Surgical closure versus anti-TNF in the treatment of perianal fistulas in Crohn’s Disease (PISA-II): a comprehensive cohort design

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It is hypothesized that the surgical closure arm will result in an increased radiological fistula closure rate on MRI compared to the anti-TNF treatment arm (40 versus 15% respectively).

Ethische beoordeling	Niet van toepassing
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON20965

Bron
NTR

Verkorte titel
PISA-II

Aandoening

Perianal Crohn's fistulas

Ondersteuning

Primaire sponsor: Crohns and Colitis Foundation and ZonMw
Overige ondersteuning: Crohns and Colitis Foundation & ZonMW

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The primary outcome of this study is to the number of patients with radiologically closed perianal fistulas (on MRI) after 18 months. A radiologists blinded to treatment allocation will determine whether the fistula is completely fibrotic on MRI and/or will use a validated score, e.g. the van Assche score. The comparison between the anti-TNF and surgical closure arm will be assessed using Chi-square test.

Toelichting onderzoek

Achtergrond van het onderzoek

SUMMARY

Rationale: Currently, the treatment of Crohn's patients with perianal fistulas predominantly exists of anti-TNF medication. However, its efficiency has never been directly compared to surgical closure of the perianal fistula. The primary objective of this study is to determine the optimal treatment for perianal Crohn’s fistulas by comparing two standard treatment strategies.

Methods: In this multicenter comprehensive cohort design Crohn’s patients with a (re)active high perianal fistula will be allocated to anti-TNF for 1 year or surgical closure under a short course of anti-TNF (4 months). Patients with a distinct treatment preference will be treated accordingly, whereas only indifferent patients will be randomized in the usual way. The primary outcome parameter is the number of patients with a radiologically closed fistulas on MRI after 18 months. Secondary outcomes are clinical closure, re-interventions, recurrences and quality of life (QoL) based on Perianal Disease Activity Index (PDAI).

Nature and extent of the burden and risks associated with participation, benefit and group relatedness: All patients will receive one of the two standard treatment approaches that are currently used for Crohn's fistulas. All effort has been performed to ensure most optimal treatment, according to best available evidence and current guidelines. Since there is no experimental study-arm, there are no additional risks associated with participation. During the study, the medical staff and trial nurses will monitor the necessity of surgical interventions and hospitalizations. At baseline and after 18 months all patients will undergo a MRI to score the fistula. Secondary outcome parameters will be assessed during visits to the outpatient clinic or telephone consultations at baseline and at intervals of 3 months for the duration of the study period. Every six months patients were asked to fill out the PDAI questionnaire with their physician. Based on the available literature, radiological closure of fistulas is expected in 40% of patients in the surgical closure group compared to 15% in the anti-TNF group. The increase in closure rate from 15% to 40% is considered clinically relevant. Due to the combination of a preference and randomized cohort, the appropriate sample size to detect this 25% difference is flexible and is adjusted for a skewed distribution. The minimal sample size, in case of a 1:1 treatment allocation, needed to detect this difference with a Chi-square test equals 86 patients (alpha 0.05, and power 80%). The maximal allowed skewed distribution is set at 1:4, which will result in a maximal sample size

of 116 patients.

Doel van het onderzoek

It is hypothesized that the surgical closure arm will result in an increased radiological fistula closure rate on MRI compared to the anti-TNF treatment arm (40 versus 15% respectively).

Onderzoeksopzet

Patients visit the outpatient clinic regularly, as part of standard treatment. Additionally, patients will be contacted by telephone (CRF) every ± 3 months by a local investigator, trial nurse, or the Amsterdam UMC study coordinator to assess medication usage, complications, additional interventions, re-admissions, duration of hospital stay and visits to the outpatient clinic.

Every 6 months, the patient will fill out the PDAI together with the gastroenterologist or surgeon at that time point. The PDAI is the gold standard for evaluating the severity of perianal disease. It includes five items: discharge, pain, restriction of sexual activity, type of perianal disease, and degree of induration.

Onderzoeksproduct en/of interventie

The following groups will be compared:
Group I: Seton placement, followed by anti-TNF medication in combination with a immunomodulator after ± 2 weeks. The seton will be removed after ± 6 weeks. Continuation of anti-TNF medication for at least 1 year, after one year continuation is at the discretion of treating physician.
Group II: Seton placement, followed by anti-TNF medication in combination with a immunomodulator after ± 2 weeks. After 8-12 weeks removal of seton and surgical closure (advancement plasty or ligation of the intersphincteric tract (LIFT) procedure). Anti-TNF in combination with a immunomodulator will be stopped after ± 4 months.

Contactpersonen

Publiek

Amsterdam University Medical Center, location Academic Medical Center (AMC)
Karin Wasmann

003120-5662870

Wetenschappelijk

Amsterdam University Medical Center, location Academic Medical Center (AMC)
Karin Wasmann

003120-5662870

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- ≥ 18 years
- Active perianal fistula
- High perianal fistula tract (intersphincteric, transsphincteric, suprasphincteric) located in the upper two-thirds of the external sphincter or puborectal muscle.
- Fistula with one internal opening (based on MRI imaging). The number of external fistulas does not have to be taken into account.
- Written informed consent

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- Proctitis (defined as any active mucosal inflammation or ulcer > 5mm in the rectum)
- Anorectal stenosis (defined as the impossibility to introduce a proctoscope)
- Submucosal fistulas & low intersphincteric fistulas (lower one-third of external sphincter)
- Rectovaginal fistula
- Multiple internal openings
- Previous failure of anti-TNF treatment for perianal fistula
- Patients with a stoma
- Dementia or altered mental status that would prohibit the understanding and giving of informed consent

Onderzoeksopzet

Opzet

Type: Interventie onderzoek

Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	01-09-2013
Aantal proefpersonen:	116
Type:	Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Niet van toepassing

Soort:	Niet van toepassing

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 48901
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL7625
CCMO	NL66176.018.18

Register	ID
OMON	NL-OMON48901

Resultaten