Biomarkers voor darmkamer bij patiënten met Primair Scleroserende Cholangitis en een inflammatoire darmziekte: de VIP studie

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Vedolizumab has chemopreventive properties with regard to colorectal neoplasia (CRN) in the high-risk group of patients with PSC-IBD.

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON26884

Bron
Nationaal Trial Register

Verkorte titel
VIP

Aandoening

Primair scleroserende cholangitis, primary sclerosing cholangitis, Inflammatory bowel disease, inflammatoire darmziekte, Ulcerative Colitis, Colitis Ulcerosa.

Ondersteuning

Primaire sponsor: Academic Medical Center (AMC), Amsterdam
Overige ondersteuning: Takeda

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Differences in expression of previously identified potential biomarkers with regard to copy number changes, cancer-relevant gene mutations, methylation status, as well as MIF expression in patients with PSC/IBD versus IBD, stratified by vedolizumab treatment.

Toelichting onderzoek

Achtergrond van het onderzoek

Primary sclerosing cholangitis (PSC) is a rare chronic inflammatory disease of the biliary tree of unknown cause. Therapy is still limited to treatment of complications, and ultimately leading to bile duct destruction and liver failure. PSC has a strong association with inflammatory bowel disease (IBD), especially ulcerative colitis (UC). The gut homing lymphocyte paradigm offers a plausible explanation linking the gut and liver in PSC, stating that gut-primed t-lymphocytes (expressing á4â7) can migrate into the liver because of aberrantly expressed adhesion molecules (like MAdCAM-1) and chemokines in the liver. Vedolizumab is a humanized monoclonal antibody, that specifically binds to the lymphocyte integrin á4â7, thereby impairing the migration of gut-homing lymphocytes into gastrointestinal mucosa and possibly into the liver.

The risk of developing colorectal carcinoma (CRC) is elevated in patients with PSC and concomitant IBD compared to patients with IBD alone, with an estimated cumulative risk of 13% after 30 years. This mandates annual colonoscopic surveillance from the date of diagnosis of PSC, which is a burden for the patients. A clinically useful biomarker assay for early detection of the dysplasia-carcinogenesis sequence could help in surveilling these patients. Previous research showed an increased expression of Macrophage Migration Inhibitory Factor (MIF) in right colonic mucosal tissue of PSC/IBD patients as opposed to IBD-patients. In gastrointestinal cancers, an increase of this inflammatory cytokine is seen. Blocking T-cell influx into the colonic tissue could possibly decrease MIF levels in the colonic mucosa, vedolizumab may play a role in this process.

With this study, we aim to test the hypothesis that vedolizumab has chemopreventive properties with regard to colorectal neoplasia in the high-risk group of patients with PSC/IBD and look into the feasibility of potential biomarkers of risk of development of CRC in PSC/IBD patients.

Doel van het onderzoek

Vedolizumab has chemopreventive properties with regard to colorectal neoplasia (CRN) in the high-risk group of patients with PSC-IBD.

Onderzoeksopzet

Group 1: 3 colonoscopies with 1 year in between

Group 2: 2 colonoscopies with approximately 2 years in between

Onderzoeksproduct en/of interventie

During surveillance endoscopy (scheduled in regular care):

- 8 colonic biopsies

- SES-CD or UCEIS/Mayo score

- 2 blood samples

- 1 fecal sample

In case of PSC-IBD: 3 subsequent surveillance colonoscopies, in case of only IBD: 2 subsequent surveillance colonoscopies.

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Group 1:

- Diagnosis of PSC, established by cholangiography, in whom secondary causes of sclerosing cholangitis have been excluded

- Concurrent diagnosis of IBD (either UC, CD or IBDU), established at least 3 months prior to enrollment by clinical and endoscopic evidence and corroborated by a histopathology report

- Age 18 years and older, either male or female

- Ability to give informed consent

- Groups will be stratified for the use of thiopurines

- Groups will be stratified for UC, CD and IBDU

Group 2:

- Diagnosis of IBD (either UC, CD or IBDU), established at least 3 months prior to enrollment by clinical and endoscopic evidence and corroborated by a histopathology report

- Age 18 years and older, either male or female

- Ability to give informed consent

- 10 patients with routine vedolizumab treatment, 10 patients without vedolizumab treatment

- Groups will be stratified for the use of thiopurines

- Groups will be stratified for UC, CD and IBDU

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- Medical history of proctocolectomy

- Use of biologic therapy other than vedolizumab within 8 weeks of enrolment

- Inability to give informed consent

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Anders
Toewijzing:	Niet-gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	01-12-2017
Aantal proefpersonen:	40
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	11-12-2017
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 55753
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL6718
NTR-old	NTR6897
CCMO	NL59904.018.16
OMON	NL-OMON55753

Resultaten