

Mesenchymal stromal cells for treatment of drug resistant pediatric juvenile idiopathic arthritis

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To find out if intravenous MSC is a safe treatment for children with therapy-resistant JIA

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

Samenvatting

ID

NL-OMON21350

Bron

NTR

Verkorte titel

MSC-JIA

Aandoening

juvenile idiopathic arthritis

Ondersteuning

Primaire sponsor: University Medical Center Utrecht

Overige ondersteuning: ZonMw (The Netherlands Organisation for Health Research and Development)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Total number of adverse events in the 3 months prior to MSC infusion and the number of

adverse events 3 months after MSC infusion.

To offer an effective alternative for that category of JIA patients that is therapy-resistant.

For this effectiveness the ACR Pediatric 70 criteria should be achieved.

The ACR Pedi 70 criteria are defined as improvement of $\geq 70\%$ in at least 3 of 6 core response variables used to assess disease activity with no more than 1 variable worsening by $\geq 30\%$.

Toelichting onderzoek

Achtergrond van het onderzoek

The main objective is to offer a safe alternative for that category of JIA patients that is therapy-resistant. We hypothesize that intravenous administration of MSC in therapy refractory JIA patients is safe and has the potential to have clinical relevant effect as measured by the ACR Pedi 30.

Aims:

1. Total number of adverse events in the 3 months prior to MSC infusion and the number of adverse events 3 months after MSC infusion.
2. The ACR Pediatric 30 criteria should be met
3. Radiological (MRI) improvement of most active large joint.
4. Improvement in laboratory parameters or biomarkers.

Doel van het onderzoek

To find out if intravenous MSC is a safe treatment for children with therapy-resistant JIA

Onderzoeksopzet

52 weeks after the (first) MSC injection the primary outcome will be measured and the third MRI will be made.

Also all data and materials for the secondary outcomes are collected within this time frame. This will also be the end of the study for the individual.

Onderzoeksproduct en/of interventie

1 to maximal 3 iv MSC infusions.3 MRI scans, 4 extra visits to the hospital and 3 extra venapunctures when compared to standard treatment in the typical JIA patient

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Inclusion criteria: In order to be eligible to participate in this study, a subject must meet all of the following criteria:

Patients (4-18 years of age) diagnosed with juvenile idiopathic arthritis according to the ILAR-criteria with active arthritis resistant to intra-articular steroids and systemic use of methotrexate and for whom no on-label indication exists for (not yet used) biologicals.

The patient is followed for adverse events via the Pharmachild database.

Informed consent signed.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Concurrent use of biological response modifiers.

Concurrent infection, febrile illness or malignancy.

Pregnancy.

No signed informed consent.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Anders
Toewijzing:	N.v.t. / één studie arm
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-08-2014
Aantal proefpersonen:	6
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies	
Datum:	04-09-2013
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL3923
NTR-old	NTR4146
Ander register	2012-002067-10 : EUDRACT
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten