Multicenter, Open-label, Efficacy, Safety, Tolerability, and Pharmacokinetic Study of Subcutaneous Ixekizumab with Adalimumab Reference Arm, in Children with Juvenile Idiopathic Arthritis Subtypes of Enthesitis-related Arthritis (Including Juvenile-Onset Ankylosing Spondylitis) and Juvenile Psoriatic Arthritis

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This study has been transitioned to CTIS with ID 2023-507184-19-00 check the CTIS register for the current data. To evaluate the efficacy of ixekizumab in children with JIA subtypes of ERA (including JoAS) and JPsA based on the JIA American College...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Synovial and bursal disorders
Study type	Interventional

Summary

ID

NL-OMON55112

Source
ToetsingOnline

Brief title
I1F-MC-RHCG

Condition

- Synovial and bursal disorders

Synonym
childhood arthritis, joint inflammation in children

Research involving
Human

Sponsors and support

Primary sponsor: Eli Lilly and company
Source(s) of monetary or material Support: Eli Lilly and Company

Intervention

Keyword: adalimumab, ixekizumab, juvenile idiopathic arthritis

Outcome measures

Primary outcome

Percentage of patients meeting the JIA ACR 30 response criteria at Week 16

Secondary outcome

- Percentage of patients meeting the JIA ACR 30/50/70/90/100 response criteria

- Changes from baseline in each of the 6 individual components of the JIA ACR

core set variables

- Change from baseline in Psoriasis Area and Severity Index (PASI) for JPsA

patients with at least 3% Body Surface Area (BSA) at baseline

- Change from baseline in Leeds Enthesitis Index (LEI) for patients with

enthesitis at baseline

- Proportion of patients with disease flare (flare defined as worsening of >=30%

from baseline in at least 3 of the 6 JIA ACR core set criteria and an

improvement of >=30% in no more than 1 of the criteria)

- Trough concentrations of ixekizumab in patients with JIA subtypes of ERA

(including JoAS) and JPsA at Week 16

- Percentage of patients with anti-ixekizumab antibodies

- Adverse events (AEs) including serious adverse events (SAEs)

- Safety parameters including but not limited to infections, injection site

reactions, and laboratory data including B-, T-cell, and natural killer (NK)-

cell levels, white blood cell (WBC) count, red blood cell (RBC) count, alanine

aminotransferase (ALT), aspartate aminotransferase (AST)

Study description

Background summary

Ixekizumab has been approved for the treatment of plaque psoriasis and psoriatic arthritis (PsA) worldwide, and for radiographic axial spondyloarthritis (r-axSpA) in adults in the US. Enthesitis related arthritis (ERA) and juvenile PsA (JPsA) bear resemblance to adult axSpA and PsA, respectively; therefore, therapeutic benefit of ixekizumab is expected in these 2 subtypes of juvenile idiopathic arthritis (JIA). There are currently only 2 biologics, both tumor necrosis factor (TNF) inhibitors, adalimumab and etanercept, approved for ERA, and only etanercept for JPsA, with certain age limitations. Ixekizumab may offer a therapeutic option for ERA and JPsA patients who are candidates for an initial biologic disease-modifying antirheumatic drug
(bDMARD) therapy, as well as patients with primary or secondary efficacy failure or intolerance of prior bDMARD. Based on its well-established efficacy and safety profile in JIA, adalimumab was selected as a reference product. This study is part of the European Paediatric Investigation
Plan (PIP), EMEA-001050-PIP02-18-M01, with the aim to evaluate the efficacy, safety, tolerability, and pharmacokinetics (PK) of ixekizumab when administered to pediatric patients with JIA subsets of ERA (including juvenile onset ankylosing spondylitis [JoAS]) and JPsA.

Study objective

This study has been transitioned to CTIS with ID 2023-507184-19-00 check the CTIS register for the current data.

To evaluate the efficacy of ixekizumab in children with JIA subtypes of ERA (including JoAS) and JPsA based on the JIA American College of Rheumatology (ACR) 30 response

Study design

Study I1F-MC-RHCG (RHCG) is a multicenter, randomized, open-label study of subcutaneous (SC) ixekizumab, with adalimumab as a reference arm, followed by an open-label extension period with ixekizumab and adalimumab in children from 2 to less than 18 years of age with JIA subtypes of ERA (including JoAS) and JPsA.

Intervention

Subjects will be randomized 1:1 to ixekizumab versus adalimumab. Both ixekizumab and adalimumab will be administered subcutaneous. ixekizumab will be injected once every 4 weeks and adalimumab once every 2 weeks. Dosing concentrations will depend on the weight of the patient

Study burden and risks

Subject*s participation in this study will last 31 months and consists of a screening period, open label treatment period, open label extension treatment period and a follow-up period. During the open treatment periods, subjects will need to visit the study site every 4 weeks. During the follow-up period, subjects will need to visit the study site every 4 weeks for 3 times. Aside from the intervention described above, participation in this study involves blood draws at multiple visits. Participants will be subjected toIn addition to section E6, subjects will be subjected to: questions regarding medical history, use of concomitant medications/procedures and adverse events; urine sampling; measurement of vital signs; physical examination; joint assessments; TB, HBV, HIV and pregnancy test; X-ray; and patient reported outcomes questionnaires. subjects will be expected to not take part in other medical studies, keep their appointments for visits, follow instructions from the study team, keep a patient card with them at all times, not donate blood/sperm/ova and to use appropriate forms of contraception (if applicable).
Most common (>=1%) adverse reactions associated with ixekizumab treatment are injection site reactions, upper respiratory tract infections, nausea, and tinea infections. In clinical trials in adult patients with plaque psoriasis, the ixekizumab group had a higher rate of infections than the placebo group (27% vs. 23%). Upper respiratory tract infections, oral candidiasis, conjunctivitis and tinea infections occurred more frequently in the ixekizumab group than in the placebo group.
A similar increase in the risk of infection was seen in placebo-controlled trials in patients with pediatric psoriasis, PsA and AS. Serious hypersensitivity reactions, including angioedema and urticaria (each <=0.1%),

occurred in the ixekizumab group in clinical trials. Anaphylaxis, including cases leading to hospitalization, has been reported in post marketing use with ixekizumab.

Contacts

Public
Eli Lilly and company

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US
Scientific
Eli Lilly and company

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adolescents (12-15 years)
Adolescents (16-17 years)
Children (2-11 years)

Inclusion criteria

-Participants must have active juvenile idiopathic arthritis (categories of

enthesitis related arthritis or juvenile psoriatic arthritis)
• Participants must have weight of at least 10 kilograms (Kg), age starting at 2 years for participants with juvenile psoriatic arthritis and

starting at 6 years for participants with enthesitis related arthritis
• Participants must have all immunizations up-to-date in agreement with current immunization guidelines, in the opinion of the investigator

Exclusion criteria

- Participants must not have active or history of inflammatory bowel disease
? Participants must not have active uveitis
? Participants must not have active or latent tuberculosis
? Participants must not have an active infection
? Participants must not have concurrent use of biologic agents for the treatment of the juvenile idiopathic arthritis

Study design

Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	14-09-2021
Enrollment:	9
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Humira
Generic name:	adalimumab

Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Taltz
Generic name:	ixekizumab
Registration:	Yes - NL outside intended use

Ethics review

Approved WMO Date:	07-01-2021
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	16-04-2021
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	23-05-2021
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	18-02-2022
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	04-01-2023
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	21-04-2023
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
EU-CTR	CTIS2023-507184-19-00
EudraCT	EUCTR2018-000681-10-NL
ClinicalTrials.gov	NCT04527380
CCMO	NL74998.056.20