

Rational use of substrate reduction therapy and enzyme replacement therapy in patients with type I Gaucher disease (Uso racional de los tratamientos por inhibición de sustrato y enzimático sustitutivo en pacientes con enfermedad de Gaucher tipo I)

Submission date 31/01/2011	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 18/04/2011	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 18/04/2011	Condition category Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

EC-90737

Study information

Scientific Title

Rational use of substrate reduction therapy and enzyme replacement therapy in patients with type I Gaucher disease: an open-label single-centre follow up study

Study objectives

The aim of this study is to evaluate the long-term effect of miglustat (substrate reduction therapy) as first-line treatment in mild to moderate Gaucher Disease (GD) and its effectiveness as maintenance therapy either in patients with type I GD who have achieved a stable condition with enzyme replacement therapy or in patients with severe disease who have not reached the objectives of the treatment.

Substrate Reduction Therapy (SRT) is an effective alternative to Enzyme Replacement Therapy (ERT) in type I GD. It is administered orally, therefore it is more comfortable, has lower direct and indirect administration costs. The SRT would have indication and efficacy in patients who have reached treatment goals, for who maintaining response is necessary and in patients with advanced disease who have not reached treatment goals.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Clinical Research Ethics Committee of Aragon (Comité Ético de Investigación Clínica de Aragón (CEICA).

Ref: C.I. EC07/083, 20/05/2008

Study design

Open-label single centre follow-up study

Primary study design

Interventional

Secondary study design

Non randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Type I Gauchers disease

Interventions

Asymptomatic patients with a severity scale of 0-3 points are not treated but monitored and assessed every 6 months (clinically, laboratory and imaging). New diagnosed symptomatic patients with a severity scale of 0-3 points would be eligible for SRT (100 mg/TID PO) or ERT (30 U/kg IV every 2 weeks) in function of individual characteristics and preferences. New diagnosed symptomatic patients with a severity scale of 4-8 points would be eligible for SRT (100 mg/TID PO) or ERT (60 U/kg IV every 2 weeks) in function of individual characteristics and preferences. New diagnosed symptomatic patients with a severity scale >9 points will receive ERT (60 U/kg IV every 2 weeks). Patients previously treated with ERT and have reached stability for a minimum of 2 years will receive treatment with SRT (100 mg/TID PO). For all treatment arms, the patients will be followed during 24 months. Test that will be run: Magnetic resonance imaging (MRI) spleen and liver volume measurement (basal and every 6 months), MRI femoral and lumbar spinal bone marrow infiltration (basal and months 12 and 24), biomarkers of GD activity such as chitotriosidase, angiotensin-converting enzyme (ACE), tartrate-resistant acid phosphatase (TRAP) and ferritin, and including platelets, hemoglobin and vit B12 (all visits), QLQ SF-36 (basal and months 12 and 24), global improvement scale (patient / investigator, all visits from visit 2), Visual Analog Scale for pain assessment (all visits), neurologic and neuropsychological tests including electroneurography (basal and every 6 months), physical examination and vital signs (basal and months 12 and 24)

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Miglustat

Primary outcome measure

The primary end point is the percentage change in liver volume in baseline visit and every six months upto 24 months measured by MRI

Secondary outcome measures

1. The percentage change in spleen volume every six months and bone marrow infiltration measured yearly [baseline visit (visit 1), 12 months (visit 4) and 24 months (visit 6)] by MRI 2. Changes in haematologic parameters (haemoglobin, platelets)
3. Chitotriosidase activity measured every two years (in baseline visit and visit 6)

Overall study start date

01/12/2009

Completion date

31/12/2011

Eligibility

Key inclusion criteria

1. Patients ≥ 18 years. Diagnosis of type I GD confirmed by glucocerebrosidase assay or by the presence of mutations in the glucocerebrosidase gene
2. Patients who have received enzyme replacement therapy for at least 3 years with the same dose for at least the last 6 months
3. Stable clinical and biological disease for 2 years confirmed with at least two assessments including the one performed at baseline

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

40

Key exclusion criteria

1. History of oculomotor palsy, ataxia or other manifestations usually associated with type 3 GD
2. Splenectomy before 18 years due to massive splenomegaly or severe cytopenia
3. Documented peripheral polyneuropathy. Intolerance to lactose
4. Diarrhoea of unknown origin within 6 months prior to visit 1 or history of significant gastrointestinal disorders
5. Cataracts or a known risk of cataract formation
6. Severe renal insufficiency
7. Active intercurrent diseases, such as human immunodeficiency virus (HIV) or hepatitis B or C
8. Dependence or current abuse of drugs or alcohol
9. Suspected hypersensitivity to miglustat or any of the excipients
10. Patients who have previously received miglustat
11. Pregnancy or breast-feeding
12. Patients who refuse to use a reliable contraceptive method throughout the study and during the three months following the discontinuation of miglustat
13. Patients receiving treatment with another investigational product or have received an investigational product in the 3 months prior to baseline

Date of first enrolment

01/12/2009

Date of final enrolment

31/12/2011

Locations

Countries of recruitment

Spain

Study participating centre

Servicio de Hematología

Zaragoza

Spain

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Sponsor information

Organisation

Aragon Institute of Health Sciences [Instituto Aragonés de Ciencias de la Salud] (Spain)

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Sponsor type

Government

Website

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ROR

<https://ror.org/05p0enq35>

Funder(s)

Funder type

Government

Funder Name

Aragon Institute of Health Sciences [Instituto Aragonés de Ciencias de la Salud] (Spain)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration