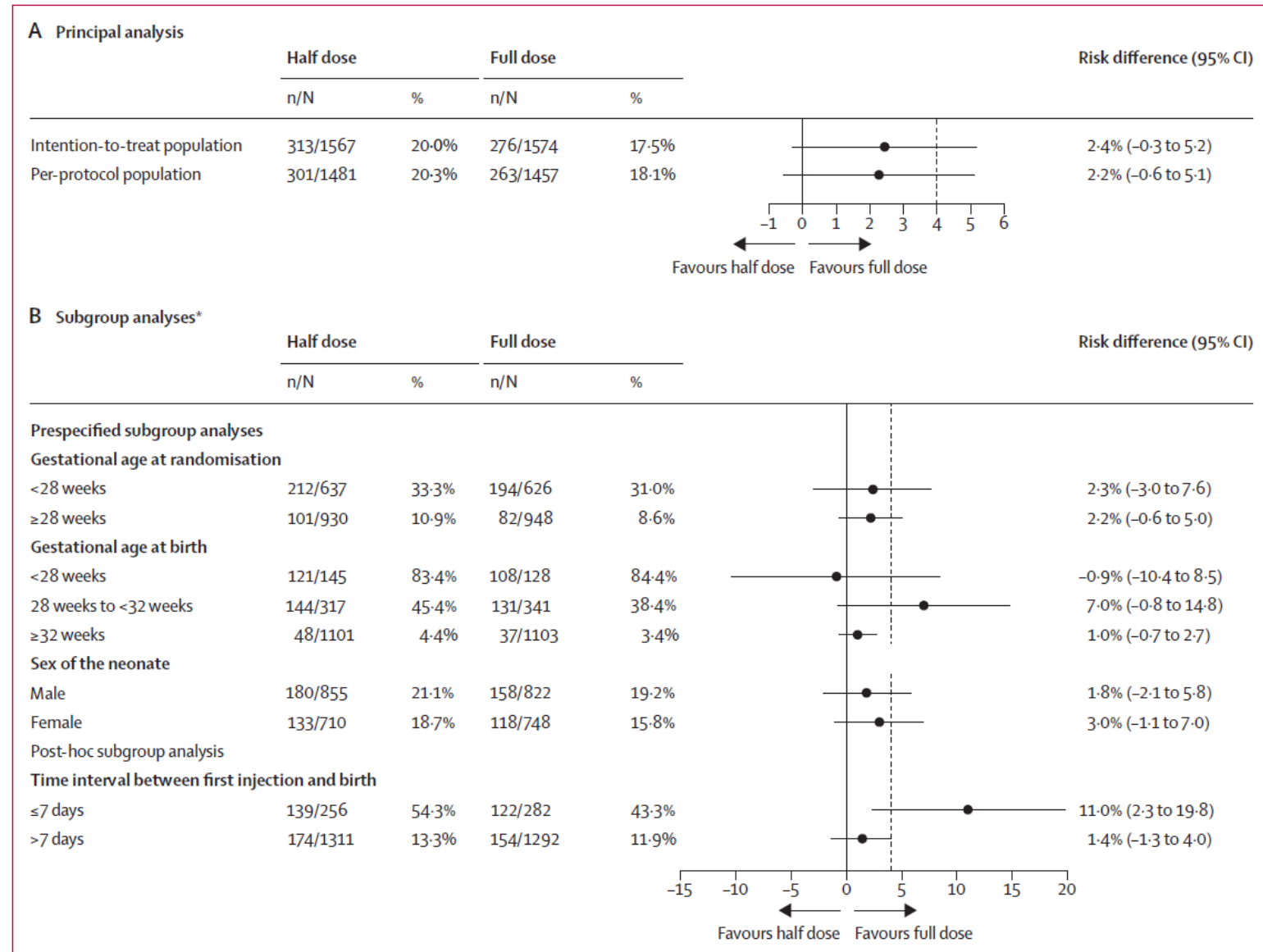


Figure 2: Principal, prespecified, and post-hoc subgroup analyses for the primary outcome

Data are n/N (%) and risk difference (95% CI). Vertical dotted lines indicate the non-inferiority margin. *Subgroup analyses were done in the intention-to-treat population.

The BETADOSE trial: other posthoc analyses

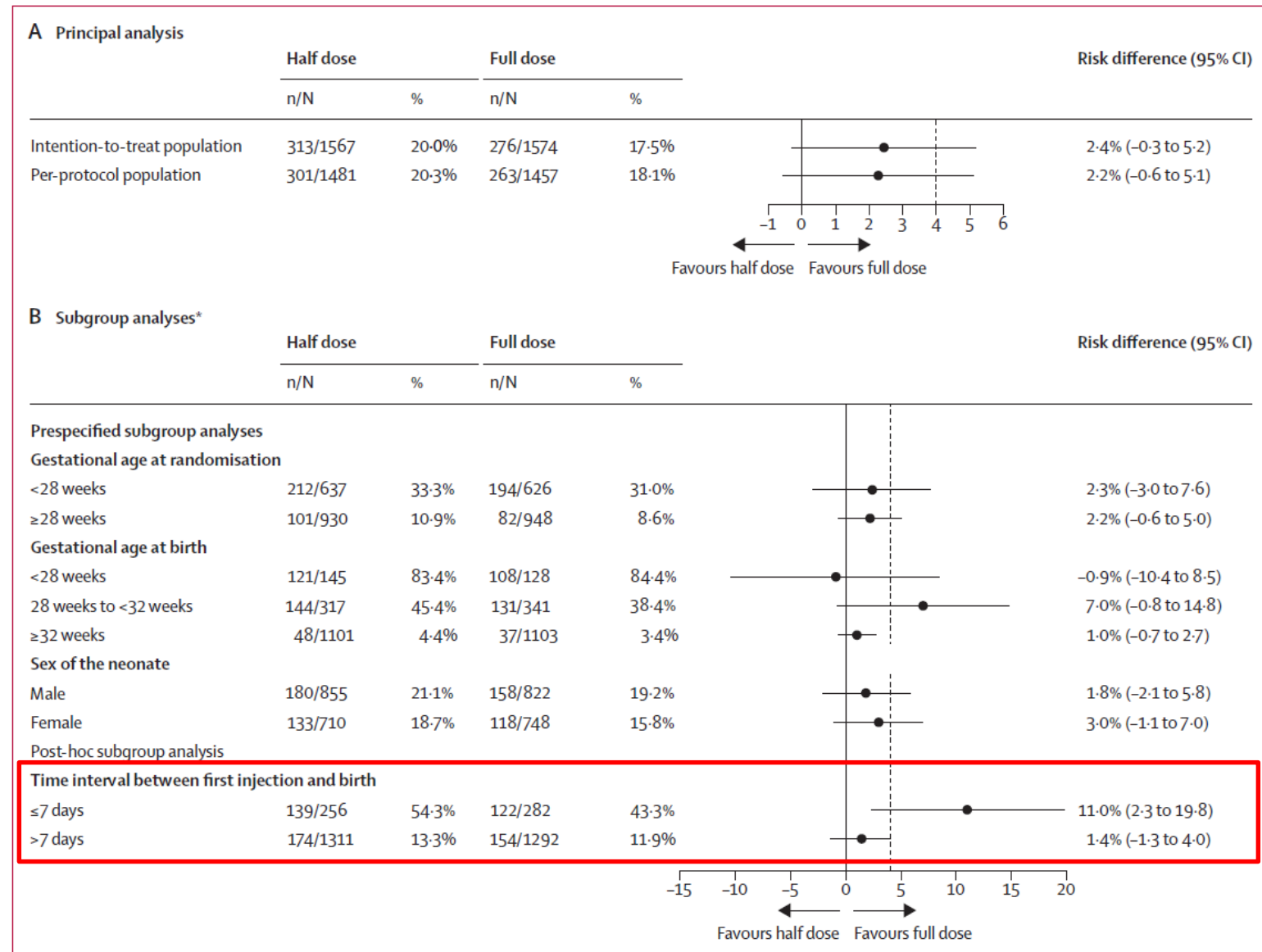


Figure 2: Principal, prespecified, and post-hoc subgroup analyses for the primary outcome

Data are n/N (%) and risk difference (95% CI). Vertical dotted lines indicate the non-inferiority margin. *Subgroup analyses were done in the intention-to-treat population.

Survival without neonatal morbidity at hospital discharge

Survival without neonatal morbidity at hospital discharge

- Survival without severe neonatal morbidity at hospital discharge was measured using three different definitions of severe neonatal morbidity A, B and C.

Survival without neonatal morbidity at hospital discharge

- Survival without severe neonatal morbidity at hospital discharge was measured using three different definitions of severe neonatal morbidity A, B and C.
- Definition A: Grade 3-4 intraventricular hemorrhage, cystic periventricular leukomalacia, necrotizing enterocolitis stage ≥ 2 , retinopathy of prematurity requiring anti-VEGF therapy or laser, and bronchopulmonary dysplasia (Epipage2)

Survival without neonatal morbidity at hospital discharge

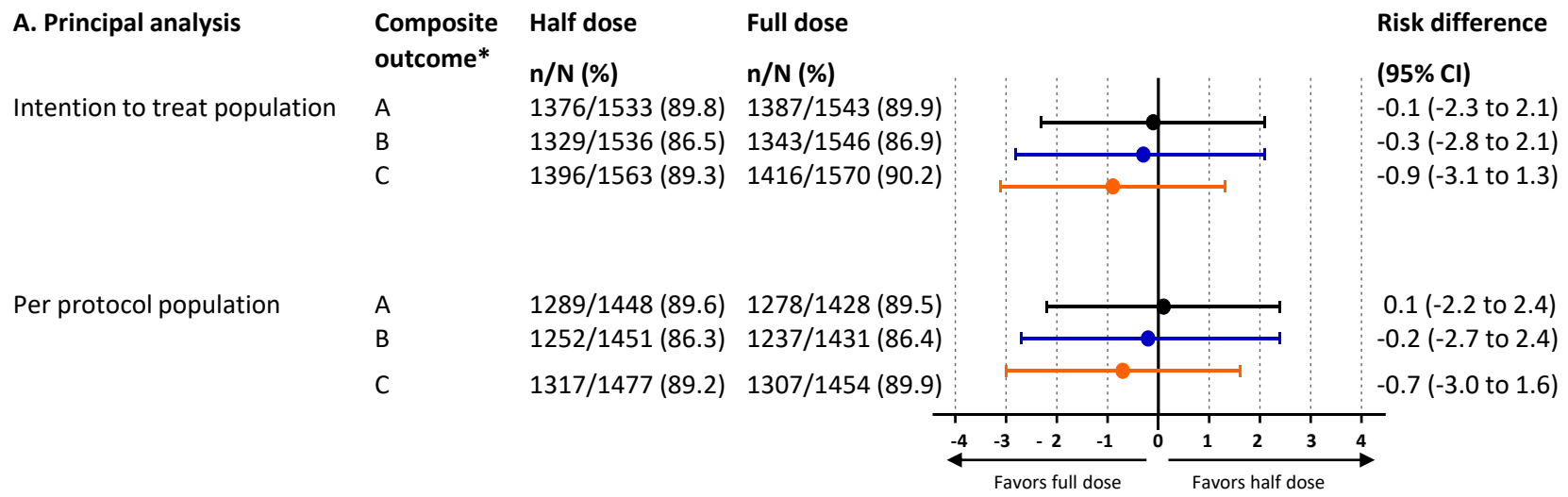
- Survival without severe neonatal morbidity at hospital discharge was measured using three different definitions of severe neonatal morbidity A, B and C.
- Definition A: Grade 3-4 intraventricular hemorrhage, cystic periventricular leukomalacia, necrotizing enterocolitis stage ≥ 2 , retinopathy of prematurity requiring anti-VEGF therapy or laser, and bronchopulmonary dysplasia (Epipage2)
- Definition B: Definition A + early and late onset proven infections (Bassler D, Pediatrics 2009)

Survival without neonatal morbidity at hospital discharge

- Survival without severe neonatal morbidity at hospital discharge was measured using three different definitions of severe neonatal morbidity A, B and C.
- Definition A: Grade 3-4 intraventricular hemorrhage, cystic periventricular leukomalacia, necrotizing enterocolitis stage ≥ 2 , retinopathy of prematurity requiring anti-VEGF therapy or laser, and bronchopulmonary dysplasia (Epipage2)
- Definition B: Definition A + early and late onset proven infections (Bassler D, Pediatrics 2009)
- Definition C: Grade 3-4 intraventricular hemorrhage, cystic periventricular leukomalacia, use of postnatal corticosteroids, and surgery (Doyle LW, Victorian Infant Collaborative Study Group, Pediatrics 2001)

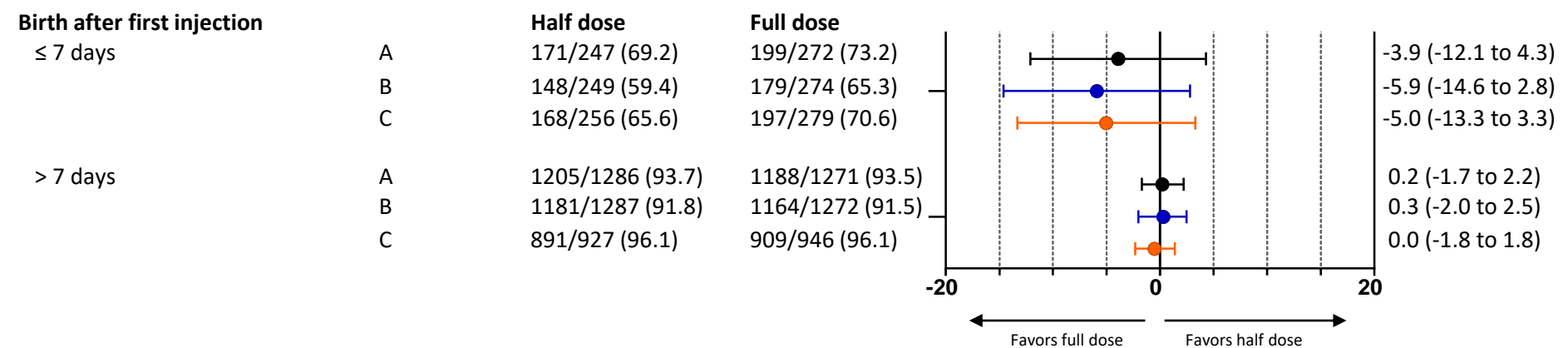
Survival without neonatal morbidity at hospital discharge

- Survival without severe neonatal morbidity at hospital discharge was measured using three different definitions of severe neonatal morbidity A, B and C.
- Definition A: Grade 3-4 intraventricular hemorrhage, cystic periventricular leukomalacia, necrotizing enterocolitis stage ≥ 2 , retinopathy of prematurity requiring anti-VEGF therapy or laser, and bronchopulmonary dysplasia (Epipage2)
- Definition B: Definition A + early and late onset proven infections (Bassler D, Pediatrics 2009)
- Definition C: Grade 3-4 intraventricular hemorrhage, cystic periventricular leukomalacia, use of postnatal corticosteroids, and surgery (Doyle LW, Victorian Infant Collaborative Study Group, Pediatrics 2001)



Survival without neonatal morbidity at hospital discharge

- Survival without severe neonatal morbidity at hospital discharge was measured using three different definitions of severe neonatal morbidity A, B and C.
- Definition A: Grade 3-4 intraventricular hemorrhage, cystic periventricular leukomalacia, necrotizing enterocolitis stage ≥ 2 , retinopathy of prematurity requiring anti-VEGF therapy or laser, and bronchopulmonary dysplasia (Epipage2)
- Definition B: Definition A + early and late onset proven infections (Bassler D, Pediatrics 2009)
- Definition C: Grade 3-4 intraventricular hemorrhage, cystic periventricular leukomalacia, use of postnatal corticosteroids, and surgery (Doyle LW, Victorian Infant Collaborative Study Group, Pediatrics 2001)



The BETADOSE trial: conclusions

- Half dose did not show noninferiority to full antenatal betamethasone dose regimen to prevent severe RDS in preterm neonates

The BETADOSE trial: conclusions

- Half dose did not show noninferiority to full antenatal betamethasone dose regimen to prevent severe RDS in preterm neonates
- Half dose resulted in increased severe RDS compared to full dose when birth occurred within 7 days after the first injection

The BETADOSE trial: conclusions

- Half dose did not show noninferiority to full antenatal betamethasone dose regimen to prevent severe RDS in preterm neonates
- Half dose resulted in increased severe RDS compared to full dose when birth occurred within 7 days after the first injection
- Other prematurity-associated complications, including those usually prevented by ACS, did not differ between the two groups, even for the youngest gestational ages

The BETADOSE trial: conclusions

- Half dose did not show noninferiority to full antenatal betamethasone dose regimen to prevent severe RDS in preterm neonates
- Half dose resulted in increased severe RDS compared to full dose when birth occurred within 7 days after the first injection
- Other prematurity-associated complications, including those usually prevented by ACS, did not differ between the two groups, even for the youngest gestational ages
- Neonatal morbidity did not differ between groups at hospital discharge

The BETADOSE trial: conclusions

- Half dose did not show noninferiority to full antenatal betamethasone dose regimen to prevent severe RDS in preterm neonates
- Half dose resulted in increased severe RDS compared to full dose when birth occurred within 7 days after the first injection
- Other prematurity-associated complications, including those usually prevented by ACS, did not differ between the two groups, even for the youngest gestational ages
- Neonatal morbidity did not differ between groups at hospital discharge
- Results of the 5-year follow-up study are needed to correctly address the benefits/risks ratio before deciding whether reducing ACS dose is possible