

A pilot trial to test whether terazosin treatment lowers the levels of biomarkers of neurodegeneration (nerve cell damage) in the blood, spinal fluid, and urine of amyotrophic lateral sclerosis patients over 6 months

Submission date 02/11/2021	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 02/12/2021	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 10/03/2025	Condition category Nervous System Diseases	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Amyotrophic lateral sclerosis (ALS), also known as motor neuron disease (MND), is a neurodegenerative disease in which motor neurons deteriorate leading to progressive weakness. Treatment options are very limited. Laboratory evidence suggests that an enzyme called phosphoglycerate kinase 1 (PGK1) might help to protect motor neurons by increasing their energy availability. The drug terazosin is known to activate PGK1, and researchers at the University of Oxford and University of Edinburgh have shown that terazosin helps motor neuron survival in laboratory models of the disease. Terazosin is a drug that is routinely prescribed to patients either for high blood pressure or for symptoms arising from an enlarged prostate gland in men, where it acts through a different mechanism from PGK1 activation.

As motor neurons deteriorate in ALS, they release substances that can be measured in body fluids and give an indication of how active the disease is. These are called biomarkers. In this pilot study, we will test whether terazosin treatment significantly lowers the levels of biomarkers in the blood, spinal fluid and urine at intervals over the course of 6 months. We will also monitor clinical measurements of disease progression, such as the ALS Functional Rating Score and the spirometry 'breathing' test, which are carried out as part of your routine clinical appointments. If this study shows that terazosin alters biomarker levels, suggesting that it potentially slows the disease process in patients with ALS, it would then make a strong case for a larger-scale clinical trial.

Who can participate?

Adults over 18 years, diagnosed with ALS and first onset of symptoms between 9 - 24 months ago.

What does the study involve?

Participants will take up to 10mg oral terazosin daily for up to 6 months. There will be 3 face-to-face study visits (at baseline, 3 months and 6 months), involving the following procedures: ALSFRS-R questionnaire, spirometry test, blood samples, lumbar puncture, urine sample, blood pressure measurement.

What are the possible benefits and risks of participating?

There are potential risks associated with the blood sampling and lumbar puncture, plus the side effects of the drug (how much detail do you need?). No guaranteed direct benefit to participants, however, we hope that the results of this study will help to inform future research into treatments for ALS.

Where is the study run from?

University of Oxford (UK)

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

August 2021 to March 2025

Who is funding the study?

My Name's Doddie Foundation (UK)

Who is the main contact?

Prof. Kevin Talbot, kevin.talbot@ndcn.ox.ac.uk

Emma Harper, trust@ndcn.ox.ac.uk

Contact information

Type(s)

Scientific

Contact name

Prof Kevin Talbot

ORCID ID

<http://orcid.org/0000-0001-5490-1697>

Contact details

Nuffield Department of Clinical Neurosciences

Level 6, West Wing

John Radcliffe Hospital

Oxford

United Kingdom

OX3 9DU

+44 (0)1865 223380

kevin.talbot@ndcn.ox.ac.uk

Type(s)

Public

Contact name

Miss Emma Harper

ORCID ID

<http://orcid.org/0000-0001-5651-6258>

Contact details

Nuffield Department of Clinical Neurosciences
Level 6, West Wing
John Radcliffe Hospital
Oxford
United Kingdom
OX3 9DU
+44 (0)1865 234829
trust@ndcn.ox.ac.uk

Type(s)

Scientific

Contact name

Dr Elizabeth Gray

Contact details

Nuffield Department of Clinical Neurosciences
University of Oxford
Oxford
United Kingdom
OX3 9DU
+44 (0)7944 184795
elizabeth.gray@ndcn.ox.ac.uk

Additional identifiers**EudraCT/CTIS number**

2021-003345-38

IRAS number

301752

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

PID 15775, IRAS 301752, CPMS 51286

Study information**Scientific Title**

Terazosin RepUrposing SStudy in amyotrophic lateral sclerosis: a pilot study targeting PGK1 with terazosin in ALS patients

Acronym

TRUST

Study objectives

Terazosin treatment significantly affects key biomarkers of neurodegeneration in patients with amyotrophic lateral sclerosis (ALS)

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 21/12/2022, East Midlands – Leicester Central REC (Equinox House, City Link, Nottingham NG2 4LA, UK; +44 (0)207 104 8070; leicestercentral.rec@hra.nhs.uk),ref: 21/EM/0251

Study design

Single-centre interventional open-label non-randomized non-controlled proof of concept study

Primary study design

Interventional

Secondary study design

Non randomised study

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

Health condition(s) or problem(s) studied

Amyotrophic lateral sclerosis

Interventions

Total duration of intervention and follow-up is 6 months. Participants will take up to 10mg oral terazosin daily for up to 6 months. There will be 3 face-to-face study visits (at baseline, 3 months and 6 months), involving the following procedures: ALSFRS-R questionnaire, spirometry test, blood samples, lumbar puncture, urine sample, blood pressure measurement.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Terazosin

Primary outcome measure

Plasma neurofilament light chain measured using ELISA assay at baseline and 6 months

Secondary outcome measures

1. CSF biomarkers measured using ELISA assay at baseline, 3 months and 6 months (neurofilament light chain, phosphorylated neurofilament heavy chain, chitotriosidase 1, chitinase 3-like protein 1, chitinase 3-like protein 2 and PGK1)
2. Plasma biomarkers measured using ELISA assay at baseline, 3 months and 6 months (neurofilament light chain and phosphorylated neurofilament heavy chain)
3. Urine biomarker measured using ELISA assay at baseline, 3 months and 6 months (Titin N-terminal fragment)
4. Functional status measured using the Revised ALS Functional Rating Scale (ALSFRS-R) score measured at baseline, 3 months and 6 months
5. Lung strength measured using Forced Vital Capacity (FVC) at baseline, 3 months and 6 months
6. Survival (data obtained by reviewing patient notes)
7. Adverse events related to IMP and proportion of patients that drop out due to adverse events (data collected from patients)

Overall study start date

02/08/2021

Completion date

31/03/2025

Eligibility**Key inclusion criteria**

1. Participant is willing and able to give informed consent for participation in the study
2. Male or female, aged 18 years or above
3. Diagnosed with ALS (Gold Coast Criteria)
4. Symptom onset (first weakness) 9-24 months (inclusive) at enrolment
5. Taking riluzole at a stable dose for at least 4 weeks prior to enrolment, or will refrain from starting riluzole for the duration of the study, or have never taken riluzole
6. Able to swallow tablets safely
7. Willing to use highly effective contraception for the duration of trial treatment and for a duration of 80 days after the last dose

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

Key exclusion criteria

1. Using non-invasive ventilation (NIV)
2. Pregnancy
3. Any other significant disease, disorder, or finding which may significantly increase the risk to the volunteer because of participation in the study, affect the ability of the volunteer to participate in the study or impair interpretation of the study data
4. Hypersensitivity to the IMP or any of its excipients (including lactose)
5. Taking terazosin or other alpha adrenergic blockers (doxazosin, prazosin, tamsulosin, silodosin, trazodone, tolazoline, phentolamine, phenoxybenzamine) at time of screening visit or within the 3 months prior to baseline visit
6. Ongoing use of sildenafil, tadalafil, or vardenafil
7. Taking anti-coagulant medication, e.g. warfarin or apixaban
8. Symptomatic postural hypotension or history of postural hypotension
9. Systemic hypotension (systolic BP ≤ 90 mmHg or diastolic BP ≤ 60 mmHg)
10. History of micturition syncope
11. Contraindications to lumbar puncture
12. Taking part in a current CTIMP or have taken part in any CTIMP in the 3 months prior to recruitment

Date of first enrolment

03/08/2022

Date of final enrolment

31/05/2024

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre**John Radcliffe Hospital**

Oxford University Hospitals NHS Foundation Trust

Headley Way

Oxford

United Kingdom

OX3 9DU

Sponsor information**Organisation**

University of Oxford

Sponsor details

RGEA, Joint Research Office
1st Floor, Boundary Brook House
Churchill Drive
Headington
Oxford
England
United Kingdom
OX3 7GB
+44 (0)1865 289884
ctrq@admin.ox.ac.uk

Sponsor type

University/education

Website

<https://researchsupport.admin.ox.ac.uk/contacts/rgea#/>

ROR

<https://ror.org/052gg0110>

Funder(s)**Funder type**

Charity

Funder Name

My Name's Doddie Foundation

Results and Publications**Publication and dissemination plan**

Planned publication in a high-impact peer-reviewed journal

Intention to publish date

31/03/2026

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 file	version 2.0	13/12/2021	16/09/2022	No	No
HRA research summary			28/06/2023	No	No