A randomized, double-blinded, placebo controlled, prospective, clinical phase II study to assess the safety and efficacy of expanded allogeneic adipose-derived stem cells (ASCs) for the treatment of complex perianal fistulas in Crohn???s disease.

Published: 24-04-2008
Last updated: 07-05-2024

To assess the safety (incidence of drug-related adverse events) and efficacy of allogeneic ASCs for the treatment of complex perianal Crohn*s fistulas compared to placebo.

Ethical review	Not approved
Status	Will not start
Health condition type	Gastrointestinal inflammatory conditions
Study type	Interventional

Summary

ID

NL-OMON32259

Source
ToetsingOnline

Brief title
Allogeneic ASCs in Complex Perianal Crohn's Fistulas

Condition

- Gastrointestinal inflammatory conditions

Synonym
Crohn's Disease, fistels

Research involving
Human

Sponsors and support

Primary sponsor: Leids Universitair Medisch Centrum
Source(s) of monetary or material Support: Cellerix

Intervention

Keyword: Allogeneic, Cell therapy, Crohn's Disease, Fistula

Outcome measures

Primary outcome

The number of adverse and serious adverse events,

The reduction in the number of draining fistulas at 12 weeks. Healing being defined as absence of discharge and complete re-epithelization of the external opening of the fistula and absence of collections of >=2 cm directly related to the treated fistulas tracts as measured by MRI.

Secondary outcome

.1. To compare endoscopic changes before and after ASC treatment using the Crohn's disease endoscopic index of severity (CDEIS) and simplified endoscopic activity score for Crohn*s disease (SES-CD);

2. To evaluate the quality of life in patients before and after ASC treatment, using Short-Form-36 (SF-36) and Inflammatory Bowel Disease Questionnaire (IBDQ) scores;

3. To assess changes Crohn*s disease activity index (CDAI) and in the perianal disease activity index (PDAI) before and after ASC treatment;

4. To compare the incidence of peri-anal surgery between the study groups;

5. To summarize the changes from baseline in serum CRP ;

6. To evaluate different MRI classifications;

7. To asses the immunogenicity of ASCs;

8. To study the immunological effects of allogeneic ASC treatment on peripheral

blood mononuclear cells in co-culture systems;

9. To asses the T cell repertoire and immunological properties before and after

ASCs in patients with active luminal disease prior to treatment.

Study description

Background summary

Crohn*s disease (CD) is a sever disorder with significant morbidity and major impact on life. CD can affect any part of the digestive system and symptoms of this chronic illness include abdominal pain, bloating, nausea, vomiting and (bloody) diarrhea. CD also causes mucosal ulcerations, strictures (narrowing of a hollow structure due to scar tissue and swelling) and fistulas (abnormal passages from the intestines to another organ or to the skin).
There is an unmet need for effective medical therapeutics in patients with complex perianal fistulas in CD not responding to the conventional strategies, including biological therapies. The current study is designed to assess the safety and efficacy of expanded allogeneic adipose tissue derived stem cells (ASCs) for the treatment of refractory complex perianal fistulas in CD patients.

Study objective

To assess the safety (incidence of drug-related adverse events) and efficacy of allogeneic ASCs for the treatment of complex perianal Crohn*s fistulas compared to placebo.

Study design

This is a randomized, double-blinded, placebo controlled, prospective, clinical phase II study.

Intervention

Study medication consists of local treatment with expanded allogeneic ASCs or placebo. The cells will be injected in the internal opening and in up to a

maximum of three tracts per fistula.

Study burden and risks

No side effects known in autologous setting.

Contacts

Public
Leids Universitair Medisch Centrum

Albinusdreef 2
2333 ZA Leiden
Nederland
Scientific
Leids Universitair Medisch Centrum

Albinusdreef 2
2333 ZA Leiden
Nederland

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

1. Subject must be at least 18 years of age,
2. Subjects must have had CD for at least three months from the time of initial diagnosis. The diagnosis of CD must have been confirmed endoscopically and/or radiographically,
3. Subjects must have up to a maximum of three peri-anal fistulas with per fistula up to three

visible tracts assessed by MRI unresponsive to conventional treatment (antibiotics, 5ASA, SPS, corticosteroids, thiopurines, methotrexate and infliximab),
4. At some time during the course of the disease, the subject must have received both steroids, immunosuppressive agents (for example, azothioprine, 6-mercaptopurine, methotrexate) and biological therapy such as infliximab,
5. Subject is willing to participate in the study and has signed informed consent,
6. If female and of child-bearing age, subject must be non-pregnant, non-breast-feeding, and use adequate contraception. If male, subject must use adequate contraception.

Exclusion criteria

1. Dominant active luminal disease requiring immediate therapy,
2. Abscesses requiring surgery,
3. Pregnant or breastfeeding women,
4. Presence of significant clinical bowel obstruction,
5. Abnormal liver function,
6. Patient has severe renal insufficiency defined as patients wit a glomerular filtration rate (GFR) below 60 mL/min/1.73 m2 calculated by MDRD (Modification of Diet in Renal Disease),
7. Enteric pathogens, including C. difficile,
8. History of colonic mucosal dysplasia,
9. Subjects with a malignant tumor, except for completely resected basal or squamous cell carcinoma of skin, or patients with a prior history of malignant tumors, unless the neoplastic disease has been in remission for the previous 5 years,
10. Subjects allergic to local anesthetics or gadolinium (MRI contrast),
11. When MRI is unfeasible (e.g. due to the presence of a pacemaker or in case of claustrophobia),
12. Changes in concomitant medication:
- 5-ASA and steroids (prednisone max. 15 mg/d) should be on a stable dose for at least 2 weeks,
- Tacrolimus or cyclosporine should not be administered in the 4 weeks prior to study,
- Immunosuppressants (e.g. azathioprine, 6MP or methotrexate) should be on a stable dose for a te least 6 weeks,
- Infliximab or other anti-TNF antibody therapy should not be administered within 8 weeks prior to enrollment in the study.

Study design

Design

Study phase:	2
Study type:	Interventional

Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Will not start
Enrollment:	50
Type:	Anticipated

Medical products/devices used

Product type:	Medicine
Generic name:	Somatic cels allogenic

Ethics review

Approved WMO

Date:	24-04-2008
Application type:	First submission
Review commission:	CCMO: Centrale Commissie Mensgebonden Onderzoek (Den Haag)

Not approved

Date:	30-05-2008
Application type:	First submission
Review commission:	CCMO: Centrale Commissie Mensgebonden Onderzoek (Den Haag)

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
EudraCT	EUCTR2008-000460-17-NL
CCMO	NL22722.000.08