Comparison of Alemtuzumab and Rebif Efficacy in Multiple Sclerosis, Study Two

Gepubliceerd: 29-09-2008 Laatst bijgewerkt: 18-08-2022

The purpose of this study is to establish the efficacy and safety of two different doses of alemtuzumab as a treatment for relapsing-remitting multiple sclerosis (MS), in comparison with Rebif® (interferon beta-1a). The study will enroll patients...

Ethische beoordeling Positief advies **Status** Werving gestopt

Type aandoening -

Onderzoekstype Interventie onderzoek

Samenvatting

ID

NL-OMON27332

Bron

NTR

Verkorte titel

CARE-MS II

Aandoening

Multiple Sclerosis, Relapsing-Remitting

Ondersteuning

Primaire sponsor: Genzyme Corporation

Overige ondersteuning: Genzyme Corporation

Bayer Schering Pharma AG

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

- Time to Sustained Accumulation of Disability (SAD) [Time Frame: 2 years]

 - 1 Comparison of Alemtuzumab and Rebif Efficacy in Multiple Sclerosis, Study Two 11-05-2025

- Relapse Rate [Time Frame: 2 years] (Rater-blinding of efficacy outcomes)

Toelichting onderzoek

Achtergrond van het onderzoek

The purpose of this study is to establish the efficacy and safety of two different doses of alemtuzumab as a treatment for relapsing-remitting multiple sclerosis (MS), in comparison with Rebif® (interferon beta-1a). The study will enroll patients who have received an adequate trial of disease-modifying therapies but continued to relapse while being treated, and who meet a minimum severity of disease as measured by MRI. Patients will have monthly laboratory tests and comprehensive testing every 3 months.

Every patient will receive active treatment; there is no placebo. The 24 mg alemtuzumab dose is closed to enrollment so newly enrolled patients will be randomly assigned to treatment with either 12 mg alemtuzumab or Rebif® at a 2:1 ratio (ie, 2 given 12 mg alemtuzumab for every 1 given Rebif®). Alemtuzumab will be administered in two annual cycles, once at the beginning of the study and again 1 year later. Rebif® will be self-injected 3 times per week for as long as the study continues. All patients will be required to return to their study site every 3 months for neurologic assessment. In addition, safety-related laboratory tests will be performed at least monthly. Participation in this study will end 2 years after the start of treatment for each patient. Additionally, all patients who receive alemtuzumab will be followed in an extension study for safety and efficacy assessments. Patients who receive Rebif® and complete 2 years on study may be eligible to receive alemtuzumab in an extension study.

Doel van het onderzoek

The purpose of this study is to establish the efficacy and safety of two different doses of alemtuzumab as a treatment for relapsing-remitting multiple sclerosis (MS), in comparison with Rebif® (interferon beta-1a). The study will enroll patients who have received an adequate trial of disease-modifying therapies but continued to relapse while being treated, and who meet a minimum severity of disease as measured by MRI. Patients will have monthly laboratory tests and comprehensive testing every 3 months.

Onderzoeksopzet

2 years

Onderzoeksproduct en/of interventie

Experimental intervention 1:

alemtuzumab: 12 mg per day administered through IV, once a day for 5 consecutive days at

2 - Comparison of Alemtuzumab and Rebif Efficacy in Multiple Sclerosis, Study Two 11-05-2025

Month 0 and 12 mg per day administered through IV, once a day for 3 consecutive days at Month 12

Experimental intervention 2:

alemtuzumab: 24 mg per day administered through IV, once a day for 5 consecutive days at Month 0 and 24 mg per day administered through IV, once a day for 3 consecutive days at Month 12 (Note: The 24 mg alemtuzumab dose is closed to enrollment.)

Active Comparator: interferon beta-1a (Rebif): 44 mcg administered 3-times weekly by SC injections for at least 2 years.

Contactpersonen

Publiek

Genzyme Europe BV
br> Gooimeer 10

Genzyme Europe B.V. [default] 1411 DD
The Netherlands

Wetenschappelijk

Genzyme Europe BV

Gooimeer 10

Genzyme Europe B.V. [default] 1411 DD
The Netherlands

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- 1. Age 18 55 years old
- 2. Diagnosis of MS and MRI scan demonstrating white matter lesions attributable to MS
- 3. Onset of MS symptoms within 10 years
- 4. EDSS score 0.0 to 5.0
- 5. Greater than or equal to 2 MS attacks within 24 months, with greater than or equal to 1
 - 3 Comparison of Alemtuzumab and Rebif Efficacy in Multiple Sclerosis, Study Two 11-05-2025

attack within 12 months

6. Greater than or equal to 1 MS attack (relapse) during treatment with a beta interferon therapy or glatiramer acetate after being on that therapy for at least 6 months within 10 years.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- 1. Previous treatment with alemtuzumab
- 2. Previous treatment with any investigational drug (i.e. medication that is not approved at any dose or for any indication)
- 3. Treatment with natalizumab, methotrexate, azothioprine or cyclosporine in the past 6 months
- 4. Previous treatment with mitoxantrone, cyclophosphamide, cladribine, rituximab or any other immunosuppressive or cytotoxic therapy (other than steroid treatment)
- 5. Any progressive form of MS
- 6. Any progressive form of MS
- 7. Any disability acquired from trauma or another illness that could interfere with evaluation of disability due to MS
- 8. Major systemic disease that cannot be treated or adequately controlled by therapy
- 9. Active infection or high risk for infection
- 10. Autoimmune disorder (other than MS)
- 11. Impaired hepatic or renal function
- 12. History of malignancy, except basal skin cell carcinoma
- 13. Medical, psychiatric, cognitive, or other conditions that compromise the patient's ability to understand the patient information, to give informed consent, to comply with the trial protocol, or to complete the study
- 14. Of childbearing potential with a positive serum pregnancy test, pregnant, or lactating
- 15. Current participation in another clinical study or previous participation in CAMMS323
- 16. Previous hypersensitivity reaction to any immunoglobulin product
- 17. Known allergy or intolerance to interferon beta, human albumin, or mannitol
- 18. Intolerance of pulsed corticosteroids, especially a history of steroid psychosis
- 19. Inability to self-administer subcutaneous (SC) injections or receive SC injections from caregiver
- 20. Inability to undergo MRI with gadolinium administration
- 21. Unwilling to use a reliable and acceptable contraceptive method throughout the study period (fertile patients only).

Onderzoeksopzet

Opzet

Type: Interventie onderzoek

Onderzoeksmodel: Parallel

Toewijzing: Gerandomiseerd

Blindering: Open / niet geblindeerd

Controle: Geneesmiddel

Deelname

Nederland

Status: Werving gestopt

(Verwachte) startdatum: 20-10-2007

Aantal proefpersonen: 700

Type: Werkelijke startdatum

Ethische beoordeling

Positief advies

Datum: 29-09-2008

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 NL1409

Register ID

NTR-old NTR1469

Ander register ClinicalTrials.gov NCT00548405 : CAMMS324

ISRCTN wordt niet meer aangevraagd

Resultaten

Samenvatting resultaten

- Coles AJ, Cox A, Le Page E, et al. The window of therapeutic opportunity in multiple sclerosis: evidence from monoclonal antibody therapy. J Neurol. 2006;253(1);98-108.

 Coles AJ, Cox A, Le Page E, et al. The window of therapeutic opportunity in multiple sclerosis: evidence from monoclonal antibody therapy. J Neurol. 2006;253(1);98-108.

 Coles AJ, Cox A, Le Page E, et al. The window of therapeutic opportunity in multiple sclerosis: evidence from monoclonal antibody therapy. J Neurol. 2006;253(1);98-108.

 Coles AJ, Cox A, Le Page E, et al. The window of therapeutic opportunity in multiple sclerosis: evidence from monoclonal antibody therapy. J Neurol. 2006;253(1);98-108.

 Coles AJ, Cox A, Le Page E, et al. The window of therapeutic opportunity in multiple sclerosis: evidence from monoclonal antibody therapy. J Neurol. 2006;253(1);98-108.

 Coles AJ, Cox A, Le Page E, et al. The window of therapeutic opportunity in multiple sclerosis.
- CAMMS223 Trial Investigators; Coles AJ, Compston DA, Selmaj KW, Lake SL, Moran S, Margolin DH, Norris K, Tandon PK. Alemtuzumab vs. interferon beta-1a in early multiple sclerosis. N Engl J Med. 2008 Oct 23;359(17):1786-801.