

Table 1**Ongoing NCCAM-sponsored clinical trials of cranberry for urinary tract infection**

Principle Investigator	Trial	Purpose	Patients	Intervention	Outcome Measure
Barbosa-Cesnik CT	RCT	Determine effect of cranberry on reducing rate of recurrent UTI and duration of symptoms over antibiotics alone	600 college students presenting to health services with acute UTI	Three arms: 8 ounces twice daily of juice containing 27% cranberry juice, 13.5% cranberry juice, or placebo juice	Change at 3 and 6 months in prevalence of bladder, rectal, vaginal, and peri-urethral colonization with <i>E. coli</i> containing known uropathogenic virulence factors relative to placebo controls
Slothers L	Dose-response trial	Determine: minimum dose to achieve 30% prophylaxis of UTI in women with recurrent UTI; dose-response curve; whether PAC concentration correlates with prophylaxis; relationship between cranberry consumption and urinary PAC levels; efficacy against which strains of <i>E. coli</i> ; benefit to 12 months; adverse effects	250 adult women who have had at least two single-organism UTIs in preceding 12 months but currently UTI-free	One of five dose levels: placebo, very low dose, low dose, medium dose, and high dose	Number of single-organism UTIs in a 12-month period
Gupta K	Two-phase: in vitro and RCT	Phase I to assess urinary anti-adherence activity; Phase II to assess effect of low and high doses of cranberry juice on prevention of UTI	NS	High and low dose not specified	Correlation of clinical outcomes and in vitro measures of activity

Key: RCT = randomized controlled trial; UTI = urinary tract infection; PAC = proanthocyanidin; NS = not specified.

Source: National Center for Complementary and Alternative Medicine. Available at: <http://nccam.nih.gov/research/extramural/awards/2006/>. Accessed Jan. 5, 2007.