

Observational study; Mycophenolate sodium (Myfortic) in primary Sjogren's syndrome.

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Mycophenolate is a selective inhibitor of inosine-monophosphate-dehydrogenase which leads to inhibition of the de novo pathway of nucleotide synthesis. The antiproliferative effect of mycophenolate mainly affects activated T- and B-lymphocytes...

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

Samenvatting

ID

NL-OMON28051

Bron

Nationaal Trial Register

Verkorte titel

N/A

Aandoening

1. Sjogren's syndrome;
2. Mycophenolate sodium;
3. Sicca syndrome;
4. Immunosuppression.

Ondersteuning

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Overige ondersteuning: Novartis Pharma GmbH, Nürnberg, Germany

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

To evaluate the efficacy of mycophenolate sodium treatment in patients with pSS refractory to other immunosuppressive agents.

Outcome measures:

Glandular function tests, questionnaires, and laboratory tests at baseline, after 4 weeks, week 12, at week 24.

The lachrymal gland function will be assessed by unanesthetized Schirmer's test.

In addition, we will collect and weigh the unstimulated whole saliva throughout 5 minutes.

Visual analogue scale for the severity of ocular dryness, arthralgia, and fatigue on a 100-mm visual analogue scale (VAS) ranging from 0 to 100.

Outcome will also be determined by the Short Form-36 (SF-36). In addition, the Health Assessment Questionnaire (HAQ) has to be completed

Levels of immunoglobulins (IgG, IgM and IgA), RF-IgM as well as serum concentrations of complement levels (C3 and C4) will be measured during the trial. Also IgG antibodies to SS-A and SS-B will be analysed.

Toelichting onderzoek

Achtergrond van het onderzoek

Primary Sjogren's syndrome (pSS) is an autoimmune disorder characterized by keratoconjunctivitis sicca and xerostomia. In addition, various extraglandular manifestations may develop. Several immunomodulating agents have been attempted in the treatment of pSS without achieving satisfactory results. Currently, there is no approved systemic treatment for pSS.

Since activation of lymphocytes is a key element in the pathogenesis of the disease inhibition of lymphocyte activation might be beneficial in the treatment of pSS. Mycophenolic acid has anti-proliferative effects on B- and T-cells.

Mycophenolate containing compounds such as mycophenolate mofetil (MMF) and enteric coated mycophenolate sodium (MPS) are immunosuppressive drugs approved for the prevention of transplant rejection. MPS 720 mg and MMF 1000 mg deliver nearly equimolar

doses of the active immunosuppressive agent.

Although no controlled study has been performed so far mycophenoate has been suggested as sole or adjuvant treatment for primary Sjogren's syndrome pSS in a recent review articles.

The recent observations and the immunosuppressive effect of mycophenolate sodium in other autoimmune diseases led us to evaluate the efficacy and safety of Mycophenolate sodium treatment in patients with pSS refractory to other immunosuppressive agents.

Doel van het onderzoek

Mycophenolate is a selective inhibitor of inosine-monophosphate-dehydrogenase which leads to inhibition of the de novo pathway of nucleotide synthesis. The antiproliferative effect of mycophenolate mainly affects activated T- and B-lymphocytes because the proliferation of these cells is critically dependent on the de novo purine synthesis compared to other eukaryotic cells. Since these lymphocytes have been suggested to play a pivotal role in the inflammation and immunopathogenesis of primary Sjogren's syndrome, mycophenolate might be a promising agent in the treatment of pSS.

Onderzoeksopzet

N/A

Onderzoeksproduct en/of interventie

The dosage of mycophenolate sodium should increase weekly by 360mg up to a maximum stable dose of 1440 mg daily. In patients not well tolerating the drug the dosage can be reduced to 720 mg per day.

Follow up visits will be after 4 week,

12 weeks and 24 weeks

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Diagnosis of primary Sjogren's syndrome based on the American-European Consensus criteria (Vitali et al.);
2. Erythrocyte sedimentation rate >25mm/h and hypergammaglobulinemia (>1500 mg/dl);
3. Presence of anti-SS-A and /or SS-B antibodies and/or rheumatoid factor;
4. Requirement of artificial teardrops due to symptomatic sicca syndrome;
5. Adequate contraception for females of childbearing potential;
6. Inadequate response or intolerance of prior treatment with hydroxychloroquine and/or azathioprine.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Age below 18 or above 75 years;
2. Pregnant or lactating women;
3. Secondary Sjogren's syndrome;
4. History of cancer, severe infections or other uncontrolled diseases;
5. Treatment with concomitant disease modifying anti-rheumatic drugs within the least 4 weeks before baseline evaluation;

6. Prednisolone dose of >5mg/d or changes of prednisolone dose within the least 4 weeks before baseline;

7. Use of secretagogues (e.g. pilocarpine, civemeline) or medications that potentially diminish exocrine gland function (e.g. tricyclic antidepressants, anti-cholinergic drugs).

Onderzoeksopzet

Opzet

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

Deelname

Nederland	
Status:	Werving gestopt
(Verwachte) startdatum:	03-04-2005
Aantal proefpersonen:	11
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies	
Datum:	18-09-2007
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	NL1066
NTR-old	NTR1099
Ander register	: N/A
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

1. Gaubitz M, Schorat A, Schotte H, Kern P, Domschke W:
Mycophenolate mofetil for the treatment of systemic lupus erythematosus: an open pilot trial.
Lupus 1999, 8:731-736;

2. Willeke P, Domschke W, Gaubitz M: Mycophenolate Mofetil for the treatment of primary
Sjögren's Syndrome: A case report. Ann Rheum Dis 2003, 62 (Suppl. 1) :352;

3. Mavragani CP, Moutsopoulos NM, Moutsopoulos HM: The management of Sjogren's
syndrome.
Nat Clin Pract Rheumatol 2006, 2:252-261.