IMMEDIATE study

No registrations found.

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

Summary

ID

NL-OMON25293

Source
NTR

Brief title
IMMEDIATE

Health condition

- idiopathic inflammatory myopathies
- myositis (practical/clinical synonym)
- auto-immune disease
- neuromuscular disease

Sponsors and support

Primary sponsor: Department of Neurology, Academic Medical Center Amsterdam
Source(s) of monetary or material Support: investigator initiated, funding by CSL Behring, Switzerland

Intervention

Outcome measures

Primary outcome

The primary objective is to determine the number of participants with clinical significant improvement (ACR/EULAR Total Improvement Score (TIS) of at least 40) at 9 weeks after start of IVIg treatment.

Secondary outcome

Efficacy of IVIg

1. Time to at least moderate improvement on the TIS
2. Minimal improvement (20%-40%) on each of the 6 IMACS group CSMs
3. Moderate improvement or more (≥40%) on each of the 6 IMACS group CSMs
4. The number of deteriorating patients needing rescue therapy
5. Changes in Academic Medical Center Linear Disability Scale (ALDS)
6. Changes in Modified Rankin Scale (MRS)
7. Improvement of dysphagia (if present)
8. Improvement of dynamometric muscle strength
9. Improvement on the Rasch modified MRC Sum Score (Rasch-MRC)
10. Improvement on the EuroQol Group Healt Questionnaire (EQ-5D-5L).
11. The number of participants with significant decrease of abnormalities of muscles and fascia on MRI
12. The number of patients with significant change of size and echo intensity of muscles and fascia on ultrasound (US)
13. Changes in the B-cell repertoire after IVIg treatment
14. RNA and RBM20 expression before and after IVIg treatment
15. Galectin-9 and CXCL10 levels before and after IVIg treatment

Safety of IVIg (measured during the total duration of the study)
The number of serious adverse events (SAEs)

Feasibility of a future trial (assessed at end report)
1. Process: recruitment potential
2. Resources: time and budget estimation
3. Management: exploration of organizational issues

Study description

Background summary

Rationale:

Idiopathic inflammatory myopathies, inclusion body myositis excluded, are a group of treatable auto-immune disorders. Due to insufficient efficacy or side-effects of corticosteroids, additional immunosuppressive treatment is often needed. Clinical outcome is often disappointing, with many patients having a polyphasic and chronic clinical course. Relative under treatment in the first period resulting in irreversible damage, is thought to contribute to this. While not yet investigated, there are suggestions that early treatment with intravenous immunoglobulins might induce a fast response. We hypothesize that the use of early IVIg leads to fast improvement in newly diagnosed patients.

Objective:

Explore efficacy, safety and feasibility (with respect to a future trial) of early treatment with intravenous immunoglobulins for patients with idiopathic inflammatory myopathies.

Study design:

Investigator initiated, multicenter pilot study with an uncontrolled pre/posttest design.

Study population:

Twenty newly-diagnosed, treatment-naïve adult patients with idiopathic inflammatory myopathies (except inclusion body myositis).

Intervention:

Patients will be given a starting dose of intravenous immunoglobulins 2 gr/kg in 2-4 days and three maintenance treatments of 1 gr/kg thereafter every three weeks.

Main study parameters/endpoints:

The number of patients with clinical significant improvement, defined as ≥40% improvement on a continuous, weighted score of 6 core set measures (as developed by the International Myositis Assessment and Clinical Studies group) after 9 weeks of treatment.

Nature and extent of the burden and risks associated with participation, benefit and group relatedness:

Structured risk analysis shows a moderate risk for patients.

Possible risks

• Side effects: treatment with intravenous immunoglobulins may lead to mild infusion reactions and rarely to serious adverse events such as thrombo-embolic events or hemolysis.

• Possible, temporary undertreatment: the uncertainty regarding efficacy of intravenous

immunoglobulins may cause undertreatment in the first 9 week. However, we consider this temporary and adequately manageable with escape medication (consisting of standard corticosteroid therapy).

• Additional study related procedures: follow-up ancillary investigations (MRI, ultrasound, and laboratory investigations) and clinical visits for infusion of intravenous immunoglobulin are considered a minor inconvenience to study participants.

Possible benefits

• Beneficial side effect profile compared to standard treatment with corticosteroids.

• Faster and greater total clinical improvement compared to standard treatment with corticosteroids.

Study objective

intravenous immunoglobulins will induce a fast and effective response in patients with newly diagnosed idiopathic inflammatory myopathies. Also, the treatment will be generally safe. Furthermore, this pilot study will show feasibility with respect to a future phase 3 study.

Study design

primary: after 9 weeks treatment

secondary

- efficacy: after 9 weeks treatment

- safety: during the total duration of the study

- feasibility: end of the study

Intervention

Study subjects will be treated with intravenous immunoglobulin (Privigen®). Initial dose of IVIg is 2 g/kg over 2-4 days, followed by 3 infusions of 1 g/kg on 1-2 days every 3 weeks

Contacts

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Eligibility criteria

Inclusion criteria

• Adult patients (age ≥ 18 years)

• Treatment naïve patients

• Subacute-onset of disease (disease duration of ≤ 9 months)

• Biopsy proven IIMs (see for diagnostic criteria Hoogendijk et al. 2004, note: ASS is considered a separate entity, but new criteria in which it has been included, has yet to be published).

o Dermatomyositis

o Polymyositis/overlap myositis/antisynthetase syndrome

o Immune-mediated necrotizing myopathy

Exclusion criteria

• IVIg treatment related:

o Subjects who have received clinical relevant immunosuppressive medication (e.g. plasmapheresis, biologicals, immune therapy etc.) within the last 6 months

o history of thrombotic episodes within the 2 years prior to enrolment

o known allergic reactions or other severe reactions to any blood-derived product

o known IgA deficiency and anti-IgA serum antibodies

o pregnancy (wish).

• Conditions that are likely to interfere with:

o compliance (legal incompetent and/or incapacitated patients are excluded) or,

o evaluation of efficacy (e.g. due to severe pre-existing disability as result of any other disease than IIM).

• Lack of informed consent (IC)

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	16-01-2017
Enrollment:	20
Type:	Actual

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion

Date:	01-12-2016
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	NL6029
NTR-old	NTR6160
Other	EudraCT: 2016-004766-26 : ABR: NL 58747

Study results