A phase IIa, randomized, double-blind, placebo controlled, parallel group study to assess the safety and efficacy of subcutaneously administered BI 655066 (risankizumab) as add-on therapy over 24 weeks in patients with severe persistent asthma.

Published: 01-06-2015
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Evaluate efficacy and safety of risankizumab compared to placebo in patients with severe persistent asthma over a 24-week treatment period.

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Respiratory disorders NEC
Study type	Interventional

Summary

ID

NL-OMON45129

Source
ToetsingOnline

Brief title
1311.14

Condition

- Respiratory disorders NEC

Synonym
Severe asthma

Research involving
Human

Sponsors and support

Primary sponsor: Boehringer Ingelheim
Source(s) of monetary or material Support: Boehringer Ingelheim BV

Intervention

Keyword: Monoclonal antibody, Risankizumab, Severe asthma, Sputum specimen collection

Outcome measures

Primary outcome

Time to first asthma worsening during the planned 24 week treatment period.

Secondary outcome

1. Annualized rate of asthma worsening during the planned 24-week treatment

period

2. Annualized rate of severe asthma exacerbation during the planned 24-week

treatment period

3. Weekly ACQ5 score at week 24

4. Trough FEV1 in-clinic change from baseline at week 24

5. Post-bronchodilator FEV1 in-clinic change from baseline at week 24

6. Time to first severe asthma exacerbation during the planned 24-week

treatment period

7. Time to first asthma worsening during the planned 24-week treatment period

Study description

Background summary

Asthma is a common chronic disease. The clinical features of asthma include recurrent episodes of wheezing, breathlessness, chest tightness and cough. Many patients with severe asthma do not have their symptoms controlled even after taking current therapies that are available, and experience frequent asthma exacerbations.

Risankizumab belongs to a class of drugs known as *monoclonal antibodies*. Risankizumab attaches to specific proteins, called 'IL-23 p19' and affects this protein. This protein is involved in chronic inflammatory diseases like asthma.

Study objective

Evaluate efficacy and safety of risankizumab compared to placebo in patients with severe persistent asthma over a 24-week treatment period.

Study design

This clinical study is to be conducted at approximately 70 centra in approximately 10 countries with a total of approximately 200 patients.
In the Netherlands, approximately 6 patients will participate the study.
The treatment period will be 24 weeks. During this period, 6 injections of risankizumab or placebo (1:1) will be given to the patients: day 1, week 4, week 8, week 12, week 16, week 20.

Intervention

Risankizumab / placebo dosing 90 mg/mL subcutaneously administered. Every 4 weeks from randomisation in patients with severe persistent asthma (1:1). This will be administered on day 1, 29, 57, 85, 113 and 141.

Study burden and risks

During all visits (except visit 11), a pregnancy test will be performed (if applicable), routine lab tests, including PK samples will be performed.
Risankizumab will be administered at visit 2, 3, 4, 5, 6 and 7.
During all visits, questionnaires (ACQ) will be completed by the patient. Every daty, the patient will complete an e-diary.
Physical examination will be performed at screening, visit 2, visit 5, EOT and EOO. During all visits, a pulmonary function test will be performed. Sputum induction will be performed at screening, visit 2, visit 7 and EOT.
Vital functions will be measured at all visits (except visit 11) and ECG will be performed at screening, visit 2, visit 3, 5, EOT, FU and EOO.
Visits will last for approximately 3 hours.
E-diary with pulmonary function test: daily
For details in de flowchart, please refer to pages 5-7 of the protocol.

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. Male or female patients aged at least 18 years but not more than 75 years.
2. Pre-bronchodilator clinic measured FEV1 of >=40% and <=85% of predicted normal at the screening visit.
3. A minimum of one year history of asthma diagnosed by a physician, and have FEV1 reversibility as defined by an improvement in FEV1 >=12% and an absolute change of at least 200 ml starting within 15 to 30 minutes after administration of 400 µg salbutamol (albuterol) via MDI. Reversibility testing is performed at the screening visit (visit 1B). If reversibility criteria are not met, the patient may still be randomized if there is:
- documented evidence of reversibility with improvement in FEV1 >=12% above baseline and an absolute increase of at least 200 ml in the 2 years prior to visit 2 (randomization visit) or
- documented evidence of airway hyperresponsiveness (methacholine: PC20 of <8 mg/ml) in the 2 years prior to visit 2 (randomization visit) or

- documented evidence of airflow variability in clinic FEV1 >=20% between two clinic visits documented in the 12 months prior to visit 2 (randomization visit)
If reversibility criteria are not met at visit 1B and if any of the above historic data are not available, reversibility testing can be repeated up to twice during screening period at seperate visits. For the first retest, 400 µg salbutamol via MDI should be used, and for the second retest, up to 800 µg salbutamol via MDI or 2.5 mg nebulized albuterol should be used. Reversibility testing must not occur on the day of randomization. Additional guidelines for reversibility testing can be found in Appendix 10.1.
4. Patients must be on at least medium dose inhaled corticosteroids and at least one other asthma controller medication for at least one year prior to the date of screening. Asthma therapy must have been documented and must be stable for at least 4 weeks prior to the date of screening.
5. Patients must have documented history of at least one of the following criteria:
a) two or more severe asthma exacerbations in the last 12 months, or
b) one severe asthma exacerbation in the last 12 months requiring hospitalization or emergency room visit, or
c) one severe asthma exacerbation in the last 6 months not requiring hospitalization or emergency room visit, prior to the date of screening visit (visit 1B). Patients must not have a severe asthma exacerbation in the 6 weeks prior to screening visit. Patients with only one severe asthma exacerbation in the last 6 months (category c, but not a or b) will be limited to approximately 25% of the total patient population.
6. Patients should be a non-smoker or ex-smoker who stopped smoking at least one year prior to screening. Ex-smokers must have a smoking history of less than 10-pack years.

Exclusion criteria

1. Patients with a significant disease other than asthma.
2. Patients who are not able to produce sputum or sputum samples of sufficient quality.
3. Patients who had clinically relevant history of intubation for asthma exacerbation in the past year.
4. Patients diagnosed with any concurrent respiratory disease.
5. Recent history (within 6 months) of myocardial infarction or hospitalized for cardiac failure in the past year.
6. Patients who have undergone thoracotomy with pulmonary resection.
7. Patients who have undergone bronchial thermoplasty or radiotherapy procedure in the past year or have planned procedures during the study.
8. Patients taking oral corticosteroids with a total daily dose of more than 20 mg prednisone (or equivalent) in the past 6 weeks.
9. Pregnant or nursing women.
10. Women of childbearing potential that, if sexually active, is unwilling to use a highly effective method of birth control.
11. Clinically relevant acute infections or chronic infections.
12. Have received any live bacterial or live viral vaccination in the last12 weeks.
13. Have received Bacille Calmette-Guerin (BCG) vaccination in the last 12 months.
14. Have received treatment with ustekinumab (Stelara®).

15. Have received treatment with any other biologics in the last 3 months or within 6 times the half-life of the compound.
16. History of allergy or hypersensitivity to biologic agents or its excipients, or hypersensitivity to beta-adrenergic medications.

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):	18-01-2016
Enrollment:	3
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	risankizumab
Generic name:	unknown

Ethics review

Approved WMO

Date:	01-06-2015
Application type:	First submission

Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	25-08-2015
Application type:	First submission
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	11-12-2015
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	09-03-2016
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	06-04-2016
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	18-05-2016
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	16-08-2016
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	19-09-2016
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	22-03-2017
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	30-03-2017
Application type:	Amendment

Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	11-09-2017
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	03-10-2017
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)
Approved WMO Date:	22-11-2017
Application type:	Amendment
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)

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	EUCTR2014-004932-20-NL
CCMO	NL53076.058.15