Adalimumab dose reduction aiming low serum concentration with control of disease activity

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We hypothesize that serum adalimumab concentration of 2 mg/L is sufficient to control disease activity in patients with stable rheumatoid arthritis disease.

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

Samenvatting

ID

NL-OMON24020

Bron
Nationaal Trial Register

Verkorte titel
ADDORA-low

Aandoening

Rheumatoid arthritis

Ondersteuning

Primaire sponsor: Reade Rheumatology Research Institute
Overige ondersteuning: ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The primary objective is to evaluate the disease activity after dose reduction, aiming

adalimumab concentration of 2 mg/L or 5 mg/L

Toelichting onderzoek

Achtergrond van het onderzoek

Biological agents are frequently prescribed to optimize rheumatoid arthritis care. In order to prevent joint destruction it is necessary to maintain remission or low disease activity. Up to now clinicians used to continue the initial treatment regimen to maintain remission or low disease activity. Since biologic therapy is expensive, and is associated with patient burden as dose dependant risk for serious infections, multiple studies have been performed to show that a large proportion of patients with rheumatoid arthritis with stable low disease activity can reduce their dose without relapse of disease. Currently, most clinicians use Disease Activity Score in 28 joints (DAS28) and the Clinical Disease Activity Index (CDAI) to monitor dose reduction strategies. Although disease activity guided dose reduction is safe and cost-effective, a relatively novel strategy is dose reduction using serum drug concentrations (therapeutic drug monitoring).The rationale behind therapeutic drug monitoring is that medication dose correlates with serum drug levels and drug concentration correlates with therapeutic effect. The latter notion is demonstrated for adalimumb by Pouw et al. Adalimumab serum concentration in a range 5–8 mg/L is sufficient for adequate response. In the first phase of treatment, drug concentration must be high enough to control immunogenicity. To control disease activity in the 2nd phase (after 28 weeks), lower concentrations than 5 mg/L are probably sufficient. Our study group illustrated in 2018 that reducing adalimumab dose by prolonging the dosing interval with 50%, is non-inferior to continuation in patients with adalimumab levels > 8mg/L. In addition, recent published data suggest that concentrations of 0.1-0.5 mg/L are enough to control TNF in this phase. Yet, a study which investigates the lowest effective drug serum concentration is missing so far. We hypothesize that serum adalimumab concentration of 2 mg/L is sufficient to control disease activity.

Doel van het onderzoek

We hypothesize that serum adalimumab concentration of 2 mg/L is sufficient to control disease activity in patients with stable rheumatoid arthritis disease.

Onderzoeksopzet

-2,0,12,24 weeks

Onderzoeksproduct en/of interventie

Rheumatoid arthritis patients using adalimumab for at least 28 weeks and trough serum concentration of >5mg/L will be randomly assigned to dose reduction aiming a drug level of respectively 2 mg/L or 5 mg/L

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Rheumatoid arthritis patient, according to ACR 1987 ACR/EULAR 2010 criteria
Treated for at least 28 weeks with adalimumab
Adalimumab trough concentration >5mg/L
Who has agreed to participate (written informed consent);
Age 18 years or older.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Scheduled surgery during the follow-up of the study or other pre-planned reasons for treatment discontinuation
Life expectancy shorter than follow-up period of the study;
No other disease that might flare if adalimumab is tapered like psoriasis, inflammatory bowel disease

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	03-12-2019
Aantal proefpersonen:	89
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Ja

Toelichting
To avoid duplication of research, the gathered data will be shared once all desirable data analysis have been performed and the results are published

Ethische beoordeling

Positief advies

Datum:	03-12-2019
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	NL8209
Ander register	METC VU : METC 2019.250 CCMO NL69883.029.19 EudraCT 2019-001793-28

Resultaten

Samenvatting resultaten
N/A