# **Evaluation of safety and tolerability of pirfenidone in asbestosis, a multicenter study**

Published: 01-11-2018 Last updated: 10-04-2024

to investigate the safety and tolerability of pirfenidone in asbestosis patients

**Ethical review** Approved WMO

**Status** Recruitment stopped

**Health condition type** Lower respiratory tract disorders (excl obstruction and infection)

**Study type** Interventional

## **Summary**

#### ID

NL-OMON47764

#### Source

**ToetsingOnline** 

#### **Brief title**

PIRF-asbestosis

#### **Condition**

Lower respiratory tract disorders (excl obstruction and infection)

#### **Synonym**

black lung disease, pneumoconiosis

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Nederlandse vereniging voor artsen voor longziekten en tuberculose

**NVALT** 

Source(s) of monetary or material Support: Roche BV

#### Intervention

**Keyword:** asbestosis, fibrosis, pirfenidone, safety

#### **Outcome measures**

#### **Primary outcome**

The primary objective is to investigate the safety and tolerability of pirfenidone in asbestosis patients as measured by weekly digital symptom and AE score

#### **Secondary outcome**

Secondary objective is describing the effect of pirfenidone, as measured by daily home spirometry, in-hospital pulmonary function (spirometry and diffusion capacity), 6-minute walking test and patient reported outcomes as measured by King\*s Brief Interstitial Lung disease Questionnaire (K-BILD) and Leicester Cough Questionnaire (LCQ).

# **Study description**

#### **Background summary**

Recently, antifibrotic therapy has been approved for the treatment of idiopathic pulmonary fibrosis (IPF), a progressive fibrotic lung disease. Pirfenidone is an antifibrotic agent with anti-inflammatory properties that has been shown to reduce disease progression significantly, as measured by changes in forced vital capacity (FVC). The tolerability and effect of pirfenidone on other fibrosing lung diseases like asbestosis is not clear yet. Asbestosis is a rare and progressive pneumoconiosis, caused by inhalation of asbestos fibers. The disease course is variable but characterized by progressive fibrosis. Sometimes, disease appearance and disease course are hard to distinguish from idiopathic lung fibrosis (IPF). There is currently no specific treatment for asbestosis, except preventive and supportive measures like smoking cessation and supplemental oxygen when needed.

#### Study objective

2 - Evaluation of safety and tolerability of pirfenidone in asbestosis, a multicente ... 6-05-2025

to investigate the safety and tolerability of pirfenidone in asbestosis patients

#### Study design

This is a prospective, multicenter descriptive safety study

#### Intervention

the patients receive treatment with pirfenidone 3 times daily 801mg during 24 weeks

#### Study burden and risks

The patients are asked to perform a home monitoring program with real-time wireless home spirometry and weekly symptom and AE score to assess safety and tolerability. A recent pilot study in IPF showed that the majority of patients considered daily spirometry easy (80%) and not burdensome at all (90%), the other patients were neutral. All patients considered real-time spirometry useful and would recommend it to others, 90% wished to continue home monitoring after the pilot.

amount and number of blood samples: 7x (at inclusion, and 6x monthly during treatment)

number of site visits & physical examinations 4X (at inclusion, week 0, 12 and 24 of treatment)

number of pulmonary function test: 4X (at inclusion, week 0, 12 and 24 of treatment)

number of 6 minute walking tests: 4x (at inclusion, week 0, 12 and 24 of treatment)

number of questionnaire: 4X (at inclusion, week 0, 12 and 24 of treatment) King\*s Brief Interstitial Lung disease Questionnaire (K-BILD) and Leicester Cough Questionnaire (LCQ).

risks associated with the investigational treatment: summary of the safety profile of Pirfenidone from CPC text.

The most frequently reported adverse reactions during clinical study experience with pirfenidone at a dose of 2,403 mg/day compared to placebo, respectively, were nausea (32.4% versus 12.2%), rash (26.2% versus 7.7%), diarrhoea (18.8% versus 14.4%), fatigue (18.5% versus 10.4%), dyspepsia (16.1% versus 5.0%), anorexia (11.4% versus 3.5%), headache (10.1% versus 7.7%), and photosensitivity reaction (9.3% versus 1.1%).

Tabulated list of adverse reactions

The safety of pirfenidone has been evaluated in clinical studies including 1,650 volunteers and patients. Pirfenidone has been investigated in open studies for more than five years and some for up to 10 years.

## **Contacts**

#### **Public**

Nederlandse vereniging voor artsen voor longziekten en tuberculose NVALT

Luijbenstraat 15 's-Hertogenbosch 5211BR NL

#### Scientific

Nederlandse vereniging voor artsen voor longziekten en tuberculose NVALT

Luijbenstraat 15 's-Hertogenbosch 5211BR NL

## **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

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

#### Inclusion criteria

Patients (40-85 years) with confirmed asbestosis by Dutch NVALT IPF expertise-panel (History of asbestos exposition with 15-30 years latency; AND pleural plaques OR asbestos fibers in pulmonary lavage OR asbestos fibers confirmed in lung biopsy), AND criteria 1-6;1. written informed consent

- 2. FVC \* 50% predicted, DLCO \* 25%
- 3. Minimal 6 minute walk test distance 150 meter
- 4. FEV1/FVC > 0.70
- 5. Documented disease progression in 3-6 months (absolute of relative FVC decrease 5% in 3-6 months or absolute or relative DLCOc decrease > 10% in 3-6 months, or decrease \* 25 meter on 6 minute walk test in 3-6 months)

#### **Exclusion criteria**

- 1. current smoker
- 2. > 15% emphysema on HRCT thorax
- 3. >10mg prednisone daily or other immunosuppressant (MTX, azathioprine, cyclophosphamide)
- 4. malignancy
- 5. Hepatic impairment (History of hepatic impairment, elevation of transaminase enzymes, or the confirmation of any of the following liver function test criteria above the specified limits: Total bilirubin above the upper limit of normal (ULN), Aspartate aminotransferase (AST) or alanine aminotransferase (ALT)  $>1.5 \times ULN$ , Alkaline phosphatase  $> 2.0 \times ULN$ )
- 6. Renal impairment (GFR < 30 ml/min or dialysis)
- 7.Pregnancy
- 8. Concomitant use of a strong and selective inhibitor of CYP1A2 (Fluvoxamin, enoxacin)

# Study design

### **Design**

Study phase: 2

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 26-04-2019

Enrollment: 10

Type: Actual

## Medical products/devices used

Product type: Medicine

Brand name: Esbriet

Generic name: pirfenidone

Registration: Yes - NL outside intended use

## **Ethics review**

Approved WMO

Date: 01-11-2018

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 07-03-2019

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 19-06-2019

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 04-05-2020

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

# **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 EUCTR2018-001781-41-NL

CCMO NL61183.078.18