

# The DIMID1-trial: Effect of Donor Intestinal Microbiota Infusion on residual betacell function in patients with recently diagnosed Diabetes mellitus type 1.

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To investigate whether microbial transplantation from either allogenic (healthy) or autologous (own) donor, administered through a small intestinal tube, has beneficial effects on immune status, betacell function (C-peptide secretion upon a mixed...

|                             |                       |
|-----------------------------|-----------------------|
| <b>Ethische beoordeling</b> | Positief advies       |
| <b>Status</b>               | Werving gestopt       |
| <b>Type aandoening</b>      | -                     |
| <b>Onderzoekstype</b>       | Interventie onderzoek |

## Samenvatting

### ID

NL-OMON29482

### Bron

NTR

### Verkorte titel

DIMID1

### Aandoening

type 1 diabetes mellitus

### Ondersteuning

**Primaire sponsor:** AMC-UvA

**Overige ondersteuning:** na

### Onderzoeksproduct en/of interventie

## **Uitkomstmaten**

### **Primaire uitkomstmaten**

Preservation of residual betacell insulin secretion capacity/beta cell function as assessed by mixed meal test (MMT) at 0, 6 and 12 months.

## **Toelichting onderzoek**

### **Achtergrond van het onderzoek**

We propose to test the effect of multiple infusions of one healthy donor (=allogenic) compared to multiple infusion of own feces (=autologous) on residual betacell function, immunologic status (in peripheral blood and mucosa) and gut microbiota composition both in small intestinal (biopsies) and fecal samples. Using this protocol we might be able to disentangle potential causality of intestinal bacteria in the pathophysiology of type 1 diabetes mellitus.

### **Doel van het onderzoek**

To investigate whether microbial transplantation from either allogenic (healthy) or autologous (own) donor, administered through a small intestinal tube, has beneficial effects on immune status, betacell function (C-peptide secretion upon a mixed meal test (MMT) in recently diagnosed type 1 diabetes mellitus. Moreover, we aim to see which small (intestinal biopsies) and large intestinal (fecal samples) microbiota are associated with these clinical changes.

### **Onderzoeksopzet**

At baseline, 2, 6, 9 and 12 months.

### **Onderzoeksproduct en/of interventie**

We will compare the effect of multiple allogenic (using feces of thoroughly screened healthy donor) versus autologous (=using own feces) fecal transplantation on preservation of beta cell insulin secretion capacity and normalisation of immunological tone (T-helper cell subsets in blood) in subjects recently diagnosed with type 1 diabetes mellitus. Fecal transplantation (using fresh morning fecal sample) will be performed by introduction of a duodenal tube (either by gastroduodenoscopy or by Cortrak device assisted electromagnetic positioning), followed by total bowel-lavage with cetomacrogol and subsequent infusion of processed fecal sample. beta cell insulin secretion capacity will be tested by mixed meal test and immunological tone (T-helper cell subsets in blood) by FACS analysis.

## Contactpersonen

### Publiek

AFDELING INWENDIGE GENEESKUNDE AMC<br>  
MEIBERGDREEF 9, KAMER F4.159.2  
M. Nieuwdorp  
Amsterdam 1105 AZ  
The Netherlands  
+31 (0)20 5666612

### Wetenschappelijk

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M. Nieuwdorp  
Amsterdam 1105 AZ  
The Netherlands  
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## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Newly diagnosed (< 6 weeks) patients with type 1 diabetes (n=34, aged 18-30 years, BMI 18-25 kg/m<sup>2</sup>, with still residual betacell function (as indicated by plasma C-peptide > 0.2 mmol/l and/or >1.2 ng/mL after MMT), male/females, will be recruited by poster advertisement.

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Subjects with diagnosis or symptoms of another autoimmune disease (eg hypo- or hyperthyroidism, coeliakie, rheumatoid arthritis or inflammatory bowel disease like Crohn/Colitis Ulcerosa) are not able to participate. Smoking, (expected) prolonged compromised immunity (due to recent cytotoxic chemotherapy or HIV infection with a CD4 count < 240) as well as antibiotics use in the last 3 months and PPI use is seen as an exclusion criterium.

## Onderzoeksopzet

### Opzet

|                  |                       |
|------------------|-----------------------|
| Type:            | Interventie onderzoek |
| Onderzoeksmodel: | Parallel              |
| Toewijzing:      | Gerandomiseerd        |
| Blinding:        | Dubbelblind           |
| Controle:        | Placebo               |

### Deelname

|                         |                       |
|-------------------------|-----------------------|
| Nederland               |                       |
| Status:                 | Werving gestopt       |
| (Verwachte) startdatum: | 01-01-2013            |
| Aantal proefpersonen:   | 34                    |
| Type:                   | Werkelijke startdatum |

## Ethische beoordeling

|                 |                  |
|-----------------|------------------|
| Positief advies |                  |
| Datum:          | 12-11-2012       |
| 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        | NL3542                              |
| NTR-old        | NTR3697                             |
| Ander register | METC AMC : 201/295                  |
| ISRCTN         | ISRCTN wordt niet meer aangevraagd. |

## Resultaten

### Samenvatting resultaten

N/A