

# A randomized, controlled extension study of CACZ885H2357 on the treatment and prevention of gout flares in patients with frequent flares and for whom NSAIDs and/or colchicines are contraindicated, not tolerated or ineffective (CACZ885H2357E1)

Published: 28-07-2010

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Primary: Longterm safety and tolerability. Secondary: Time to 1st flare, number and severity of flares, efficiency in treating flares, effect on inflammatory markers, immunogenicity, PK.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Joint disorders
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON34583

### Source

ToetsingOnline

### Brief title

CACZ885H2357E1

### Condition

- Joint disorders

### Synonym

Gout

## Research involving

Human

## Sponsors and support

**Primary sponsor:** Novartis

**Source(s) of monetary or material Support:** Novartis Pharma BV

## Intervention

**Keyword:** acute gout, canakinumab, triamcinolon acetonide

## Outcome measures

### Primary outcome

Adverse effects.

### Secondary outcome

Time to 1st flare, number and severity of flares, efficiency in treating flares, effect on inflammatory markers, immunogenicity, PK.

## Study description

### Background summary

Gout is the most common form of inflammatory joint disease in men over the age of 40 years . It is estimated to affect 0.5-2.8% of men, with a lower rate of occurrence among women, who experience gout, primarily, after menopause. The most common clinical finding in these patients is a sudden onset of an acute gout flare (also referred to as acute gout attack), which is a severe arthritis (monoarticular/ oligoarticular/ polyarticular) in any joints in the body, predominantly seen in a peripheral joint in the leg.

Several lines of evidence suggest that gout inflammation is primarily IL-1 $\beta$  driven and therefore, inflammation in gout may be significantly attenuated with a selective blockade of IL-1 $\beta$ . In line with this, anakinra, an IL-1 receptor antagonist, significantly relieved the pain of acute gout flares in patients who could not tolerate or had failed standard anti-inflammatory therapies for gouty arthritis. Moreover, rilonacept (IL-1 trap), an IL-1 inhibitor decreased the disease activity and pain in patients with chronic active gout and also reduced the occurrence of new gout flares that are often seen during initiation of urate-lowering therapy.

Canakinumab (ACZ885) is a fully human monoclonal anti-human IL-1 $\beta$  antibody. It is designed to bind to human IL-1 $\beta$  and thus blocks the interaction of this cytokine with its receptors. This results in neutralized bioactivity of IL-1 $\beta$ , but does not prevent the binding of the natural inhibitor, IL-1Ra, nor binding to IL-1 $\alpha$ . Detailed background information on the chemistry, pharmacology, toxicology, preclinical and clinical data of canakinumab is also given in the Investigator's Brochure. Results of a single-dose, 8-week Phase II study (CACZ885H2255) in gout patients that were refractory and/ or contraindicated to NSAIDs and/ or colchicine indicated that canakinumab at the selected dose of 150 mg subcutaneously (s.c.) was more effective in treating patient's pain at the time of acute gout flares and also in preventing the occurrence of new gout flares as compared to triamcinolone acetonide 40 mg intramuscularly (i.m.). This is a first follow-up study, open to patients who have successfully completed the study CACZ885H2357 (canakinumab vs triamcinolon acetonide, 12 weeks). Thereafter patients may be eligible to enter a 2nd open non-comparative follow-up study with only canakinumab. This 2nd study is not part of this submission.

## **Study objective**

Primary: Longterm safety and tolerability.

Secondary: Time to 1st flare, number and severity of flares, efficiency in treating flares, effect on inflammatory markers, immunogenicity, PK.

## **Study design**

Multicenter randomized double blind phase III parallel group study.

Patient remains in the randomization group the preceding study:

1. Canakinumab 150 mg s.c.,
2. Triamcinolon acetonide 40 mg i.m.

This study medication will only be administered in case of a gout flare.

Study duration 12 weeks.

Pain killer to be used if needed: paracetamol (max. 3 g daily) or codeïne (max. 180 mg daily) , s.n. prednisolon.

150-200 patients.

## **Intervention**

Treatment with canakinumab or triamcinolon acetonide in case of gout flare.

## **Study burden and risks**

Risk: Adverse effects of study medication.

Burden: 3 visits in 12 weeks (NB 1st visit = last visit of preceding study).

All visits: fasting, blood tests (approx 20 ml/visit, total volume: 65 ml) and questionnaires (VAS, Likert scale, global evaluation, gout questionnaire,

EQ-5D, HAQ-DI or SF-36, work-productivity questionnaire; estimated completion time 15-20 minutes per visit. In case of flare and study drug administration 3-4 visits and 80 mls of blood extra.

In addition: Physical examination (3x), ECG (2x), pregnancy test (2x), diary (use of pain killers, symptoms).

In selected centres: Doppler examination joints (2x).

## Contacts

### **Public**

Novartis

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### **Scientific**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### **Age**

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Successful completion of preceding study CACZ885H2357.

## Exclusion criteria

- Pregnancy and lactation.
- No contraception or insufficiently safe contraception method (women of childbearing potential)

## Study design

### Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Active
Primary purpose:	Treatment

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	17-08-2010
Enrollment:	1
Type:	Actual

### Medical products/devices used

Product type:	Medicine
Brand name:	canakinumab
Generic name:	canakinumab
Registration:	Yes - NL outside intended use
Product type:	Medicine
Brand name:	Kenacort
Generic name:	Triamcinolon acetonide
Registration:	Yes - NL outside intended use

## Ethics review

Approved WMO

Date: 28-07-2010

Application type: First submission

Review commission: RTPO, Regionale Toetsingscie Patientgebonden Onderzoek (Leeuwarden)

Approved WMO

Date: 09-08-2010

Application type: First submission

Review commission: RTPO, Regionale Toetsingscie Patientgebonden Onderzoek (Leeuwarden)

Approved WMO

Date: 31-08-2010

Application type: Amendment

Review commission: RTPO, Regionale Toetsingscie Patientgebonden Onderzoek (Leeuwarden)

## 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
Other	clinicaltrials.gov; registratienummer nnb.
EudraCT	EUCTR2010-018913-32-NL
CCMO	NL33068.099.10