Anti-CD20 therapy for the treatment of chronic graft versus host disease.

Gepubliceerd: 16-06-2006 Laatst bijgewerkt: 18-08-2022

B cells contribute to the development of cGVHD.

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

Samenvatting

ID

NL-OMON27646

Bron
NTR

Verkorte titel
R'mabcGVHD

Aandoening

30 patients with a steroid refractory cGVHD will be treated with anti-B-cell therapy

Ondersteuning

Primaire sponsor: Roche Nederland B.V.
Overige ondersteuning: KWF "support grant voor clinical related projects" (UU 2006-2685)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Proportion of complete and partial responses. A complete response will be defined as a complete resolution of clinical evidence of chronic GVHD. A partial response will be defined by an improvement in any of the affected organs.

Toelichting onderzoek

Achtergrond van het onderzoek

Allogeneic stem cell transplantation (allo-SCT) is the treatment of choice of many hematological malignancies, owing to the graft-versus-leukemia (GVL) effect from the allogeneic donor T cells. Unfortunately, the positive effect of GVL is counterbalanced by graft-versus-host disease (GVHD), a major complication following allo-SCT of which the resultant multi-organ damage and immune deficiency significantly impair overall survival after SCT. GVHD can be distinguished in an acute and a chronic form. Acute GVHD is a distinctive syndrome of dermatitis, hepatitis and enteritis, while the term chronic GVHD describes a more pleiotropic syndrome. 60-70% of all patients receiving an allo-SCT and surviving beyond day 100 develop chronic GVHD. In our own institute (UMC Utrecht), the incidence of chronic GVHD is 60%, while 44% of all patients develop extensive disease. The first line treatment of extensive chronic GVHD consists of steroids with or without the addition of cyclosporin, depending on the existence of a thrombocytopenia (<100 x 10exp9/L). However, 58% of all patients with extensive chronic GVHD is refractory to steroid treatment. Although the contribution of donor T cells to the development of both acute and chronic GVHD is beyond doubt, the role of B cells is much less well defined. However, two observations suggest that B cells do contribute to GVHD. In the first place, autoantibodies can be detected in 15-90% of chronic GVHD patients. Secondly, three small-scale clinical studies have demonstrated that in vivo depletion of B cells with the CD20-specific Ab rituximab resulted in amelioration of chronic GVHD symptoms in heavily pretreated steroid-refractory patients. Preliminary analysis of skin and liver biopsies taken during chronic GVHD revealed the deposition of IgG Ab on epithelial cells and the basal membrane. Together, these findings prompt us to better define the role for B cells in the development of chronic GVHD. This improved understanding will serve two purposes. In the first place, a better insight into the pathogenesis of chronic GVHD is essential to develop new treatment modalities. In addition, development of novel prognostic markers that can predict the occurence of chronic GVHD may result in a risk-adapted prevention strategy of GVHD.

Doel van het onderzoek

B cells contribute to the development of cGVHD.

Onderzoeksproduct en/of interventie

Treatment with Rituximab once a week, for 4 weeks.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Age > 18 yr;
2. Steroid refractory chronic GVHD, including skin localization;
3. No other treatment apart from steroids and when applicable standard GVHD prevention.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Relapse with a life expectancy of < 6 months;
3. Severe infections.

Onderzoeksopzet

Opzet

Type: Interventie onderzoek

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

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-07-2006
Aantal proefpersonen:	30
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	16-06-2006
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	NL648
NTR-old	NTR709
Ander register	: N/A
ISRCTN	ISRCTN43525354

Resultaten

Samenvatting resultaten
N/A