Open-label, Phase 4 Study, investigating the Incidence of Extra-Articular Manifestations in Subjects with Ankylosing Spondylitis treated with Golimumab

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Autoimmune disorders
Study type	Observational invasive

Summary

ID

NL-OMON39096

Source
ToetsingOnline

Brief title
GO-EASY

Condition

- Autoimmune disorders

Synonym
Bechterew disease

Research involving
Human

Sponsors and support

Primary sponsor: Merck Sharp & Dohme (MSD)
Source(s) of monetary or material Support: Pharmaceutische industrie;Merck;Sharp & Dohme

Intervention

Keyword: Bechterew disease, Simponi, Spondylitis Ankylosing

Outcome measures

Primary outcome

Primary Study Objective: Determine the difference in the incidence rate of uveitis in subjects with Ankylosing Spondylitis (AS), before and after treatment with golimumab.

Efficacy Analysis: The Primary Efficacy Endpoint for the study is the difference in the overall incidence rate of uveitis attacks during the 12 months before treatment and after the start of golimumab.

Secondary outcome

Key Secondary Study Objectives:

- Determine the difference in the incidence rate of new onsets or flares of IBD and psoriasis in AS patients before treatment and after the start of golimumab
- Determine the effectiveness of golimumab on AS disease activity, as assessed by BASDAI 50% and ASDAS in routine daily practice.

Exploratory study objectives:

- Determine the effectiveness of golimumab on AS disease parameters (including ASAS20, BASFI, BASMI, MASES, ASQOL) in daily clinical practice

- Investigate the effect of golimumab on the left ventricular heart function (assessed with transthoracal echocardiography) , the cardiac conduction system (determined on routine ECG*s) and carotid intima media thickness (cIMT) (assessed with B-mode echo), as assessed in the participating centers in Amsterdam
- Identify prevalence of CV risk factors and the occurrence of CV events (new diagnosis of hypertension, TIA, CVA, MI, unstable angina pectoris, urgent revascularization) during golimumab treatment.
- Determine the safety of long-term treatment with golimumab in routine daily practice.

Key Secondary Efficacy Endpoints

- The difference in the overall incidence rate of new onsets or flares of IBD and psoriasis during the 12 months before treatment and after the start of golimumab
- Responders with a ASDAS score
- BASDAI 50 response

Exploratory Endpoints, prospectively assessed during entire study:

- The effectiveness of golimumab on AS specific disease parameters in daily practice
- Risk factors for CV disease and the occurrence of CV events as assessed during follow-up

Safety Analysis: The following data will be summarized:

Incidence of serious adverse events (SAEs), with special attention to:

- Percentage of subjects admitted to the hospital and the reason(s) why.

- Percentage of subjects suffering from a severe infection that makes

hospitalization necessary and the type of infection.

- Incidence of other infections during the study period treated with

antibiotics by the general practitioner or the rheumatologist.

- Occurrence of malignancies.

Study description

Background summary

The TNF-blocking agents which are commonly used now in AS, like infliximab, adalimumab and etanercept, do not all have the same efficacy on EAMs.The prevalence of acute anterior uveitis attacks is very high: up to 40% in a life-time of an AS patient and these attacks can result in severe chronic visual impairment if not treated properly. The prevalence of colitis is much lower, approximately 5%, but some TNF-blocking agents seem to be very effective in preventing colitis, whereas others are not. Until now, data concerning the efficacy of golimumab in preventing colitis are lacking. Psoriasis also occurs rather frequently in AS, estimated at 5% of the AS patients, but can also develop in a small number of AS patients during anti-TNF treatment (e.g. pustulosis palmoplantaris). Limited data are available so far concerning the effect of golimumab on psoriasis.
Another important topic nowadays is cardiovascular (CV) disease in inflammatory arthritis patients. Recently, a survey was completed, that indicates that the myocardial infarction (MI) risk in AS patients is increased two-fold in comparison to the general population. Presently, there is accumulating indirect evidence that TNF-blocking agents have favorable effects on the CV risk in inflammatory arthritis patients. This may in part be due to beneficial effects on the lipid profile. Therefore, in the present study, it will be investigated whether treatment with golimumab results in changes in the lipid profile and in the risk of CV events.
According to the definition of disease activity and improvement criteria, a lot

of effort has been made to find some other parameters than BASDAI 50 and Assessment of SpondyloArthritis international Society (ASAS) 20% response, which are based on patient questionnaires. Recently, the ASDAS was developed which seems to be a valuable new tool because it also incorporates the acute phase reactants and joint pain.

Study objective

Until recently there were only few therapeutic options to treat AS. Efficacy is proven for several tumor necrosis factor (TNF)-blocking agents, including golimumab. 2-8 However, up to now, the efficacy of golimumab treatment on EAMs, like anterior uveitis, inflammatory bowel disease (IBD; Crohn's disease or ulcerative colitis), psoriasis and enthesitis, is lacking. In addition, there are limited data on the treatment with golimumab in patients with AS in routine daily practice, since these patients, although eligible for treatment with a TNF-blocking agent, do not necessarily fulfill all criteria of randomised controlled clinical trials. Moreover, data on the efficacy and safety of golimumab during long-term treatment are not yet available. Therefore, a long term prospective follow-up study is necessary to provide this additional information.

Study design

This is an open-label, history-controlled, multi-site study of golimumab in subjects with AS. For evaluation of the primary study end-point, subjects will serve as their own control. The period before start of treatment with an anti-TNF agent will serve as historical control for the incidence of EAMs, with a review of the medical records done for the previous 1 year period. Efficacy and safety will be assessed by means of well-established questionnaires, radiographs, physical examination, recording of the occurrence of CV events as well as serious adverse events (SAEs).

Study burden and risks

Golimumab treatment is efficient in treating AS patients. The risk will not be higher than those mentioned on the package leaflet of Simponi.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

1. Each subject should not have received golimumab before the study.
2. Each subject is prescribed golimumab according to routine daily practice.
3.Each subject must be able to provide retrospective data concerning EAM episodes with a recall period of at least 12 months prior to anti-TNF use.;4. Each subject must be willing and able to provide written informed consent for the study. The legal representative (e.g. parent or guardian) for a subject unable to provide independent consent may provide written informed consent for the subject.;5. Each subject must be >= 18 years of age. A subject may be of either sex, any race/ethnicity.;6. Each subject must have definite AS according to the modified New York criteria in the Netherlands.;7. Each subject must be candidate for treatment with anti-TNF according to the ASAS consensus.;8. Each subject must be able to adhere to dose and visit schedules.

Exclusion criteria

1. Any exclusion criterion as stated in the SPC for golimumab;2. The subject has used any investigational biological or chemical agents within 30 days or 2 half-lives (whichever is longest) of screening.

Study design

Design

Study phase:	4
Study type:	Observational invasive
Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	27-11-2012
Enrollment:	100
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Simponi
Generic name:	Golimumab
Registration:	Yes - NL intended use

Ethics review

Approved WMO Date:	03-07-2012
Application type:	First submission
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	23-07-2012
Application type:	First submission
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	20-09-2012

Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	04-10-2012
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	15-10-2012
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	21-12-2012
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	15-01-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	28-01-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	14-02-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	21-03-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	25-03-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	10-04-2013

Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	16-04-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	18-04-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	22-04-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	08-07-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	11-07-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	09-09-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)
Approved WMO Date:	24-09-2013
Application type:	Amendment
Review commission:	METC Slotervaartziekenhuis en Reade (Amsterdam)

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	EUCTR2012-002458-21-NL
CCMO	NL40935.048.12