A randomized, double-blind, double-dummy, multi-center study to assess safety and efficacy of BAY 94-8862 in subjects with emergency presentation at the hospital because of worsening chronic heart failure with left ventricular systolic dysfunction and either type 2 diabetes mellitus with or without chronic kidney disease or moderate chronic kidney disease alone versus eplerenone

Published: 03-05-2013
Last updated: 24-04-2024

Primary objective of the study is• To investigate efficacy and safety of different oraldoses of BAY94-8862 given once daily over 90 daysThe secondary objectives are:•To assess the effects of these doses on a compositeendpoint of death from any cause...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Heart failures
Study type	Interventional

Summary

ID

NL-OMON40147

Source
ToetsingOnline

Brief title
ARTS-HF

Condition

- Heart failures
- Diabetic complications
- Renal disorders (excl nephropathies)

Synonym
heart failure - insufficient heart pumping

Research involving
Human

Sponsors and support

Primary sponsor: Bayer
Source(s) of monetary or material Support: Bayer HealthCare AG

Intervention

Keyword: Heart Decompensation, Insufficient Heart pumping

Outcome measures

Primary outcome

Relative decrease in N-terminal prohormone B-type natriuretic peptide

(NT-proBNP). From baseline to 90 days.

Secondary outcome

Change in blood potassium From baseline

to 90 days

Change in blood pressure From

baseline to 90 days

Change in heart rate From

baseline to 90 days

Number of participants with adverse events as a

measure of safety and tolerability Up to 120

days

Study description

Background summary

Current treatment for Congestive Heart Failure (HF) consists of angiotensin-converting enzyme inhibitors, angiotensin receptor blockers and beta-blockers. Despite their use, aldosterone and cortisol levels remain inappropriately elevated in patients with signs and symptoms of worsening chronic heart failure (WCHF). This may contribute to cardio-renal dysfunction. The deleterious neurohormonal profile and the observation that mineralocorticoid receptor antagonists (MRAs) significantly reduce morbidity and mortality in HF has prompted studying the utility of MRAs in WCHF. BAY94-8862 is a novel non-steroidal MRA. Safety and efficacy of different oral doses of BAY94-8862 will be investigated in subjects with WCHF and either type 2 diabetes mellitus with or without chronic kidney disease (CKD) or moderate CKD alone in comparison to eplerenone.

Study objective

Primary objective of the study is
• To investigate efficacy and safety of different oral doses of BAY94-8862 given once daily over 90 days
The secondary objectives are:
•To assess the effects of these doses on a composite endpoint of death from any cause, CV hospitalizations, or emergency presentations for WCHF until Visit 9 (Day 90±2)
•To assess the effects of these doses on BNP, and NT proBNP at Visit 5 (Day 30±2), Visit 7 (Day 60±2), and Visit 9 (Day 90±2)
• To assess the change in health-related quality of life from baseline to Visit 5 (Day 30±2) and Visit 9 (Day 90±2) assessed by the Kansas City Cardiomyopathy

Questionnaire and EQ-5D-3L

Study design

Multi-center, randomized, adaptive, double-blind, double-dummy, comparator-controlled parallel-group design.

Intervention

2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, and 20 mg BAY 94-8862 once daily will be compared to eplerenone 25 mg every other day, 25 mg once daily, or 50 mg once daily for safety, tolerability, effects on cardiac function by changes in concentrations of various biomarkers; pharmacokinetics of BAY 94-8862 and health-related quality of life (HRQoL) will be assessed.

Study burden and risks

Up to 10 study visits in 120 days. (3/9 visits may possibly occur whilst hospitalised).
Blood samples at each study visit.
Two questionnaires to complete at 4 visits. EQ-5D-3L - 2 pages in length and KCCQ consists of 23 items.
Physical Examination at 4 visits.
ECG assessment at 8 visits.
Some patients may need to stop current medication before entering the study.
BAY94-8862 may have some therapeutic benefit, however this cannot be guaranteed. Patients are at risk
of experiencing side effects.

Contacts

Public
Bayer

Energieweg 1
Mijdrecht 3641RT
NL
Scientific
Bayer

Energieweg 1
Mijdrecht 3641RT
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

• Men and women aged 18 years and older. The lower age limit may be higher if legally requested in the participating country
• Women of childbearing potential can only be included in the study if a pregnancy test is negative and if they agree to use adequate contraception when sexually active. Adequate contraception is defined as a combination of at least 2 effective methods of birth control, of which at least one is a physical barrier (e.g. condoms with hormonal contraception or implants or combined oral contraceptives, certain intrauterine devices)
• Subjects with worsening chronic heart failure requiring emergency presentation to hospital and treatment with intravenous diuretics at hospital;• Subjects with clinical diagnosis of CHF either ischemic or non ischemic, NYHA functional class II -IV;• Subjects with type 2 diabetes mellitus ;and / or;Subjects with 30 mL/min/1.73m2 < or = eGFR < or = 60 mL/min/1.73m2 (MDRD)(23) at screening ;• Left ventricular ejection fraction (LVEF) < or = 40%;• Blood potassium <= 5.0 mmol/L at screening ;• Systolic blood pressure > or = 90 mmHg without signs and symptoms of hypotension at the screening visit

Exclusion criteria

• Acute de-novo heart failure or acute inflammatory heart disease, e.g. acute myocarditis;• Acute coronary syndrome (ACS) in the last 30 days prior to screening ;• Cardiogenic shock;• Valvular heart disease requiring surgical intervention during the course of the study;• Stroke or transient ischemic cerebral attack in the last 3 months prior to the screening visit;• Concomitant treatment with any MRA, renin inhibitor, or potassium-sparing diuretic

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:	Recruitment stopped
Start date (anticipated):	19-09-2013
Enrollment:	69
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	BAY 94-8862
Generic name:	nog niet bekend
Product type:	Medicine
Brand name:	INSPRA
Generic name:	eplerenone
Registration:	Yes - NL intended use

Ethics review

Approved WMO

Date:	03-05-2013
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date:	07-08-2013
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	10-10-2013
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	15-10-2013
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	13-03-2014
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	26-03-2014
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

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	EUCTR2012-002627-15-NL
ClinicalTrials.gov	NCT01807221

Register	ID
CCMO	NL44105.042.13