The Effects of Epidermal Growth Factor (EGFR) Inhibition on Pulmonary Arterial Hypertension Associated with Systemic Sclerosis.

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As EGFR plays a role in pathogenesis of both pulmonary arterial hypertension and systemic sclerosis, EGFR inhibition will lead to beneficial effects in disease course.

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

Samenvatting

ID

NL-OMON27131

Bron
NTR

Verkorte titel
N/A

Aandoening

18-year old patients with systemic sclerosis-associated pulmonary arterial hypertension (SScPAH)

Ondersteuning

Primaire sponsor: VU University Medical Center
Overige ondersteuning: None

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Safety.

Toelichting onderzoek

Achtergrond van het onderzoek

Background of the study:
The prognosis of Pulmonary arterial hypertension (PAH) associated with scleroderma continues to be poor with a 3-year survival of 56%, despite implementation of new therapies. Therefore, new therapeutic strategies are warranted. One such strategy could be pharmacological inhibition of the epidermal growth factor receptor (EGFR), as recent research shows that the EGFR plays an important role in the pathogenesis of both PAH and scleroderma. The chimeric monoclonal antibody Cetuximab (ErbituxÒ) against the extracellular domain of the EGFR is registered for the treatment of colorectal cancer and SCCHN. In this study, we evaluate the use of Cetuximab in the treatment of scleroderma associated PAH.

Objective of the study:
The first objective is to evaluate the safety of cetuximab in patients with scleroderma associated PAH. The secondary objective is to assess efficacy.

Study design:
This will be a phase II study, open-labelled, in one hospital in the Netherlands. The first phase consists of the successive enrollment of three patients. After evaluation, enrollment will be enhanced to a total number of 20 patients.

Study population:
> 18-year-old patients with scleroderma-associated PAH

Intervention (if applicable):
Cetuximab, loading dose 400 mg/m2 week 1. week 2 t/m week 11 maintainance dose of 250 mg/m2.

Primary study parameters/outcome of the study:
To describe the safety of cetuximab in scleroderma associated PAH.

Secundary study parameters/outcome of the study (if applicable):
To explore the efficacy of cetuximab in terms of: stroke volume, 6 minute walk test, changes on HRCT, changes in nailfold microcirculation, changes in molecular parameters (NT-proBNP)

Nature and extent of the burden and risks associated with participation, benefit and group

relatedness (if applicable):
Number of institutional visits: 15. Number of physical examinations 15. Number of blood samples: 15. Other invasive investigations: Right heart catheterization 1x; skin biopsy 2x. Risks associated with investigations: risks associated with right heart catheterization (1:2000 major complications) and skin biopsies. Major risks associated with investigational product: 5% allergic side effects; severe infusion reactions 3% of subjects, fatal outcome < 1 in 1000; 5% conjunctivitis; 80% skin toxicity of which 15% severe (CTCAE Grade 3); 25 out of 100 patients report dyspnoea.
SSc-PAH is a severe disease with a poor prognosis, but this intervention methods may provide advantages over existing therapy in terms of efficacy and treatment burden compared with existing therapy.

Doel van het onderzoek

As EGFR plays a role in pathogenesis of both pulmonary arterial hypertension and systemic sclerosis, EGFR inhibition will lead to beneficial effects in disease course.

Onderzoeksproduct en/of interventie

All participants will receive cetuximab at a loading dose of 400 mg/m2 in week 1, followed by a weekly dose of 250 mg/m2 starting from week 2, up to a total of 12 weeks.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

A subject is eligible for inclusion in this study only if all of the following criteria apply:
1. Written informed consent;
2. Systemic sclerosis;
3. PAH with a mean PAP of above 25 mmHg measured during rest;
4. PVR above 300 dynes;
5. TLC > 70 %;
6. NYHA class III and/or 6 Minute Walk Test < 80% predicted;
7.Conventional PAH treatment and/or bosentan and/or sildenafil treatment;
8. Stability on medication during the previous 3 months (defined as stable or decrease of 6 MWT after 3 months of treatment).

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

A subject will be excluded from this study in case of the following criteria:
1. Left ventricular dysfunction;
2. Valvular heart disease;
3. Pericardial constriction;
4. Wedge pressure >/= 15 mmHg;
5. Chronic thromboembolic pulmonary hypertension;
6. Uncontrolled sleep apnea;
7. History of malignancies;
8. Overt right heart failure;
9. History or presence of skin ulcerations;
10. Women of child-bearing potential (WOCB) who are unwilling or unable to use contraceptives;
11. Sexually active fertile man not using effective birth control if their partners are WOCB;
12. Severe abnormality of the cornea;
13. Inadequate hematologic function defined by an absolute neutrophil count < 1,500/mm3, platelet count < 80.000/mm3 and hemoblobin level of < 9 g/dL;
14. Inadequate hepatic function defined by a total bilirubin level 1.5 times the upper limit of normal (ULN) and ASAT levels 2.5 times ULN;
15. Inadequate renal function defined by a serum creatinine level > 1,5 times ULN (alternative: Cockroft <50 ml/min);
16. Substances that inhibit CYP3A4 activity, such as rifampicin, phenytoin, ketoconazole, itraconazole (see section 6.4.5).

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Anders
Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving tijdelijk gestopt
(Verwachte) startdatum:	01-01-2007
Aantal proefpersonen:	20
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	29-12-2006
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	NL844
NTR-old	NTR858
Ander register	: 155/2006
ISRCTN	ISRCTN75611179

Resultaten

Samenvatting resultaten
N/A