

Plasma exchange and glucocorticoid dosing in the treatment of antineutrophil cytoplasm antibody associated vasculitis

Submission date 01/06/2009	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input checked="" type="checkbox"/> Protocol
Registration date 22/06/2009	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 27/09/2022	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Severe, antineutrophil cytoplasm antibody associated vasculitis (AAV) is an uncommon disease of the immune system diagnosed in about 1430 per 100,000 people in the UK each year. It is caused by abnormal antibodies that attack the body's own cells and tissues. AAV is important because it carries a poor prognosis, with up to half of patients dying or developing kidney failure within 5 years. Two major problems hinder the treatment of AAV: a lack of treatment strategies to bring the disease under control quickly before it causes major organ damage, and a high degree of treatment-related toxicity (side effects). The aim of this study is to examine these problems in patients with severe AAV.

Who can participate?

Patients aged 15 or over with severe AAV

What does the study involve?

Participants are randomly allocated to either receive plasma exchange (a method of rapidly removing the abnormal antibodies), or to not receive plasma exchange. Participants are also randomly allocated to receive either a standard dose of steroids or a low-dose scheme which is predicted to reduce treatment-related toxicity.

What are the possible benefits and risks of participating?

By addressing these problems we hope to significantly improve patient survival and reduce the frequency of kidney failure in patients with AAV.

Where is the study run from?

Addenbrooke's Hospital (UK)

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

November 2009 to July 2018

Who is funding the study?
Health Technology Assessment Programme (UK)

Who is the main contact?
Dr David Jayne
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

EudraCT/CTIS number
2009-013220-24

IRAS number

ClinicalTrials.gov number
NCT00987389

Secondary identifying numbers
HTA 08/56/04; PEXIVASv1.0

Study information

Scientific Title
Plasma exchange and glucocorticoid dosing in the treatment of antineutrophil cytoplasm antibody associated vasculitis: an international randomised controlled trial

Acronym
PEXIVAS

Study objectives

This is a two-by-two factorial design randomised controlled trial and has two primary hypotheses:

1. Plasma exchange in addition to immunosuppressive therapy and glucocorticoids will reduce death and end-stage renal disease (ESRD) compared to immunosuppression and glucocorticoids alone in patients with antineutrophil cytoplasm antibody (ANCA) associated vasculitis
2. A reduced dose glucocorticoids regimen will be non-inferior to a standard regimen with respect to death and ESRD in patients with ANCA associated vasculitis

More details can be found at: <http://www.nets.nihr.ac.uk/projects/hta/085604>

Protocol can be found at: http://www.nets.nihr.ac.uk/__data/assets/pdf_file/0011/53012/PRO-08-56-04.pdf

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics Board: NRES Committee London – Harrow, 30/10/2009, Ref: 09/H0709/56

Study design

Two-by-two factorial design randomised controlled trial

Primary study design

Interventional

Secondary study design

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

Anti-neutrophil cytoplasm antibody associated vasculitis (AAV) with nephritis or lung haemorrhage

Interventions

1. Plasma exchange (seven exchanges of human albumin at a dose of 60 ml/kg over 14 days) as an adjunctive therapy to standard immunosuppression treatment and glucocorticoids
2. A reduced dose glucocorticoid tapering regimen compared to a standard dose glucocorticoid tapering regimen

Intervention Type

Mixed

Primary outcome measure

Death or end-stage renal disease. Timepoint for all analyses is the common closeout date (2 years after the last patient is enrolled).

Secondary outcome measures

Current secondary outcome measures, as of 21/03/2018:

1. Sustained remission will be analyzed by comparing the difference in proportions (and associated 95% confidence intervals) of patients that achieve a sustained remission in each treatment group.
2. Death and ESRD will be analyzed separately in an identical manner to the composite primary endpoint.
3. Safety analyses will be performed by assessing the 95% confidence interval of the rate difference of serious adverse events between treatment groups.
4. The rate of serious infections will be assessing the 95% confidence interval of the rate difference between the treatment groups both for the first year and at trial end.
5. Health-related quality of life using the SF-36 Physical Composite, Mental Composite and EQ-5D Index Score.

Patients were seen at Week 26, Week 52 and then every 6 months until study end.

Previous secondary outcome measures:

1. Disease activity (measured with the Birmingham Vasculitis Activity Score 2003)
2. Health related quality of life (measured with the EuroQoL EQ5D index score and 36-item Short Form Health Survey)
3. Serious adverse events

Timepoint for all analyses is the common closeout date (2 years after the last patient is enrolled).

Overall study start date

01/11/2009

Completion date

31/07/2018

Eligibility

Key inclusion criteria

1. New or previous clinical diagnosis of Wegener's granulomatosis, or microscopic polyangiitis consistent with the Chapel-Hill consensus definitions
2. Positive test for proteinase 3-ANCA or myeloperoxidase-ANCA
3. Severe vasculitis defined by at least one of the following:
 - 3.1. Renal involvement, characterised by:
 - 3.1.1. Renal biopsy demonstrating focal necrotising glomerulonephritis or active urine sediment demonstrating glomerular haematuria/red cell casts and proteinuria, and
 - 3.1.2. Estimated glomerular filtration rate (eGFR) less than 50 ml/min/1.73 m²), or
 - 3.2. Pulmonary haemorrhage due to active vasculitis (defined by a compatible chest x-ray or computed tomography [CT] scan (diffuse pulmonary infiltrates), and
 - 3.3. The absence of an alternative explanation for all pulmonary infiltrates (i.e. volume overload or pulmonary infection), and
- 3.4. At least one of the following:
 - 3.4.1. Evidence of alveolar haemorrhage on bronchoscopic examination or increasingly bloody returns with bronchoalveolar lavage

- 3.4.2. Observed haemoptysis
- 3.4.3. Unexplained anaemia (less than 10 g/dl) or documented drop in haemoglobin (greater than 1 g/dl)
- 3.4.4. An increased diffusing capacity of carbon dioxide
- 4. Provision of informed consent by patient or a surrogate decision maker
- 5. Aged greater than or equal to 15 years, either sex

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

700

Total final enrolment

704

Key exclusion criteria

- 1. A diagnosis of vasculitis other than Wegener's granulomatosis or microscopic polyangiitis
- 2. Positive anti-glomerular basement membrane antibody test or renal biopsy demonstrating linear glomerular immunoglobulin deposition
- 3. Receipt of dialysis for greater than 21 days immediately prior to randomisation or prior renal transplant
- 4. Aged less than 15 years (aged less than 18 years at centres that do not treat paediatric patients)
- 5. Pregnancy
- 6. Treatment with greater than 1 intravenous (IV) dose of cyclophosphamide and/or greater than 14 days of oral cyclophosphamide and/or greater than 14 days of prednisone/prednisolone (greater than 30 mg/day) and/or greater than 1 dose of rituximab within the 28 days immediately prior to randomisation
- 7. A comorbidity that, in the opinion of the investigator, precludes the use of cyclophosphamide, glucocorticoids, or plasma exchange or absolutely mandates the use of plasma exchange

Added 30/10/2019:

- 8. Plasma exchange in 3 months prior to randomization

Date of first enrolment

30/09/2016

Date of final enrolment

31/07/2017

Locations**Countries of recruitment**

Australia

Canada

Czech Republic

Denmark

England

France

Germany

Italy

Mexico

Netherlands

New Zealand

Spain

Sweden

Switzerland

United Kingdom

United States of America

Study participating centre

Addenbrooke's Hospital

Cambridge

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Sponsor information

Organisation

Cambridge University Hospitals NHS Foundation Trust (UK)

Sponsor details

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Sponsor type

Hospital/treatment centre

Website

http://www.cuh.org.uk/research/research_contacts.html

ROR

<https://ror.org/04v54gj93>

Funder(s)

Funder type

Government

Funder Name

Health Technology Assessment Programme

Alternative Name(s)

NIHR Health Technology Assessment Programme, HTA

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Funder Name

Medical Research Council (MRC) (UK) (ref: 86772)

Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Funder Name

Food and Drug Administration (USA) and National Institutes of Health (USA) (ref: 1 R01 FD003516-01)

Results and Publications

Publication and dissemination plan

Planned publication in a high-impact peer-reviewed journal.

2018 results presented at 2018 ACR/ARHP Annual Meeting: <https://acrabstracts.org/abstract/the-effects-of-plasma-exchange-and-reduced-dose-glucocorticoids-during-remission-induction-for-treatment-of-severe-anca-associated-vasculitis/> [added 14/05/2019]

Intention to publish date

31/05/2020

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	14/03/2013		Yes	No
Results article	results	13/02/2020	14/02/2020	Yes	No
Results article		01/09/2022	27/09/2022	Yes	No
HRA research summary			28/06/2023	No	No