

# Research into injecting golimumab less frequently by using increased doses

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Golimumab 100 mg every 1,5 month has similar trough levels to golimumab 50 mg every month; golimumab 100 mg every 2 months has a similar AUC to golimumab 50 mg every month.

|                             |                       |
|-----------------------------|-----------------------|
| <b>Ethische beoordeling</b> | Positief advies       |
| <b>Status</b>               | Werving gestart       |
| <b>Type aandoening</b>      | -                     |
| <b>Onderzoekstype</b>       | Interventie onderzoek |

## Samenvatting

### ID

NL-OMON21487

### Bron

NTR

### Verkorte titel

INDIGO

### Aandoening

Rheumatoid arthritis (RA), psoriatic arthritis (PsA), axial spondyloarthritis (axSpA)

## Ondersteuning

**Primaire sponsor:** Sint Maartenskliniek

**Overige ondersteuning:** None

## Onderzoeksproduct en/of interventie

## Uitkomstmaten

### Primaire uitkomstmaten

Description of peak levels, trough levels and area-under-the-curve (AUC) of the following golimumab regimens: 50 mg every month, 100 mg every one-and-a-half month and 100 mg

every two months, in patients with a rheumatic disease.

## Toelichting onderzoek

### Achtergrond van het onderzoek

Golimumab is a TNF receptor antagonist, proven effective in the treatment of rheumatoid arthritis, psoriatic arthritis and axial spondyloarthritis, in a dose of 50 mg every month. Apart from the 50 milligram injections, 100 milligram injections are also on the market, registered for patients weighing > 100 kg for whom treatment with 50 milligram is not considered effective. However, 100 milligram injections were also tested on normal-weight patients in the registration studies, proven effective and safe, even on long-term. With the 100 milligram injections being available, a new dosing schedule can be created, in which 100 milligram is given with a prolonged dose interval, which would lead to a lower frequency of injections for patients with the same efficacy.

But, there is not much known on the pharmacokinetics of golimumab 100 mg with a prolonged dose interval in patients with a rheumatic disease, so that such a dosing schedule can not yet be created. Therefore, the aim of this explorative study is to determine pharmacokinetic parameters (peak level, trough level, AUC) of the following golimumab regimens: 50 mg every month (control), 100 mg every 1,5 months (expected similar trough levels to 50 mg every month with a drug half-life of 14 days) and 100 mg every 2 months (expected similar AUC to 50 mg every month).

### Doel van het onderzoek

Golimumab 100 mg every 1,5 month has similar trough levels to golimumab 50 mg every month; golimumab 100 mg every 2 months has a similar AUC to golimumab 50 mg every month.

### Onderzoeksopzet

Disease activity measurements: baseline, 4 months, 8 months

Golimumab serum level measurements: trough - peak - in between - trough for every regimen in the last cycle

### Onderzoeksproduct en/of interventie

- 1) Golimumab 50 mg every month (1 cycle)
- 2) Golimumab 100 mg every 1,5 month (2 cycles)
- 3) Golimumab 100 mg every 2 months (2 cycles)

## Contactpersonen

### Publiek

Sint Maartenskliniek  
Celeste van der Togt

024 3272793

### Wetenschappelijk

Sint Maartenskliniek  
Celeste van der Togt

024 3272793

## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- 1) reumatoid arthritis (according to 2010 ACR RA and/or 1987 RA criteria and/or clinical diagnosis confirmed by a rheumatologist)  
or psoriatic arthritis (according to CASPAR criteria and/or clinical diagnosis of peripheral SpA of the psoriatic arthritis subtype confirmed by a rheumatologist)  
or axial spondyloarthritis (according to ASAS criteria and/or clinical diagnosis confirmed by a rheumatologist)
- 2) patients using golimumab in the standard dose of 50 mg every month for at least three months with a good clinical response, defined as DAS28-CRP  $\leq$  2.6 or PASDAS  $\leq$  3.2 or ASDAS  $\leq$  2.1
- 3) Informed consent,  $\geq$  16 years old and mentally competent
- 4) Ability to measure the outcome of the study in this patient (e.g. patient availability, willing and being able to undergo repeated serum samples)
- 5) Ability to read and communicate well in Dutch

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- 1) Pregnancy

## Onderzoeksopzet

### Opzet

|                  |                         |
|------------------|-------------------------|
| Type:            | Interventie onderzoek   |
| Onderzoeksmodel: | Cross-over              |
| Toewijzing:      | Niet-gerandomiseerd     |
| Blinding:        | Open / niet geblindeerd |
| Controle:        | Geneesmiddel            |

### Deelname

|                         |                      |
|-------------------------|----------------------|
| Nederland               |                      |
| Status:                 | Werving gestart      |
| (Verwachte) startdatum: | 02-03-2020           |
| Aantal proefpersonen:   | 35                   |
| Type:                   | Verwachte startdatum |

### Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

**Wordt de data na het onderzoek gedeeld:** Nog niet bepaald

## Ethische beoordeling

|                 |                  |
|-----------------|------------------|
| Positief advies |                  |
| Datum:          | 12-02-2020       |
| 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        | NL8373                              |
| Ander register | CMO Arnhem-Nijmegen : CMO 2019-5971 |

## Resultaten