Treatment With Leflunomide in Patients With Polymyalgia Rheumatica

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Leflunomide is able to reduce the relapses, the glucocorticoid use and the adverse events associated with glucocorticoid s use in PMR patients.

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

Samenvatting

ID

NL-OMON21927

Bron
NTR

Verkorte titel
PMRLEFRCT

Aandoening

Polymyalgia Rheumatica
PMR
Spierreuma

Ondersteuning

Primaire sponsor: University Medical Center Groningen
Overige ondersteuning: Dutch Arthritis Foundation (Reumafonds)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

PMR relaps, timepoint: first 12 months of the study

Toelichting onderzoek

Achtergrond van het onderzoek

Over the last decades outcome has greatly improved for RA and SpA. This is in sharp contrast to the situation for PMR (polymyalgia rheumatica), with a lifetime prevalence of 2.4% for women and 1.7% for men, PMR is the commonest auto-inflammatory musculoskeletal disease in adults aged ¡Ý50 years. Due to population ageing, the number of PMR patients will likely double in the decades to come (CBS).
Glucocorticoids are the mainstay of treatment [1] [2]. However, there is an unmet medical need of alternatives in the treatment of PMR as 50% of patients will relapse or have difficulties to reduce the corticosteroid doses [3]. Also, there is increasing awareness of steroid related toxicity and in addition, long-term toxicity is a well-known side-effect of glucocorticoids in PMR[3].

Low dose methotrexate (< 10 mg per week) has been tested in two blinded randomized control trials and 4 open label studies and has shown low to moderate efficacy as corticosteroid-sparing agent [4] [5] [6] [7] [8] [9]. Studies on TNF blockers yielded negative results [10-12]. The effectiveness of leflunomide has only been convincingly demonstrated in case series [13] [14].

The high rate of relapses and adverse events in steroid treated patients indicate that alternative adjuvant agents are needed.

There is evidence that leflunomide could serve as steroid sparing agent and that leflunomide can be used to prevent relapses in the clinical management of polymyalgia rheumatica.

We will perform a randomized placebo controlled trial. Eligible patients will be randomly assigned in a 1:1 ratio receiving either leflunomide 20 mg once daily + glucocorticoids , or placebo + glucocorticoids.

Doel van het onderzoek

Leflunomide is able to reduce the relapses, the glucocorticoid use and the adverse events associated with glucocorticoid s use in PMR patients.

Onderzoeksopzet

Time Frame: 24 months of the study

Onderzoeksproduct en/of interventie

Leflunomide

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1.Signed written informed consent

2.Female or male aged ¡Ý 50 years

3.PMR according to the ACR/EULAR 2012 PMR core (essential) classification criteria

4.Newly diagnosed PMR being on glucocorticoids for less than 4 weeks

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1.Presence of any other connective tissue disease, including vasculitis/giant-cell arteritis

2.PMR on glucocorticoids for >4 week or >25 mg/day

3.History of alcohol or drug abuse or current alcohol or drug abuse

4.Transplanted organ (except corneal transplant performed more than 3 months prior to screening)

5.Evidence (as assessed by the investigator) of active infection, presence of hepatitis B surface antigen or hepatitis C antibody in blood, HIV positivity.

6.Malignancy within 5 years prior to screening, except for non-melanoma skin cancer

7.Exposure to DMARD/biological in the last 5 years

8.Pain syndromes, e.g. fibromyalgia, drug-induced myalgia

9.Active thyroid disease

10.Neurological diseases, e.g. Parkinson's disease

11.Contraindications for Leflunomide (serious immunodeficiency, e.g. AIDS, cytopenia as defined under 12, moderate to severe kidney failure (as defined under 12), liver test abnormality (as defined under 12)

12.Laboratory abnormalities:

◦EGFR<50 ml/min

◦ALT or AST >1.5x upper limit of normal

◦Platelet count <100 x 109/L (100,000/mm3)

◦Hemoglobin <85 g/L (8.5 g/dL; 5.3 mmol/L)

◦White blood cells <3.0 x 109/L (3,000/mm3)Absolute neutrophil count <2.0 x 109/L (2,000/mm3)

◦Absolute lymphocyte count <0.5 x 109/L (500/mm3)

13.Uncontrolled or poorly controlled hypertension

14.Major surgery or hospitalization within 3 month prior to screening

15.Any medical condition that could interfere with the implementation or interpretation of the study or with the safety of the patient during the study.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Dubbelblind
Controle:	Placebo

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-06-2018
Aantal proefpersonen:	94
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	10-04-2018
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	NL6930
NTR-old	NTR7126
Ander register	UMCG : ABR57022

Resultaten

Samenvatting resultaten

1. Salvarani C, Cantini F, Hunder GG.
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