Treatment of Fabry patients > 18 years with enzyme supplementation therapy: comparison of efficacy and toxicity of low dose (0,2 mg/kg) fabrazyme (agalsidase beta) or replagal (agalsidase alfa).

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON24907

Source
NTR

Brief title
N/A

Health condition

Fabry disease.

Sponsors and support

Primary sponsor: Sponsor:
College voor Zorgverzekeringen (dutch health care insurance board).
Initiator:
Dr. C.E.M. Hollak, internist
Dept. of Internal Medicine, F4-279
Academic Medical Center
PO box 22660
1100 DD Amsterdam
The Netherlands

tel. +31-20-5666071
fax: +31-20-6919743
e-mail: c.e.hollak@amc.uva.nl

Intervention

Outcome measures

Primary outcome

Wall-thickness (septum and left and right ventricle wall) / end-diastolic volume) on echocardiography.

Secondary outcome

1. Improvement of renal function as measured by GFR;

2. Reduction of glycolipid accumulation in skin tissue (LM and biochemistry);

3. Reduction in pain as measured by the BPI;

4. Reduction in glycosphingolipid in plasma and 24-hr urine;

5. Quality of life scores (SF-36).

Study description

Background summary

Fabry disease is an X-linked disorder caused by the deficiency of the lysosomal enzyme alfa-Galactosidase A (alfa-Gal). Patients with this disorder suffer in childhood from severe pains in hands and feet and develop severe complications later in life such as renal failure, CVA¡¦s and cardiac complications.

Patients with Fabry disease have a reduced life expectancy. Recently two differently alfa-Galactosidase enzyme preparations have received marketing authorization in the EU (orphan drug).

Conclusions on the differences between these products with regard to safety and efficacy cannot be drawn because of the different dosage and evaluation methods performed.

Therefore treatment should be performed according to a standardized treatment approach which allows comparison of both drugs.

Protocol objectives:

To monitor and evaluate the efficacy and safety of two different formulas of alfa-Galactosidase A, agalsidase alpha (FabrazymeTM) and agalsidase beta (ReplagalTM) in an equal dose of 0,2 mg/kg in adults with Fabry disease.

Investigational plan: Symptomatic Fabry patients (aged 18 or older) who fulfil the criteria will receive enzyme therapy for at least 12 months and will be evaluated every 3 months.

Study objective

Evaluation of efficacy and safety of two different formulas of alfa-Galactosidase A, agalsidase beta (FabrazymeTM) and agalsidase alpha (ReplagalTM) in an equal dose of 0,2 mg/kg in order to detect any differences between these two drugs.

Study design

N/A

Intervention

Patients will receive 0,2mg/kg Fabrazyme (agalsidase beta) or 0,2 mg/kg Replagal (agalsidase alpha), every two weeks for a minumum of 12 months. If there's treatment failure (progression of renal disease, cardiac disease and/or a new cerebral stroke or TIA) during or after this period, patients will be advised to switch to Fabrazyme 1,0 mg/kg/2 wks.

Contacts

Public
Academic Medical Center (AMC),
Department of Internal Medicine, F4-247,
P.O. Box 22660
A.C. Vedder
Meibergdreef 9
Amsterdam 1100 DD
The Netherlands
+31 (0)20 5664558
Scientific
Academic Medical Center (AMC),
Department of Internal Medicine, F4-247,
P.O. Box 22660
A.C. Vedder
Meibergdreef 9
Amsterdam 1100 DD

The Netherlands
+31 (0)20 5664558

Eligibility criteria

Inclusion criteria

1. The patient must have given written informed consent;

2. Patients must be 18 years or older;

3. Patient must have a current diagnosis of Fabry disease;

4. Patients must have a decreased á-Gal activity or proven alfa-Gal A mutation;

5. Female patients must have a negative pregnancy test, and must use a medically accepted method of contraception;

6. Patients must be willing to comply to the evaluation program;

7. Patients must have a clinical presentation consistent with either typical or atypical Fabry disease. Patients must have at least one major or two minor objective criteria:

Major:

a. Severe acroparesthesias, that cannot satisfactorily be controlled with Carbamazepine;

b. Decreased GFR < 80 ml/min;

c. Proteinuria > 300 mg/ml;

d. Documented CVA;

e. Cardiac infarction;

f. Hypertrophic Non-obstructive Cardiomyopathy resulting in decreased exercise tolerance;

g. Rhythm disturbances necessitating a pacemaker;

h. Multiple lacunar infarctions on MRI;

Minor:

i. Documented TIA;

j. Cardiac hypertrophy on echo or MRI;

k. Atrial fibrillation;

l. Intraventricular conduction abnormality;

m. Sensoric hearing loss as shown on a hearing test;

n. Severe vertigo;

o. Micro-albuminuria > 50 mg/L;

p. Mild to moderate acroparesthesias;br>
q. Gastro-intestinal complaints that can not be explained by other medical conditions than Fabry disease.

Exclusion criteria

1. Patient is pregnant or lactating;

2. Patient is unwilling to comply to the evaluation program.

Study design

Design

Study type:	Interventional
Intervention model:	Factorial
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	06-05-2002
Enrollment:	24

Type:	Actual

Ethics review

Positive opinion

Date:	05-09-2005
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL179
NTR-old	NTR216
Other	: N/A
ISRCTN	ISRCTN45178534

Study results

Summary results
PLoS ONE. 2007 Jul 11;2(7):e598.