

# Targeting synovitis in knee osteoarthritis

<b>Submission date</b> 21/05/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 21/05/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 10/05/2017	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Osteoarthritis (OA) is the most common form of arthritis and remains one of the few chronic diseases of ageing for which there is little, if any, effective treatment. Symptomatic knee osteoarthritis affects roughly 12% of people aged 60 and over and, despite medical advances, remains a major source of pain and functional limitation. While the main feature of OA is loss of cartilage (the protective surface that allows your joints to move smoothly), all parts of the joint are affected. Treatment development has focused on protecting the cartilage from damage. Another important potential source of OA pain is the lining of the joint (the synovium). Inflammation of the synovium is seen in about 50% of the knees of patients with painful OA. Since corticosteroid drugs reduce inflammation, injection of corticosteroids into the knee might be effective for the treatment of OA pain. The aim of this study is to determine whether patients with evidence of synovial inflammation in OA respond better to corticosteroids than those who do not, and whether treatment response is associated with change in synovial inflammation.

### Who can participate?

Patients aged 40 - 79 years with symptomatic knee osteoarthritis (OA).

### What does the study involve?

Participants have their knee aspirated (where a sterile needle and syringe are used to drain fluid) and injected with the corticosteroid drug methylprednisolone acetate (Depo-Medrone). We measure the changes in knee pain and inflammation of the synovium following the injection.

### What are the possible benefits and risks of participating?

Not provided at time of registration

### Where is the study run from?

University of Manchester (UK)

### When is the study starting and how long is it expected to run for?

May 2010 to May 2012

### Who is funding the study?

Arthritis Research Campaign (ARC) (UK)

Who is the main contact?  
Helen Williams  
Helen.Williams@manchester.ac.uk

**Study website**

<http://www.inflammation-repair.manchester.ac.uk/roam>

## Contact information

**Type(s)**

Scientific

**Contact name**

Mrs Helen Elizabeth Williams

**Contact details**

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## Additional identifiers

**EudraCT/CTIS number**

2009-015849-22

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

8358

## Study information

**Scientific Title**

An open-label study of intra-articular steroid injection in the management of symptomatic knee osteoarthritis

**Acronym**

TASK v1.2

**Study objectives**

Osteoarthritis (OA) of the knee is a common disorder and at present there are few effective therapies. Intra-articular (IA) steroids have been used in the management of knee OA, however, the results of these studies have been variable. The aim of this study is to determine factors which predict the improvement in pain in patients treated with IA steroids. In total 120 patients with knee OA will be studied in an open label study of IA steroids.

The primary outcome measure will be the change in knee pain following steroid injection. We plan to determine whether features of synovitis at baseline assessed both clinically and on magnetic resonance imaging (MRI) imaging predict response to steroids and whether change in features of synovitis, assessed using serial MRI scanning are associated with change in pain status. We will also determine the predictive ability of synovial fluid parameters and other factors including quality of life predict the response to steroids.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Leicester 2 REC, 27/01/2010, ref: 09/H0402/107

### **Study design**

Single-centre non-randomised interventional treatment trial

### **Primary study design**

Interventional

### **Secondary study design**

Non randomised study

### **Study setting(s)**

Hospital

### **Study type(s)**

Treatment

### **Participant information sheet**

Can be found at <http://www.inflammation-repair.manchester.ac.uk/roam>

### **Health condition(s) or problem(s) studied**

Topic: Musculoskeletal, Primary Care Research Network for England; Subtopic: Not Assigned, Musculoskeletal (all Subtopics); Disease: Musculoskeletal, All Diseases

### **Interventions**

Participants will have their index knee aspirated and injected with 80 mg methylprednisolone acetate (Depo-Medrone). Subjects will have one injection only during the course of the study.

Follow up length: 6 months

Study entry: registration only

### **Intervention Type**

Drug

**Phase**

Phase IV

**Drug/device/biological/vaccine name(s)**

Depomedrone

**Primary outcome measure**

Change in knee pain, analysis will focus on whether change in pain level from baseline to one week after the injection is given

**Secondary outcome measures**

1. Visual Analogue Scale (VAS) - global knee pain
2. VAS - pain on nominated activity
3. VAS - wellness
4. Knee injury and Osteoarthritis Outcome Score (KOOS) subscales

Data collected at each study visit, baseline, week 1 and 1 x follow-up.

**Overall study start date**

04/05/2010

**Completion date**

15/12/2014

**Eligibility****Key inclusion criteria**

1. Age 40 - 79 years
2. Male or female
3. Ambulatory (not wheelchair bound)
4. Able and willing to attend or comply with intervention and follow up
5. Within the last 24 months:
  - 5.1. Radiological (X-ray) evidence of grade 2 or more OA
  - 5.2. Evidence of significant OA on MRI scan
  - 5.3. Documented evidence of at least grade 2 arthritis on arthroscopy
6. Moderate knee pain lasting 48 hours in the past 2 weeks
7. Presence of clinically apparent knee effusion
8. Written informed consent
9. Glomerular filtration rate (GFR) greater than 44 ml/min

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

Planned sample size: 120; UK sample size: 120

### **Key exclusion criteria**

1. Secondary OA - septic arthritis, gout
2. History of inflammatory arthritis
3. Previous intra-articular Ostenil or steroid injection within 6 months
4. Previous knee surgery (including cartilage surgery) or arthroscopy within 6 months
5. Inability to understand the procedures
6. Pregnancy
7. Chronic kidney disease with estimated glomerular filtration rate (eGFR) greater than or equal to 44 ml/min
8. Concurrent life threatening illness
9. Implants which prohibit safe use of MRI scan including cochlear implants/metal objects in the body including joint prosthesis, cardiac or neural pacemakers, hydrocephalus shunts, intrauterine device or coil
10. Known hypersensitivity to Depomedrone or any components of its excipients
11. Systemic infection (unless specific anti infective therapy is employed)

### **Date of first enrolment**

04/05/2010

### **Date of final enrolment**

10/06/2014

## **Locations**

### **Countries of recruitment**

England

United Kingdom

### **Study participating centre**

**University of Manchester**

Manchester

United Kingdom

M13 9PT

### **Study participating centre**

**Salford Royal NHS Foundation Trust**

Stott Lane

Salford

United Kingdom

M6 8HD

## **Sponsor information**

**Organisation**

Salford Royal NHS Foundation Trust (UK)

**Sponsor details**

Hope Hospital  
Stott Lane  
Salford  
England  
United Kingdom  
M6 8HD

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[lloyd.gregory@manchester.ac.uk](mailto:lloyd.gregory@manchester.ac.uk)

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.srht.nhs.uk>

**ROR**

<https://ror.org/019j78370>

**Funder(s)****Funder type**

Charity

**Funder Name**

Arthritis Research Campaign (ARC) (UK)

**Results and Publications****Publication and dissemination plan**

All publications will be open access and on PubMed when available

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/01/2016		Yes	No
<a href="#">Results article</a>	results	08/05/2017		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No