A Phase IIa, Open-Labelled Study of Visilizumab in Patients with Moderate to Severe Inflammatory, Non-Stricturing, Non-Penetrating Forms of Crohn's Disease

Submission date	Recruitment status No longer recruiting	Prospectively registered		
08/09/2005		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
20/02/2006	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
08/02/2019	Digestive System			

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

NCT00267722

Secondary identifying numbers

291-412

Study information

Scientific Title

A Phase IIa, Open-Labelled Study of Visilizumab in Patients with Moderate to Severe Inflammatory, Non-Stricturing, Non-Penetrating Forms of Crohn's Disease

Study objectives

To evaluate the clinical activity of two consecutive daily doses of 10 mcg/kg of visilizumab administered intravenously to patients with moderate to severe inflammatory, non-stricturing, non-penetrating forms of Crohn's disease

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved by the Medical Ethics Committee on 03/02/2005, (ref: 04/325)

Study design

Treatment, non-randomized, open label, uncontrolled, single group assignment, efficacy study

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Crohn's disease

Interventions

Two consecutive daily doses of 10 mcg/kg of visilizumab administered intravenously. Taking of blood samples, endoscopy and biopsies.

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Visilizumab

Primary outcome measure

To evaluate the clinical activity of two consecutive daily doses of 10 mcg/kg of visilizumab administered intravenously to patients with moderate to severe inflammatory, non-stricturing, non-penetrating forms of Crohn's disease

Secondary outcome measures

- 1. To evaluate the pharmacokinetics of two consecutive daily doses of visilizumab administered intravenously in this patient population
- 2. To determine the risk-benefit relationship of visilizumab in this patient population
- 3. To assess immunogenicity of visilizumab in this patient population
- 4. To evaluate the safety, tolerability, clinical activity, pharmacokinetics and immunogenicity of retreatment (if warranted) of two consecutive daily doses of 10 mcg/kg visilizumab in patients with moderate-to-severe inflammatory, non-stricturing, non-penetrating forms of Crohn's disease

Overall study start date

01/10/2004

Completion date

31/08/2007

Eligibility

Key inclusion criteria

- 1. Male or female, 18 to 70 years of age
- 2. A diagnosis of moderate-to-severe inflammatory, non-stricturing, non-penetrating Crohns disease, defined as Crohns Disease Activity Index (CDAI) >/= 250, C-Reactive Protein (CRP) >/= Upper Limit of Normal (ULN) and endoscopic evidence of moderate-to-severe active inflammatory disease
- 3. Patients with reproductive potential who agree to use double-barrier methods of contraception during the study and for three months after receiving the study drug
- 4. Women of childbearing potential who have negative serum pregnancy test
- 5. Patients who have been tested negative for Clostridium difficile within three weeks prior to treatment with the study drug
- 6. Patients who are capable of understanding the purpose and risks of the study and who provide signed and dated informed consent and an authorization to use protected health information (US sites only)
- 7. Patients who have Epstein-Barr virus (EBV) Deoxyribonucleic Acid (DNA) titers up to 30,000 copies/ml

Participant type(s)

Patient

Age group

Lower age limit

18 Years

Sex

Both

Target number of participants

20

Key exclusion criteria

- 1. History of lymphoproliferative disorder or a prior malignancy within five years or current malignancies (excluding non-melanoma skin cancers or in situ carcinoma of the cervix that has been adequately treated)
- 2. Pregnant women or nursing mothers
- 3. Any of the following hematologic abnormalities: White Blood Cell (WBC) <2500 /mm^3, platelets <150,000 /mm³, hemoglobin <10 g/dl
- 4. Serologic evidence of infection with Human Immunodeficiency Virus (HIV) or Hepatitis B or C virus (HBV, HCV)
- 5. Presence of obstructive symptoms, confirmed by endoscopy showing an impassable stricture or Computed Tomography (CT) or barium studies showing stricture with prestenotic bowel dilation, within six months prior to receiving the study drug
- 6. Serious infections, particularly those of viral etiology e.g. known active cytomegalovirus (CMV) colitis, and patients who have had a history of opportunistic infections within the past year
- 7. Active infections that require antibiotic therapy (not to include use of antibiotics to control Crohns disease)
- 8. Started, or have a dose change of, sulfasalazine, 5-aminosalicylic acid (5-ASA), or antibiotics, probiotics, or topical therapies for Crohns disease within two weeks prior to receiving the study drua
- 9. Serious infections that required intravenous (IV) antibiotic therapy or hospitalization within eight weeks prior to receiving the study drug
- 10. Had an increased dose in corticosteroid medication two weeks prior to receiving the study drug, is receiving IV steroids, or, is receiving a daily dose of >40 mg prednisone, >9 mg budesonide, or equivalent
- 11. Received a live vaccine within six weeks prior to receiving the study drug (patients may not receive a live vaccine during treatment or for 12 weeks after treatment with the study drug)
- 12. Received any monoclonal antibodies (including infliximab) or investigational agents or biologics within three months prior to receiving the study drug
- 13. Received cyclosporine or tacrolimus (FK506) within four weeks of receiving the study drug
- 14. Had a dose change of, or discontinued from, 6-mercaptopurine, azathioprine, or methotrexate within four weeks prior to receiving the study drug
- 15. Significant organ dysfunction, including cardiac, renal, liver, Central Nervous System (CNS), pulmonary, vascular, non-Crohn's disease-related gastrointestinal, endocrine, or metabolic (e.g. creatinine >1.6 mg/dl, alanineamino transferase [ALT] or aminotransferase [AST] > twice the Upper Limit of Normal [ULN], alkaline phosphatase >1.5 x ULN, history of myocardial infarction, congestive heart failure, or arrhythmias within six months prior to receiving the study drug) 16. Likely to require surgery in the next six months, such as those with clinically apparent
- abscesses or severely symptomatic stenoses
- 17. History of lymphoproliferative disorder
- 18. History of tuberculosis (TB) or other mycobacterial infection, or chest X-ray positive for

previous TB infection

19. History of thrombophlebitis or pulmonary embolus

20. Histories of immune deficiency or autoimmune disorders other than Crohns disease (not including joint, skin, hepatic, and ocular inflammatory conditions that may be more typically associated with Crohns disease)

21. History of seizure with subtherapeutic blood levels of anticonvulsive medication (documented) within one week before study enrolment

Date of first enrolment 01/10/2004

Date of final enrolment 31/08/2007

Locations

Countries of recruitment

Germany

Netherlands

United States of America

Study participating centre Academic Medical Center Amsterdam Netherlands 1105AZ

Sponsor information

Organisation

PDL BioPharma Inc. (USA)

Sponsor details

34801 Campus Drive Fremont United States of America CA 94587

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Sponsor type

Industry

ROR

Funder(s)

Funder type Industry

Funder Name

Protein Design Labs Inc

Results and Publications

Publication and dissemination planNot 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

Study outputs

	Details		Date added	Peer reviewed?	Patient-facing?
Results article	cytokine release syndrome results	01/04/2009	08/02/2019	Yes	No