

DoRa studie

No registrations found.

Ethical review	Not applicable
Status	Other
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON26416

Source

NTR

Brief title

DoRa

Health condition

PEP, HIV

Sponsors and support

Primary sponsor: University Medical Centrum Utrecht

Source(s) of monetary or material Support: MSD

Intervention

Outcome measures

Primary outcome

-Grade 2 to 4 neurocognitive adverse events (according to Division of AIDS (DAIDS) Table for Grading the Severity of Adult and Pediatric Adverse Events, version 2.0, published in November 2014)

-BSI questionnaire score

-SF-36 questionnaire score

-Insomnia severity questionnaire score

Secondary outcome

-Grade 2 to 4 non-neurocognitive clinical adverse events

-Grade 3 to 4 laboratory adverse events

Both according to Division of AIDS (DAIDS) Table for Grading the Severity of Adult and Pediatric Adverse Events, version 2.0, published in November 2014.

Study description

Background summary

Study will not start, because of withdraw sponsor.

Background of the study:

People who have been exposed to the risk of HIV transmission are offered the postexposure prophylaxis (PEP) consisting of three antiretroviral drugs which are used during 28 days. This treatment should be started soon as possible after an accident. Currently the guidelines recommend use of an integrase inhibitor (INSTI) dolutegravir (DTG) or raltegravir (RAL) in combination with two nucleos(t)ide reverse transcription inhibitors (NRTIs). Both INSTI are deemed to have a favorable side effects profile. All these antiretroviral drugs are registered and available in the Netherlands for the treatment of HIV (Human immunodeficiency virus) infection. The guidelines of Dutch HIV physicians association chose in 2014 for DTG as preferred INSTI component of the PEP due to better therapy adherence because its once daily formulation. At that moment, RAL was only marketed for bid use. In 2017, the once daily formulation of RAL has been approved as well.

In the registration studies and in the later meta-analyses no differences were found between the incidence of (serious) side effects and discontinuation rates when DTG was compared to RAL for treatment of HIV infection. No study was performed to compare these two INSTI in patients who use these medicines in the setting of the PEP, which brings an

acute emotional stress and requires start of treatment without delay. Generally, occurrence of side effects during the PEP and early termination of this treatment are common, although most of the data are retrospective and regarded the use of 'older' antiretroviral agents like zidovudine, complex treatment regimens with protease inhibitors and food restrictions.

Recently, the data have emerged about the unexpectedly high incidence of neurocognitive and psychiatric side effects and sleep disorders in the clinical cohorts of patients with HIV infection treated with DTG as a part of their antiretroviral regimen. The proportion of patients who discontinued a DTG containing treatment varied considerably in different analyses, from 3,8 to 10,8%. As the side effects were frequently seen in the first weeks after start of DTG, the question arises if this agent is an appropriate option for the short PEP course in patients already exposed to an acute emotional stress which may make them even more susceptible to neurocognitive or psychiatric adverse events. Although RAL also was identified as a drug which can induce depression, the incidence of discontinuation due to neurocognitive complaints was found to be lower than for DTG. As new RAL formulation now allows a construction of once-daily PEP regimen, it is worthwhile to evaluate if there is any difference in the tolerability of RAL when compared to DTG in this setting. To our best knowledge, no study was published by now which compared the tolerability of DTG and RAL as a part of the PEP regimen.

Objective of the study:

Primary Objective:

To investigate whether significantly more patients on DTG will report at least one grade 2 to 4 side effect attributable to the medication compared to patients on RAL, both used in combination with tenofovir disoproxil (TDF)/emtricitabine (FTC) or TDF/lamivudine (3TC) as PEP, during the 28-days of treatment.

Secondary Objectives:

- Numerical frequency of any side effects in both groups
- Proportion of patients in both groups who switch or interrupt the initial PEP combination due

to the side effects

- Impact of the PEP on the quality of life of the patients
- Proportion of patients with grade 3 or 4 laboratory abnormality in both groups

Study design:

Two-period, two-intervention cluster-randomized cross over trial, with two intervention periods of 6 months in every participating center.

Every center will include patients during 12 months, which will be divided in two periods. Centers will include the patients in two periods (cluster rotation) to either:

- Period 1 (month 1 through 6): DTG + TDF/FTC or 3TC
- Period 2 (month 7 through 12): RAL + TDF/FTC or 3TC

or

- Period 1 (month 1 through 6): RAL + TDF/FTC or 3TC
- Period 2 (month 7 through 12): DTG + TDF/FTC or 3TC

In period 1, centers will start with the treatment which is their standard of care at the moment of study initiation.

A switch between treatment strategies within 6 months in the same center is not allowed.

Dosages of the medication:

Dolutegravir 50 mg (= 1 tablet) qd

Raltegravir 1200 mg (= 2 tablets a 600 mg) qd

Tenofovir difumarate/emtricitabine 245/200 mg (= 1 tablet) qd

Tenofovir difumarate 245 mg (= 1 tablet) qd

Lamivudine 300 mg (= 1 tablet) qd

The choice of the NRTI backbone (co-formulated TDF/FTC versus TDF and 3TC given as separate tablets) will be at discretion of the treating physician and will be the same during the two treatment periods for

a participating center.

The whole regimen can be taken with or without a meal. All tablets should be taken at once, with an interval of approximately 24 hours.

The duration of treatment is 28 days.

Study population:

Patients who start the PEP against HIV infection with DTG or RAL, both combined with TDF/FTC or TDF/3TC. Age 18 years or older.

Patients who present to the hospital (Emergency Department or Out-patient department of Infectious Diseases), fulfill the inclusion and do not have any exclusion criteria, will be informed about the study and obtain the written study information. During the first out-patient visit they will be asked if they want to participate in the study, additional questions will be answered and if they chose to participate then informed consent will be signed. Patient will be asked to consent that the clinical and laboratory information from the day of first presentation may be used for the study purposes.

Primary study parameters/outcome of the study:

- Grade 2 to 4 neurocognitive adverse events (according to Division of AIDS (DAIDS) Table for Grading the Severity of Adult and Pediatric Adverse Events, version 2.0, published in November 2014)
- BSI questionnaire score
- SF-36 questionnaire score
- Insomnia severity questionnaire score

Secondary study parameters/outcome of the study (if applicable):

- Grade 2 to 4 non-neurocognitive clinical adverse events

-Grade 3 to 4 laboratory adverse events

Both according to Division of AIDS (DAIDS) Table for Grading the Severity of Adult and Pediatric Adverse Events, version 2.0, published in November 2014.

Nature and extent of the burden and risks associated with participation, benefit and group relatedness (if applicable):

No risk or benefit for the participant. Less time is asked.

Study objective

-

Study design

all will be evaluate at the end of the study

Intervention

none

Contacts

Public

-

B. Silvijs
Utrecht
The Netherlands

-

Scientific

-

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-

Eligibility criteria

Inclusion criteria

- Indication for start of postexposure prophylaxis with either DTG or RAL, next to two NRTI agents which will be prescribed by the attending physician at presentation
- No contra-indications against either DTG or RAL both with TDF / FTC or 3TC in the judgement of the prescribing physician
- Start of PEP \geq 72 hours before the day of study inclusion
- 18 years or older
- Able to understand the study information and sign an informed consent
- Willing and according to the investigator able to follow the study procedures

Exclusion criteria

- pregnancy
- lactation
- baseline laboratory results abnormalities which fall in Grade 3 and 4 according to the Division of AIDS (DAIDS) Table for Grading the Severity of Adult and Pediatric Adverse Events, version 2.0 November 2014
- not being able to adhere to study procedures according to the treating physician
- unable to fill or understand the study questionnaires (provided in Dutch or English)
- active hepatitis B
- eGFR < 60 ml/min
- ALAT > 5 times ULN
- positive HIV serology at baseline

Study design

Design

Study type:	Observational non invasive
Intervention model:	Crossover
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Other
Start date (anticipated):	01-05-2018
Enrollment:	200
Type:	Unknown

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Not applicable	
Application type:	Not applicable

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	NL6926
NTR-old	NTR7122
Other	- : 2018-000974-31

Study results