

# Treatment of Fabry patients greater than 18 years with enzyme supplementation therapy: comparison of efficacy and toxicity of low dose (0.2 mg/kg) Fabrazyme® (agalsidase beta) or Replagal® (agalsidase alfa)

**Submission date**

20/12/2005

**Recruitment status**

No longer recruiting

☐ Prospectively registered

☐ Protocol

**Registration date**

20/12/2005

**Overall study status**

Completed

☐ Statistical analysis plan

☒ Results

**Last Edited**

04/07/2019

**Condition category**

Nutritional, Metabolic, Endocrine

☐ Individual participant data

**Plain English summary of protocol**

Not provided at time of registration

## Contact information

**Type(s)**

Scientific

**Contact name**

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**Contact details**

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## Additional identifiers

EudraCT/CTIS number

IRAS number

**ClinicalTrials.gov number**

**Secondary identifying numbers**

NTR216

## **Study information**

### **Scientific Title**

Treatment of Fabry patients greater than 18 years with enzyme supplementation therapy: comparison of efficacy and toxicity of low dose (0.2 mg/kg) Fabrazyme® (agalsidase beta) or Replagal® (agalsidase alfa)

### **Study objectives**

Evaluation of efficacy and safety of two different formulas of alfa-Galactosidase A, agalsidase beta (Fabrazyme®) and agalsidase alpha (Replagal®) in an equal dose of 0.2 mg/kg in order to detect any differences between these two drugs.

### **Ethics approval required**

Old ethics approval format

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

Received from the local medical ethics committee

### **Study design**

Multicentre, randomised, active controlled, factorial trial

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

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

Hospital

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

Treatment

### **Participant information sheet**

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

Fabry disease

### **Interventions**

Patients will receive 0.2 mg/kg Fabrazyme® (agalsidase beta) or 0.2 mg/kg Replagal® (agalsidase alpha), every two weeks for a minimum of 12 months. If there is treatment failure (progression of renal disease, cardiac disease and/or a new cerebral stroke or TIA) during or after this period, patients will be advised to switch to Fabrazyme 1.0 mg/kg/2 weeks.

### **Intervention Type**

Drug

**Phase**

Not Specified

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

Agalsidase beta (Fabrazyme®), agalsidase alpha (Replagal®)

**Primary outcome measure**

Wall-thickness (septum and left and right ventricle wall)/end-diastolic volume) on echocardiography.

**Secondary outcome measures**

1. Improvement of renal function as measured by GFR
2. Reduction of glycolipid accumulation in skin tissue (LM and biochemistry)
3. Reduction in pain as measured by the BPI
4. Reduction in glycosphingolipid in plasma and 24-hr urine
5. Quality of life scores (36-item Short Form Health Survey [SF-36])

**Overall study start date**

29/05/2001

**Completion date**

31/12/2005

## **Eligibility**

**Key inclusion criteria**

1. The patient must have given written informed consent
2. Patients must be 18 years or older
3. Patient must have a current diagnosis of Fabry disease
4. Patients must have a decreased alpha-Gal activity or proven alpha-Gal A mutation
5. Female patients must have a negative pregnancy test, and must use a medically accepted method of contraception
6. Patients must be willing to comply to the evaluation program
7. Patients must have a clinical presentation consistent with either typical or atypical Fabry disease

Patients must have at least one major or two minor objective criteria:

Major:

1. Severe acroparesthesias, that cannot satisfactorily be controlled with Carbamazepine
2. Decreased glomerular filtration rate (GFR) less than 80 ml/min
3. Proteinuria greater than 300 mg/ml
4. Documented cerebrovascular accident (CVA)
5. Cardiac infarction
6. Hypertrophic non-obstructive cardiomyopathy resulting in decreased exercise tolerance
7. Rhythm disturbances necessitating a pacemaker
8. Multiple lacunar infarctions on magnetic resonance imaging (MRI)

Minor:

1. Documented transient ischaemic attack (TIA)

2. Cardiac hypertrophy on echo or MRI
3. Atrial fibrillation
4. Intraventricular conduction abnormality
5. Sensoric hearing loss as shown on a hearing test
6. Severe vertigo
7. Micro-albuminuria greater than 50 mg/L
8. Mild to moderate acroparesthesias
9. Gastro-intestinal complaints that can not be explained by other medical conditions than Fabry disease

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

At least 18 (9 in each group). 24 recruited as of Jan'06

**Total final enrolment**

34

**Key exclusion criteria**

1. Patient is pregnant or lactating
2. Patient is unwilling to comply to the evaluation program

**Date of first enrolment**

29/05/2001

**Date of final enrolment**

31/12/2005

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

Academic Medical Centre

Amsterdam

Netherlands

1105 AZ

# Sponsor information

## Organisation

Academic Medical Centre (AMC) (The Netherlands)

## Sponsor details

Department of Internal Medicine  
Meibergdreef 9  
Amsterdam  
Netherlands  
1105 AZ

## Sponsor type

Hospital/treatment centre

## Website

<http://www.amc.uva.nl>

## ROR

<https://ror.org/03t4gr691>

# Funder(s)

## Funder type

Government

## Funder Name

The Dutch Health Care Insurance Board (CVZ) (The Netherlands)

# 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

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	11/07/2007	04/07/2019	Yes	No