# A Phase II, multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care alone on renal function in sickle cell disease patients * 16 years with chronic kidney disease due to sickle cell nephropathy

Published: 29-10-2019
Last updated: 10-04-2024

To evaluate the effect of crizanlizumab + standard of care compared to standard of care alone on albuminuria (ACR) decrease at 12 months

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|---|---|
| **Ethical review** | Approved WMO |
| **Status** | Recruitment stopped |
| **Health condition type** | Haemoglobinopathies |
| **Study type** | Interventional |

## Summary

### ID

NL-OMON55208

**Source**
ToetsingOnline

**Brief title**
CSEG101A2203 -STEADFAST

### Condition

- Haemoglobinopathies

**Synonym**
sickle cell anemia, sickle cell disease

**Research involving**
Human

## Sponsors and support

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

## Intervention

**Keyword:** crizanlizumab, renal, sickle cell disease

## Outcome measures

### Primary outcome

Proportion of patients with * 30% decrease in ACR at 12 months compared to

baseline

### Secondary outcome

Mean change in ACR from baseline to 3, 6, 9, and 12 months of treatment

Proportion of patients with * 30% decrease in ACR at 6 months compared to

baseline

Proportion of patients with * 20% improvement of PCR at 12 months compared to

baseline

Proportion of patients with a stable (within ± 20% change) PCR at 12 months

compared to baseline

Percentage change in eGFR from baseline to 3, 6, 9, and 12 months of treatment

# Study description

### Background summary

Sickle cell disease is a genetic blood disorder, which early on progresses into a systemic disease. Vaso-occlusion is
the hallmark of SCD and can lead to serious acute and chronic complications. Vascular dysfunction, inflammation, and
P-selectin mediated cell-to-cell and cell-to-endothelium adhesion play an important role in the pathophysiology of SCD.
Vaso-occlusive crisis (VOC) is the most common clinical manifestation of SCD. Every VOC increases morbidity and
can result in organ damage/failure and/or death .
Preventive treatments to reduce the number of VOCs are limited. HU/HC is approved to reduce the frequency of
painful crises and the need for transfusions

Kidney injury is a common problem in sickle cell patients and causes complications. Of crizanlizumab there are indications that it can help to prevent injury of the kidneys.

### Study objective

To evaluate the effect of crizanlizumab + standard of care compared to standard of care alone on albuminuria (ACR) decrease at 12 months

### Study design

multicenter, randomized, open label, 2-arm phase 2 study
randomized 1:1

### Intervention

crizanlizumab infusion over 30 minutes, every 4 weeks.

### Study burden and risks

RISK : adverse events due to treatment with crizanlizumab of placebo
burden: cycles of 4 weeks during 5 years of study participation
during monthly visits : physical examinations, blooddraws, administration of study medication

## Contacts

### Public

Novartis

Haaksbergweg 16
Amsterdam 1101 BX
NL
**Scientific**
Novartis

Haaksbergweg 16
Amsterdam 1101 BX
NL

# Trial sites

## Listed location countries

Netherlands

# Eligibility criteria

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

## Inclusion criteria

1. Male and female patients * 16 years on the day that signed informed consent is obtained
2. Confirmed diagnosis of SCD. Homozygous HbS and HbS*0-thal SCD genotypes are eligible
3. eGFR * 45 to * 140 mL/min/1.73 m2 based on CKD-EPI formula (patients * 18) or the Creatinine-based *Bedside Schwartz* equation (patients < 18)
4. ACR of * 100 to < 2000 mg/g (taken as an average of the three screening ACR values to determine eligibility)
5. Receiving standard of care drug(s) for SCD and/or CKD.
6. Hb * 4.0 g/dL, ANC * 1.0 x 109/L, and platelet count * 75 x 109/L
7. ECOG performance status * 2.0

## Exclusion criteria

1. History of stem cell transplant

2. Patients with evidence of AKI within 3 months of study entry (can decrease interval to within 6 weeks of study entry only if renal function has returned to pre-AKI values prior to study entry)
3. Blood pressure > 140/90 mmHg despite treatment
4.Patients undergoing renal replacement therapy (i.e. hemodialysis, peritoneal dialysis, hemofiltration and kidney transplantation)
5. Participating in a chronic transfusion program
6. History of kidney transplant
7. Patients with hypoalbuminemia
8.Patient has received crizanlizumab and/or other selectin inhibitor or plans to receive it during the duration of the study
9. History of or current diagnosis of ECG abnormalities indicating significant risk of safety
10. Current drug or alcohol abuse:
11. Pregnant or nursing (lactating) women

# Study design

## Design

| | |
|---|---|
| Study phase: | 2 |
| Study type: | Interventional |
| Intervention model: | Parallel |
| Allocation: | Randomized controlled trial |
| Masking: | Open (masking not used) |

**Primary purpose:** Treatment

## Recruitment

NL

| | |
|---|---|
| Recruitment status: | Recruitment stopped |
| Start date (anticipated): | 01-09-2020 |
| Enrollment: | 4 |
| Type: | Actual |

## Medical products/devices used

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|---|---|
| Product type: | Medicine |
| Brand name: | ADAKVEO |
| Generic name: | crizanlizumab |

## Ethics review

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|---|---|
| Approved WMO Date: | 29-10-2019 |
| Application type: | First submission |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 29-11-2019 |
| Application type: | First submission |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 24-06-2020 |
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 17-08-2020 |
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 18-11-2020 |
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 18-01-2021 |
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 19-02-2021 |
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 01-03-2021 |
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 15-04-2021 |

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|---|---|
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 24-06-2021 |
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 12-10-2021 |
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 04-02-2022 |
| Application type: | Amendment |
| Review commission: | METC Amsterdam UMC |

# 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 | EUCTR2018-003608-38-NL |
| ClinicalTrials.gov | NCT04053764 |
| CCMO | NL71644.018.19 |