Trough level-based dose reduction during infliximab maintenance treatment in Crohn*s disease

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To evaluate the efficacy and safety of infliximab dose reduction guided by serial trough level measurements, compared to treatment as usual (no dose reduction), in Crohn*s disease patients who are in stable remission with infliximab maintenance...

Ethical review	Approved WMO
Status	Will not start
Health condition type	Gastrointestinal inflammatory conditions
Study type	Interventional

Summary

ID

NL-OMON40729

Source
ToetsingOnline

Brief title
REDIX

Condition

- Gastrointestinal inflammatory conditions

Synonym
Crohn's disease, Morbus Crohn

Research involving
Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum
Source(s) of monetary or material Support: Ministerie van OC&W,Stichting Achmea Gezondheidszorg

Intervention

Keyword: Crohn's disease, Dose reduction, Infliximab

Outcome measures

Primary outcome

Proportion of patients with sustained clinical remission

Secondary outcome

Proportion of patients with clinical and biochemical relapse; Time to relapse;

Presence of predictive factors for successful IFX dose reduction with specific

focus on smoking status, body mass index and extent of disease; Laboratory

tests (CRP and fecal calprotectin) at all study visits; Adverse events;

Economic evaluation; Pharmaco-economic evaluation; Quality of life; Yearly

total IFX dose per patient.

Study description

Background summary

Recent observations suggest that not all Crohn*s disease (CD) patients who are in stable remission with infliximab (IFX) maintenance therapy may need the recommended dose of 5 mg/kg, as long as IFX trough levels (TL) (e.g. serum drug level measured just before the next administration) remain therapeutic

Study objective

To evaluate the efficacy and safety of infliximab dose reduction guided by serial trough level measurements, compared to treatment as usual (no dose reduction), in Crohn*s disease patients who are in stable remission with infliximab maintenance therapy.

Study design

Single-blind prospective controlled randomized trial.

Intervention

Patients in the intervention arm will undergo stepwise dose reduction of IFX. IFX dose will be decreased by 1 mg/kg, every 16 weeks. Dose reduction ends in case of one or more of the following:
-Relapse, defined as:
- Rise of *3 points (compared to baseline) of total HBI score to a value of >4 (clinical relapse) in combination with CRP >5 mg/l - AND/OR calpro >250 measured at previous infusion visit
-AND/OR IFX TL <7 prior to the latest infusion.
Patients in the control arm will receive continued IFX at 5 mg/kg at an 8 week interval.

Study burden and risks

Participation will result in additional blood sampling, since TLs will be measured every 8 weeks. However, no additional venous punctures will be performed, since blood sampling is performed directly before IFX infusion. All other laboratory tests can be considered as routine care. No additional hospital visits are required.
Current evidence indicates that TLs >3 suffice, and dose reduction will be only performed when TLs remain >7. We expect that IFX dose reduction while maintaining adequate TLs is not associated with an increased risk of relapse. Moreover, we hypothesize that reducing IFX dose in patients with supratherapeutic TLs, will lead to less side effects.

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

-Diagnosis of CD based on endoscopy and pathology
-18 years or older
-At least 6 months in remission, defined as:
---Harvey Bradshaw Index *4,
---Normal serum C-reactive protein (CRP) level (<5 mg/l), and
---Low fecal calprotectin level (< 250 ug/g)
-IFX therapy >6 months at 5 mg/kg every 8 weeks with or without concomitant immunosuppression (stable for > 3 months).
-IFX TL > 7 ug/ml.

Exclusion criteria

-Non-adherence to the 8 weekly infusions schedule in the past
-Participation in another therapeutic trial
-Prior dose adjustments or interval shortening of IFX

Study design

Design

Study phase:	4
Study type:	Interventional
Intervention model:	Parallel

Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Will not start
Enrollment:	54
Type:	Anticipated

Medical products/devices used

Product type:	Medicine
Brand name:	Remicade
Generic name:	infliximab
Registration:	Yes - NL intended use

Ethics review

Approved WMO

Date:	01-04-2014
Application type:	First submission
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

ID: 22458
Source: NTR
Title:

In other registers

Register	ID
EudraCT	EUCTR2013-001029-17-NL
CCMO	NL48325.018.14
OMON	NL-OMON22458