

Combinatietherapie van medicijnen en een dieet om remissie te bereiken bij kinderen en jongeren met milde tot matige Colitis Ulcerosa.

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We hypothesize that the UC Diet (UCD) can improve induction of remission rates when administered with a 5ASA regimen to pediatric patients with mild-moderate UC vs. 5ASA regimen alone.

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

Samenvatting

ID

NL-OMON23813

Bron

Nationaal Trial Register

Verkorte titel

INDUCT

Aandoening

Ulcerative Colitis

Ondersteuning

Primaire sponsor: Amsterdam UMC, locatie AMC

Overige ondersteuning: Wolfson Medical Center, Israel

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Remission defined as PUCAI < 10 at week 6

Toelichting onderzoek

Achtergrond van het onderzoek

Recent evidence suggests that environmental factors and diet in particular may play an important role in IBD pathogenesis, with the strongest evidence to date for Crohn's disease. Understanding of these processes facilitated development of effective dietary therapies for patients with CD. To date, there is no proven dietary intervention that may help patients with ulcerative colitis (UC). On the microbiota side, UC is characterized by decreased production of short chain fatty acids (SCFA) and increased Proteobacteria and sulfide-reducing bacteria (SRBs). From the host's perspective, a decrease in goblet cells and mucin production coupled with a permeable mucous layer is demonstrated in UC. Each of these observations can be linked to factors found in Western diet that may promote and accelerate intestinal inflammation. As an example, soy and casein have been shown to exacerbate dextran-sodium sulfate (DSS) colitis in mice and dairy fat was shown to induce colitis in a rodent model as well. The PIBD research center at WMC has developed a diet (UC Diet, or UCD) based on restriction and addition of dietary components that may affect the host mucous layer or microbiome, based on these observations. This diet is rich in fruits and vegetables but reduces exposure to certain animal-based sources of protein and fat while favoring other animal sources of protein and healthy oils. In two ongoing pilot trials to evaluate efficacy in patients with mild to moderate UC who have failed induction on 5ASA therapy or relapsed on 5ASA (5ASA failures), this led to a clinical response in 17/19 (88%) and a steroid-free clinical remission in 9/19 (47%) of treatment courses in children and 3/6 (50%) in adults (2 with complete mucosal or near complete healing after 8 weeks). These results imply that diet could play a more important role in induction of remission than currently appreciated.

Objective of the study:

In the current study we will attempt to evaluate if the diet, termed the UC Diet (UCD), can improve outcomes when administered with a 5ASA regimen to pediatric patients with mild-moderate UC, through a single blinded multinational RCT.

Study design:

This will be a 12 week, single blinded RCT in children and adolescents with mild to moderate UC comparing 5ASA (recommended dosing 60-75 mg/kg/day; minimum 2.5 maximum 4 grams/day) with fiber restriction for 6 weeks followed by free diet (Group 1) to 5ASA with UCD for 6 weeks, followed by the step down UCD for the next 6 weeks.

Study population:

The study population will comprise 62 UC patients, aged 10-19, weighing at least 30 kg, with mild to moderate active disease defined by the Pediatric UC Activity Index ($10 \leq \text{PUCAI} \leq 45$), at diagnosis or despite stable maintenance therapy with 5ASA ≤ 2 grams or thiopurines for at least 8 weeks.

Intervention (if applicable):

Current clinical practice is to reduce exposure (now withhold fiber) to fiber during active bleeding and diarrhea and to gradually increase access to grains fruit and vegetables once patients improve. This practice has no evidence behind it and was based on common sense. We will compare two dietary strategies, insoluble fiber reduction via current practice in each site to the UC Diet. The UC diet will restrict certain sources of animal protein, animal fat, and emulsifiers and food additives during the 12week period, while allowing access to fruit, vegetables, and certain grains. It is not a vegan or vegetarian diet as it contains portions of chicken and eggs. It will be structured with mandatory foods, foods that are restricted to certain days or certain quantities, and other foods that are unlimited, to provide better food related quality of life. Both groups will receive a calcium supplement and vitamin D supplement for 6 weeks. Dietitians will assess dietary intake of calories and food groups at week 0 and 6 and will assess compliance by local analysis of food diaries. Intolerance to diet will be defined as patients stopping the diet because of difficulty with the diet (not because of inadequate response).

Doel van het onderzoek

We hypothesize that the UC Diet (UCD) can improve induction of remission rates when administered with a 5ASA regimen to pediatric patients with mild-moderate UC vs. 5ASA regimen alone.

Onderzoeksopzet

0,2,3,6,12 weeks

Onderzoeksproduct en/of interventie

UC Diet

Contactpersonen

Publiek

AmsterdamUMC
Charlotte Verburgt

0650063243

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Informed consent
2. Established diagnosis of UC by the Paris classification and Revised Porto Criteria.
3. Age: 10 – 19 years (inclusive)
4. Mild to moderate active disease, $10 \leq \text{PUCAI} \leq 45$
5. Extent E2-E4 by the Paris classification
6. Weight >30 kg (ensures that patients who received 5ASA ≤ 2 grams are eligible)
7. Stable medication (IMM/ 5ASA) use or no change in medication use for the past 6 weeks.
Patients who have received topical 5ASA therapy for <10 days and are active may be included if topical therapy is stopped at enrolment.
8. Patients not receiving 5ASA or using 5ASA <50mg/kg/day

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Any proven current infection such as positive stool culture, parasite or C. difficile.
2. Steroids (oral or intravenous) use in the past 3 months.
3. Patients who continue topical 5ASA or steroids after enrolment
4. Use of biologics in present or in past 6 months
5. Use of antibiotics for more than one week in the past 60 days
6. PUCAI >45
7. Acute severe UC in the previous 12 months.
8. Current extra intestinal manifestation of UC.
9. PSC or Liver disease
10. Pregnancy.
11. Vegans or patients unwilling or unable to consume eggs
12. IBD unclassified

Exclusion criteria Comments:

1. Stool culture, parasite or C. difficile will only be measured if the patient has diarrhea.

2. Patients who have received treatment enemas for 3 weeks or less then 3 days and are active, can be included
but must stop the enemas on the day of enrolment

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Cross-over
Toewijzing:	Gerandomiseerd
Blinding:	Enkelblind
Controle:	Actieve controle groep

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-10-2020
Aantal proefpersonen:	10
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:	21-04-2021
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	NL9420
Ander register	METC AMC : METC2020_009

Resultaten