A 52-week, multicenter, randomized, double-blind study of subcutaneous secukinumab to demonstrate efficacy as assessed by Psoriasis Area and Severity Index at 16 weeks of treatment compared to ustekinumab and to assess long-term safety, tolerability and efficacy in subjects with moderate to severe plaque psoriasis (CAIN457A2317)

Published: 06-12-2013
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Primary: To demonstrate the superiority of secukinumab in subjects with moderate to severe plaque psoriasis based on the proportion of PASI 90 responders at Week 16, compared to ustekinumab.Secondary: To demonstrate the superiority of secukinumab in...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Skin and subcutaneous tissue disorders NEC
Study type	Interventional

Summary

ID

NL-OMON41309

Source
ToetsingOnline

Brief title
CAIN457A2317

Condition

- Skin and subcutaneous tissue disorders NEC

Synonym
plaque psoriasis; psoriasis vulgaris

Research involving
Human

Sponsors and support

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

Intervention

Keyword: plaque, psoriasis, secukinumab, ustekinumab

Outcome measures

Primary outcome

PASI 90 week 16.

Secondary outcome

PASI 75 week 4, PASI 90 week 52, adverse effects.

Study description

Background summary

Plaque psoriasis (psoriasis vulgaris) is the most frequent clinical presentation of psoriasis. Psoriasis is a chronic disease with often a severe impact on the quality of life.
The classic treatment is topical treatment with creams, ointments etc. (e.g. corticosteroids), UV light therapy and systemic treatments like methotrexate and cyclosporin. Treatment options have increased with the arrival of biological treatments (especially TNF*-inhibitors, such as adalimumab, etanercept and infliximab), but the place of these newer treatments must be investigated. The existing biological have the disadvantage of relatively frequent administration (adalimumab en etanercept, subcutaneously) or of intravenous administration (infliximab). The percentage of patients with an

inadequate response to TNF*-inhibitors can be as high as 40-60%.
The arrival of a new class of systemic, biological drugs such as ustekinumab (interleukin (IL)-12/23 inhibitor) has provided more treatment options. Ustekinumab has shown good clinical efficacy. PASI response rates were better than those of etanercept and comparable to PASI response rates of infliximab and efficacy was generally maintained up to 3 years after initiation of treatment.
Secukinumab is a recombinant high-affinity fully human monoclonal anti-human Interleukin-17A antibody of the IgG1/*-class. Secukinumab binds to human IL-17A and neutralizes the bioactivity of this cytokine. IL-17A is pivotal in several autoimmune and inflammatory processes. Its neutralization is expected to treat the underlying pathophysiology of immune mediated disease, and as a consequence provide relief of psoriatic symptoms.
This study aims to provide additional data on the use of secukinumab for moderate to severe psoriasis in comparison with ustekinumab.

Study objective

Primary: To demonstrate the superiority of secukinumab in subjects with moderate to severe plaque psoriasis based on the proportion of PASI 90 responders at Week 16, compared to ustekinumab.
Secondary: To demonstrate the superiority of secukinumab in week 52 in PASI 90 and onset of effect (proportion of subjects achieving PASI 75 at Week 4).
Safety and tolerability.

Study design

Multicenter randomized double-blind phase III parallel-group study.
Randomization (1:1) to:
* Secukinumab 300 mg (s.c. injections every 4 weeks) *)
* Ustekinumab 45 or 90 (depending on body weight) mg s.c. (s.c. injections every 12 weeks).
*) after loading period of 4 week with weekly injections.
Secukinumab injections contain 150 mg of active drug. Therefore 2 injections with active drug will be given every 4 weeks.
Ustekinumab injections contain 45 mg of active drug. Therefore both 12 weekly injections may contain active drug (ustekinumab 90 mg) or one may contain active drug and one placebo (ustekinumab 45 mg).
Placebo injections (2 per occasion) will be used for the ustekinumab group at 4 and 8 weeks after the last active dose.
Screening period of max. 4 weeks. Treatment period approx. 1 year. Follow-up 4 weeks.
Evaluation of efficacy at week 16.
Approx. 640 patients.

The study will be extended by up to one year (until week 104). In the

Netherlands, the extension will be about half a year.
The Netherlands also participates in the extension of this study despite secukinumab now registered and available in the Netherlands. The unblinding can only happen as soon as the database lock of the 52 week data is performed, expected mid-September 2015. Once the unblinding has occurred the physician can decide with the patient to continue or change the treatment.

Intervention

Treatment with secukinumab or ustekinumab.

Study burden and risks

Risk: Adverse effects of study medication.
Burden when study duration 80 weeks:
Study duration approx. 1.5 year. Approx. 25 visits. Fasting 1x. Duration 1-2 h per visit.
Approx. 20 times s.c. administration of study medication (2 s.c. injections/occasion).
Physical examination 11 times.
Blood tests approx. 11 times, 7-25 ml/occasion.
ECG 1 time.
4 Questionnaires (quality of life and work productivity) 10 times.
Questionnaire on pain, itching and scaling every visit up to week 28 and week 48, 52, 72 and end of study visit.

Contacts

Public
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NL
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

* Male or female patients at least 18 years of age.
* Chronic moderate to severe plaque type psoriasis for at least 6 months.
* Candidate for systemic therapy.
See protocol page 29 for details and more criteria.

Exclusion criteria

* Forms of psoriasis other than chronic plaque type psoriasis.
* Prior exposure to secukinumab or any other biologic drug directly targeting IL-17 or IL-17 receptor.
* Previous exposure to ustekinumab or any therapies targeting IL-12 or IL-23.
* Pregnant or lactating women.
* Women of child-bearing potential using inadequate contraception.
* Active systemic infections during the last two weeks and/or history of chronic or recurrent infectious disease or evidence of tuberculosis infection.
* Plans for administration of live vaccines during the study period or 6 weeks prior to randomization.
See protocol 29-31 for details and more criteria.

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):	03-04-2014
Enrollment:	25
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Cosentyx
Generic name:	secukinumab
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Stelara
Generic name:	ustekinumab
Registration:	Yes - NL intended use

Ethics review

Approved WMO Date:	06-12-2013
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	30-01-2014
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United

	(Nieuwegein)
Approved WMO Date:	24-02-2014
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	03-03-2014
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	13-03-2014
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	21-03-2014
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	31-03-2014
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	17-06-2014
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	27-06-2014
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	16-04-2015

Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	24-04-2015
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	14-08-2015
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	17-08-2015
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)

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	EUCTR2013-003434-32-NL
ClinicalTrials.gov	NCT02074982
CCMO	NL47102.060.13