A Phase 2 Study to Investigate the Safety and Efficacy of ABBV-105 and Upadacitinib Given Alone or in Combination (ABBV-599 Combination) in Subjects with Moderately to Severely Active Systemic Lupus Erythematosus

Published: 09-12-2019
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The main objective of this study is to evaluate the safety and efficacy of ABBV-105, upadacitinib, and ABBV-599 versus placebo for the treatment of signs and symptoms of SLE in participants with moderately to severely active SLE and to define doses...

Ethical review	Approved WMO
Status	Completed
Health condition type	Autoimmune disorders
Study type	Interventional

Summary

ID

NL-OMON49791

Source
ToetsingOnline

Brief title
M19-130

Condition

- Autoimmune disorders

Synonym
SLE; Lupus

Research involving

Human

Sponsors and support

Primary sponsor: AbbVie Deutschland GmbH & Co. KG
Source(s) of monetary or material Support: AbbVie

Intervention

Keyword: Lupus, SLE

Outcome measures

Primary outcome

SLE Responder Index (SRI)-4 and steroid dose <= 10 mg prednisone equivalent QD at Week 24.

SLE Responder Index (SRI)-4 is defined as >= 4-point reduction in Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K) score without worsening of the overall condition (no worsening in Physician's Global Assessment (PhGA), < 0.3 point increase) or the development of significant disease activity in new organ systems (no new British Isles Lupus Assessment Group ([BILAG]) A or > 1 new BILAG B).

Secondary outcome

1. SRI-4 (without <= 10 mg prednisone equivalent once a day [QD] requirement)

2. SRI-5, -6, -7, -8 (and steroid dose <= 10 mg prednisone equivalent QD at Weeks 24 and 48; without <= 10 mg prednisone equivalent QD requirement at all other visits)

3. BILAG Based Combined Lupus Assessment (BICLA)

4. Lupus Low Disease Activity State (LLDAS)

5. Change in SLEDAI-2K

6. Steroid burden, assessed as change from baseline

7. Number of flares by Safety of Estrogens in Lupus Erythematosus National Assessment SELENA SLEDAI flare index, assessed by number and types of flare per patient compared across treatment arms

8. Time to first flare by SELENA SLEDAI flare index after first study drug administration up to Week 24 and Week 48.

9. Achievement of 50% reduction of tender or swollen lupus joints (of those starting with >=6 joints) (defined as >=50% decrease in either tender or swollen joints (among those starting with >=6 affected joints)

10. Achievement of 50% reduction in Cutaneous Lupus Erythematosus Disease Area and Severity Index (CLASI) activity score (of those starting with CLASI >=10)

11. Change in SLEDAI-2K from Baseline

12. Change in BILAG from Baseline

13. Change in PhGA from Baseline

14. Change from Baseline Functional Assessment of Chronic Illness Therapy - fatigue (FACIT-F) at Weeks 2, 12, 24, and 48

15. Change from Baseline in SF-36 at Weeks 2, 12, 24 and 48

16. Change from Baseline Lupus Quality of Life questionnaire (LupusQoL) at Weeks 2, 12, 24 and 48

17. Change from Baseline Pain Numerical Rating Scale (NRS) at Weeks 2, 12, 24 and 48

Study description

Background summary

Systemic Lupus Erythematosus (SLE) is a long-term, autoimmune disease that causes inflammation (swelling) and pain in connective tissues and affects several organs. In addition to affecting skin and joints, SLE can also affect the kidneys, lungs, heart, and brain. Some symptoms of SLE are extreme tiredness, discomfort, fever, loss of appetite, joint pain, muscle pain, and weakness. Skin problems like a flat, red rash across cheeks and bridge of nose, called *butterfly rash* can occur. About one-third of people with SLE develop kidney disease. People with SLE have episodes in which the condition gets worse and other times, when it gets better. The purpose of the study is to see if ABBV-105 and upadacitinib, given alone or in combination are safe and effective to treat signs and symptoms of SLE.

Study objective

The main objective of this study is to evaluate the safety and efficacy of ABBV-105, upadacitinib, and ABBV-599 versus placebo for the treatment of signs and symptoms of SLE in participants with moderately to severely active SLE and to define doses for further development.

Study design

Randomised, double blind, parallel group, placebo controlled.

Intervention

Oral ABBV-105 and/or upadacitinib and/or matching placebo administered during the 48-week treatment period.

Study burden and risks

There will be a higher treatment burden for participants in this trial compared to their standard of care. Participants will attend regular visits during the study at a hospital or clinic. The effect of the treatment will be checked by medical assessments, blood tests, and checking for side effects and completing questionnaires.

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

• Adult male or female, 18 -65 years of age, inclusive, at Screening
• SLE by ACR 2012 or SLICC Diagnostic Criteria
• At Screening, must have at least one of the following:
* ANA+ (titer >= 1:80)
* anti-dsDNA+
* anti-Smith+
• SLEDAI-2K >= 6 as reported and independently adjudicated (excluding lupus headache and/or organic brain syndrome) (clinical score >= 4) at Screening. If 4 points of the required entry points are for arthritis there must also be a minimum of 3 tender and 3 swollen joints
* If subject has rash and PI considers it to be attributable to SLE, subject must consent to skin photograph collection for adjudication.
* Score must be re-confirmed at the Baseline Visit
• Must be on background treatment, stable for 30 days prior to baseline, and throughout the study with prednisone (or prednisone equivalent) (<=20mg), antimalarials, azathioprine (<= 150mg), mycophenolate (<= 2g), leflunomide (<= 20mg) and/or methotrexate (MTX) (<= 20mg), cyclosporine, tacrolimus;
* The combination of background treatment with antimalarial(s) and/or

prednisone (or equivalent) is permitted.
* and a single, but not multiple, additional immunosuppressant from the list above, is permitted

Exclusion criteria

• Women of childbearing potential must not have a positive serum pregnancy test at the screening visit and must have a negative urine pregnancy test at baseline prior to the first dose of study drug. Note: Subjects with borderline serum pregnancy tests at Screening must have a serum pregnancy test >= 3 days later to document continued lack of positive result.
• Must not be using IV or IM corticosteroids greater than or equal to a 40 mg prednisone-equivalent bolus within 30 days weeks of planned randomization
• Must not have active lupus nephritis (progressive Class IV or >1g/d proteinuria) or have undergone induction therapy within the last 6 months.
• Must not have active neuropsychiatric SLE as defined by the CNS portion of SLEDAI-2K (excluding lupus headache).
Subjects must be naïve or have discontinued the following prior to the first dose of study drug per the applicable washout period below or should be at least 5 times the mean terminal elimination half-life of a drug:
* >=6 months for Plasmapheresis
* >=3 months for Benlysta
* >=1 year for rituximab OR >= 6 months if B cells have returned to >= 50 B cells per microliter
* >=3 months for cyclophosphamide
* >=4 weeks for abatacept, any anti-TNF therapy, and all other biologics

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:	Completed
Start date (anticipated):	07-02-2020
Enrollment:	9
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	ABBV-105
Generic name:	ABBV-105
Product type:	Medicine
Brand name:	Upadacitinib
Generic name:	Rinvoq

Ethics review

Approved WMO Date:	09-12-2019
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	05-02-2020
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	07-02-2020
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	03-04-2020
Application type:	Amendment

Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	14-04-2020
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	11-06-2020
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	30-07-2020
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	18-11-2020
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	30-12-2020
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	17-09-2021
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	30-11-2021
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)

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	EUCTR2019-00638-20-NL
ClinicalTrials.gov	NCT03978520
CCMO	NL71250.056.19

Study results

Date completed: 20-12-2021

Results posted: 11-07-2023

URL result
URL
Type
int
Naam
M2.2 Samenvatting voor de leek
URL

Internal documents
File