The Bullseye study XL

Gepubliceerd: 29-03-2021 Laatst bijgewerkt: 19-03-2025

Response and non-response to vedolizumab can be predicted using biomarkers, identified through a System Medicine approach.

Ethische beoordeling	Niet van toepassing
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON25264

Bron
NTR

Verkorte titel
Bullseye XL

Aandoening

Crohn's disease

Ondersteuning

Primaire sponsor: UMC Utrecht
Overige ondersteuning: Takeda Development Center Americas, Inc., a wholly-owned subsidiary of Takeda Pharmaceutical Company Limited

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

To identify biomarkers predicting response to vedolizumab in patients with CD

Toelichting onderzoek

Achtergrond van het onderzoek

Rationale: The introduction of monoclonal antibodies has revolutionized the treatment of Crohn's disease (CD). Unfortunately, the efficacy of these agents is hampered by loss of response in a considerable number of patients. Since 2015, vedolizumab, an integrin α4β7 antagonist, has been licensed for the treatment of CD and UC. It's well tolerated and has an overall favourable safety profile. (1) Response rates vary between 31% for CD and 47% for UC at week 6 in the original studies, (2;3) and 12-month cumulative rates of clinical remission, mucosal healing and deep remission are 58.4%, 38.9% and 28.3% respectively. (4) However, a considerable proportion of patients does not respond to vedolizumab. Since the use of vedolizumab is associated with substantial financial expenditures, tools to identify patients in whom the drug will be effective are warranted.
Objective: To explore whether a Systems Medicine approach can identify biomarkers that predict clinical outcomes in patients with Crohn's disease in whom vedolizumab is started.
Study design: Observational, longitudinal, multicentre study
Study population: Adult Crohn's disease patients with luminal disease, who are anti-TNF therapy exposed and in whom vedolizumab is initiated.
Intervention (if applicable): This is an observational study
Main study parameters/endpoints: Biomarkers associated with response will be identified, employing a System Medicine approach. Response is defined as a reduction in the Harvey Bradshaw Index (HBI) score of at least 3 points at week 20. The association between the identified biomarkers and clinical response will subsequently be validated in subgroups of patients who are in remission or did not respond to the drug at 20 weeks (HBI < 4) or have or have not a sustained clinical benefit at 52 weeks (i.e. persistent clinical improvement under vedolizumab treatment during follow-up without need for new courses of corticosteroids or other systemic drugs, such as azathioprine, methotrexate, anti-TNF, investigational drugs, or surgery).
Nature and extent of the burden and risks associated with participation, benefit and group relatedness: During colonoscopy (which is routinely performed before initiating biological therapy), six mucosal biopsies will be obtained for research purposes. At baseline, 40 mL blood, and two faecal samples will be collected. During follow-up, 5 times 20 mL blood and 3 faecal samples will be collected over one year. Follow-up endoscopy at one year will be performed (as usual) to assess mucosal healing. Patients will be asked to undergo an additional proctoscopy with biopsies at week 20 (optional). In case the patient experiences a flare within one year, the extent and severity of the flare will be assessed through endoscopy. An additional six mucosal biopsies will be obtained at each of these endoscopies for research purposes.
Blood withdrawal carries a negligible risk of complications. The risk of bleeding or perforation following the taking of biopsies during colonoscopy is very low, approximately 1 per 1000 colonoscopies. Patients will be asked to complete questionnaires assessing disease activity and quality of life at each follow-up moment (max.15 minutes, 5 times in total).

Doel van het onderzoek

Response and non-response to vedolizumab can be predicted using biomarkers, identified through a System Medicine approach.

Onderzoeksopzet

Week 0,6,20 and 52 after start of vedolizumab therapy

Onderzoeksproduct en/of interventie

This is an observational study. Patients will be treated with vedolizumab as in regular care.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

In order to be eligible to participate in this study, a subject must meet all of the following criteria:
- Confirmed and active Crohn’s disease defined as follows
o HBI > 4 and at least 2 of the following
 CRP > 10
 calprotectine > 150
 Endoscopic active disease
 Active disease on MRI-enterography

- Age > 18 year
- Anti-TNF exposed (infliximab and/or adalimumab)

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

A potential subject who meets any of the following criteria will be excluded from participation in this study:
- No consent to participate in the study
- Active perianal disease
- Prior vedolizumab or ustekinumab therapy
- Recent use of antibiotics (within 4 weeks of baseline)
- Hospitalised patients or patients in need of surgery

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Anders
Toewijzing:	N.v.t. / één studie arm
Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-05-2021
Aantal proefpersonen:	30
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Niet van toepassing
Soort: Niet van toepassing

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 54895
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL9377
CCMO	NL74279.041.20
OMON	NL-OMON54895

Resultaten