A randomised controlled trial comparing FMT (Fecal Microbiota Transplantation) after budesonide or placebo in patients with active ulcerative colitis

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Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON20218

Bron
Nationaal Trial Register

Verkorte titel
FECBUD

Aandoening

Ulcerative colitis

Ondersteuning

Primaire sponsor: Vedanta
Overige ondersteuning: Vedanta

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The primary outcome is engraftment of donor microbiota at 1,2, 4 and 8 weeks after the last FMT in patients pretreated with budesonide or placebo assessed with metagenomics/deep sequencing of the gut microbiota.

Toelichting onderzoek

Achtergrond van het onderzoek

Despite an increasing number of active drugs against Inflammatory Bowel Disease (IBD) (ulcerative colitis and Crohn's disease), treatment results are disappointing far a subset of patients. In general, patients with ulcerative colitis are treated with with mesalazine (with or without prednisolone as induction). If mesalazine alone appears insufficient, a thiopurine (azathioprine or purinethol) is added as maintenance treatment. In a subset of patients, treatment with biologicals is required. Investigations of dysbiosis of the gut microbiota in patients with IBD may guide the development of new therapeutic strategies. IBD is characterized by a disturbed gut microbiota. Importantly, fecal microbiota transplantation (FMT) is able to induce remission in a small subset of patients with active ulcerative colitis (1-4). Interestingly, certain donors may be more effective, and patients with a response after FMT showed a change of their mlcrobiota profile towards that of their donor, pointing to the potential benefit of careful donor
selection (1). So far, FM7 was been studied as induction therapy in patients with active inflammation without pre-treatment with antiinflammatory medication. The active inflammation may in part explain the side effects of FMT described ín IBO patients, such as fever, increased CRP and bacteraemia. Furthermore, the active inflammation may negatively influence engraftment of donor microbiota, which could
possibly explain the limited efficacy of FMT in IBD patients. Our hypothesis is that the efficacy of FMT in patients with active ulcerative colitis can be increased by:
1. Pre treatment with budesonide (sortiment, which is a standard treatment approach in patients with activity of ulceratnre colitis) to enhance engraftment of donor microbiota in the recipient
2. Rational donor selection increases the effectiveness of FMT in patients with FMT

Doel van het onderzoek

Our hypothesis is that the efficacy of FMT in patients with active UC can be increased by:
1. Pretreatment with budesonide in patients with active UC, which may reduce inflammation prior to infusion of the donor feces solution. This reduced inflammation may enable more effective engraftment of donor microbiota in the recipient, thereby increasing the efficacy of FMT. Treatment with cortiment is a standard treatment approach in patients with active ulcerative colitis. This study compares two different approaches in timing of FMT: (1) after

initiation of anti-inflammatory therapy with budesonide or (2) without/before initiation of anti-inflammatory therapy with
budesonide.
2. Rational donor selection. This might increase the power of FMT by preferentially transferring beneficial microbiota.

Onderzoeksopzet

Baseline: randomization, starting with the pre-treatment (placebo vs. Budesonide), first visit at the outpatient clinic
Week 3: FMT 1
Week 4: FMT 2
Week 5: FMT 3
Week 6: FMT 4
Week 7: collecting samples
Week 8: collecting samples
Week 10 (4 weeks after the last FMT): follow-up visit at the outpatient clinic
Week 14 (8 weeks after the last FMT): follow-up visit at the outpatient clinic
Week 15: Sigmoidoscopy

Onderzoeksproduct en/of interventie

Patients with active ulcerative colitis (n=24) will be randomized to a 3 weeks course of budesonide 9 mg once a day or placebo, followed by 4 infusions of a donor feces solution produced by the NDFB. The first FMT will be scheduled immediately after cessation of budesonide or placebo (t=3 weeks) and is delivered by a nasoduodenal tube. Three subsequent FMTs are scheduled weekly. Each individual patient receives donor feces infusion of one donor. Patients are treated with bowel lavage one day prior to the first FMT. Bowel lavage is not given prior to the 2nd, 3rd and 4th FMT Sigmoidoscopy will be performed 8 weeks after the 4th
FMT, or earlier in case of clinical suspicion of persistent or recurrent activity.

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Patients > 18 years old (n=24) with mild or moderate activity of ulcerative colitis despite previous maintenance therapy (mesalazine, or thiopurine, or anti-TNF) with a MA YO endoscopic score of I or II.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

CMV infection, pregnancy, recent use (<6 weeks) of antibiotics, recent (<2 months) use of oral corticosteroids, current need for systematic antibiotics or prophylactic antibiotic, recent intraabdominal surgery (<3 months), signs of active active infectious gastro-enteritis/enterocolitis or signs of infectious agents in stool sample, previous surgery for UC, abnormal renal function (eGFR <30ml/min), pre-existent leucopenia or thrombopenia (leucocyte count <2,000/mm3, or platelets <90,000/mm3, liver function tests abnormalities (>2 ULN), treatment with any investigational drug in another trial within 12 weeks of randomization, previous treatment with >2 biologicals, other significant medical illness that might interfere with this study.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Anders
Toewijzing:	Gerandomiseerd
Blindering:	Dubbelblind

Controle:	Placebo

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	07-05-2019
Aantal proefpersonen:	24
Type:	Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies

Datum:	23-08-2021
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 52507
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL9858
CCMO	NL65069.018.18
OMON	NL-OMON52507

Resultaten