IVIG in myositis: TIME IS MUSCLE (TIM)

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON26160

Source
Nationaal Trial Register

Brief title
TIM trial

Health condition

Idiopathic inflammatory myopathy, with the exception of inclusion body myositis.

Sponsors and support

Primary sponsor: Prinses Beatrix spierfonds, Sanquin Plasma Products
Source(s) of monetary or material Support: N/A

Intervention

Outcome measures

Primary outcome

Change in Total Improvement Score (week 12 compared to baseline)

Secondary outcome

Time to improvement (TIS>40 points), mean prednison dosage, health-related quality of life, fatigue, pain, physical activity, IgG blood levels, muscle MRI, cutaneous dermatomyositis disease area and severity, 'samengestelde vragenlijst zorggebruik en productiviteitsverlies'

Study description

Background summary

Rationale:
In patients with myositis early immunomodulation by intensive treatment (“hit-early/hit-hard” principle) may induce faster reduction of disease activity and prevent chronic disability by disease damage. Intravenous immunoglobulin (IVIg) in addition to standard treatment with prednisone may be beneficial for this purpose: add-on IVIg improves symptoms in steroid-resistant myositis, and monotherapy IVIg leads to a fast and clinically relevant response in nearly 50% of the patients with myositis who were treatment naive (pilot study in 20 patients).

Objective:
The primary aim is to examine whether early addition of IVIg to standard treatment with prednisone in patients with newly diagnosed myositis leads to superior clinical outcome after 12 weeks.
Our secondary aims are to examine the effect of the intervention on health-related quality of life, physical activity and a biomarker (muscle MRI) on the short and longer term.

Study design:
A double blind controlled randomized clinical trial.

Study population:
Adult patients (≥18 years) diagnosed with idiopathic inflammatory myopathy (except inclusion body myositis) will be invited.

Intervention (if applicable):
Administration of 2 gram/kg IVIg at baseline and after 4 and 8 weeks (intervention arm), or placebo (Saline 0.9%) infusions at baseline and after 4 and 8 weeks (control arm). All patients will be treated with 1 mg/kg prednisone (max. 80 mg daily), which is standard care.

Main study parameters/endpoints:
The Total Improvement Score (TIS) of the myositis response criteria at week 12 (compared to t=0).

Nature and extent of the burden and risks associated with participation, benefit and group relatedness:
Following a screening visit at the outpatient clinic, patients will be admitted to the neurology ward of the Amsterdam UMC for the first day of the study treatment. The remaining study medication will be administered at home, according to routine clinical practice for IVIg treatment in neuromuscular disorders. A second study treatment will be administered at home after 4 and 8 weeks. At baseline and after 4, 8, 12, 26 and 52 weeks outcome assessments will be performed at the outpatient clinic. The outpatient study clinic visits at baseline and after 12, 26 and 52 weeks will be combined with regular outpatient clinic visits. The additional burden related to outcome assessments will consist of MRI muscle imaging

after 12 weeks, basic physical examination (manual muscle strength testing), blood sampling after 4 and 8 weeks and filling in questionnaires at baseline and after 4, 8, 12, 26 and 52 weeks. In addition, participants are asked to wear a watch for three episodes of two weeks within the first 12 weeks anf for one week after 26 weeks

Study objective

Early IVIg treatment in addition to prednisone results in a meaningful clinical response in treatment naive myositis patients in the short term and increased HR-QoL in the long term

Study design

Week 0, week 4, week 8, week 12, week 26, week 52

Intervention

Three times 2g/kg IVIg or placebo, at 4-week-intervals, directly following a diagnosis of IIM

Contacts

Public
Amsterdam UMC, locatie AMC
Renske Kamperman

020-5663856
Scientific
Amsterdam UMC, locatie AMC
Renske Kamperman

020-5663856

Eligibility criteria

Inclusion criteria

• Adult patients (18-80 years) with idiopathic inflammatory myopathy (IIM), according to diagnostic criteria:
- Dermatomyositis
- Non-specific/overlap myositis including antisynthetase syndrome; formerly known as polymyositis
- Immune mediated necrotizing myopathy

• Disease duration < 12 months
• Minimal disability defined as at least 10% loss on Manual Muscle Testing (MMT) and abnormal scores on two other Core Set Measures (CSMs) of the international Myositis Assessment and Clinical Studies (IMACS) group (see ‘Primary and secondary outcomes’).
• Signed informed consent

Exclusion criteria

A potentially eligible patient who meets any of the following criteria will be excluded from participation in this study:

• Disease duration > 12 months
• Immunosuppressive medication or immunomodulatory treatment within the last 3 months (e.g. azathioprine, methotrexate, mycophenolate mofetil, tacrolimus, cyclophosphamide, ciclosporine, IVIg, biologicals, Janus kinase inhibitors, plasmapheresis).
• Severe muscle weakness (i.e. bedridden, severe dysphagia, or respiratory muscle weakness) necessitating more intensive treatment than standard glucocorticoids.

Exceptions to abovementioned exclusion criteria:
Prior use of steroids will be carefully judged by the treating physician. Patients are eligible for inclusion if there is no clinical evident response to prior treatment with:
• High-dosed steroids, such as dexamethasone or intravenous methylprednisolone (e.g. 1000mg daily for three days) within 1 week prior to inclusion.
• Daily dosed prednisone 1mg/kg, or equivalent, used for up to 2 weeks prior to screening visit.
• Treatment with low dose prednisone up to three months before screening.

• Use of biologicals or other immunosuppressive or immunomodulatory treatment when meeting the following criteria:
- Stable dose for the past 6 months
- The biological has been approved for a non-muscular condition (e.g. hematological condition, eczema) and is not known for its use in idiopathic inflammatory myopathy
- No history of biological-induced inflammatory myopathy

• Related to IVIG:
- History of thrombotic episodes within 10 years prior to enrolment
- Known allergic reactions or other severe reactions to any blood-derived product
- Known IgA deficiency and IgA serum antibodies
- Pregnancy (wish)
- Use of loop diuretics
- Use of nephrotoxic medication

• Conditions that are likely to interfere with:
- Compliance (legal incompetent and/or incapacitated patients are excluded), or,
- Evaluation of efficacy (e.g. due to severe pre-existing disability as a result of any other disease than myositis or due to language barrier)

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	13-09-2021
Enrollment:	48
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion

Date:	10-09-2021
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	NL9722
Other	METC AMC : METC2020_180

Study results