

Gene therapy for Wiskott-Aldrich Syndrome (WAS)

Submission date 03/05/2011	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 20/05/2011	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 16/03/2018	Condition category Haematological Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number
NCT01347242

Secondary identifying numbers
GTG002.07

Study information

Scientific Title

Phase I/II clinical trial of haematopoietic stem cell gene therapy for the Wiskott-Aldrich Syndrome

Study objectives

Studying the safety and efficacy of an ex vivo gene therapy using a lentiviral vector containing the human Wiskott-Aldrich Syndrome protein gene in patients with WAS

Ethics approval required

Old ethics approval format

Ethics approval(s)

Gene Therapy Advisory Committee (GTAC) (UK), 21/12/2009, GTAC 146

Study design

Open-labelled non-randomised single-centre phase I/II cohort 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 the contact details to request a patient information sheet

Health condition(s) or problem(s) studied

Wiskott-Aldrich Syndrome

Interventions

Ex vivo gene therapy using patient's autologous CD34+ cells transduced with a lentiviral vector containing the human WASP gene.

Patients undergo either a bone marrow harvest or a leukapheresis. They then receive a conditioning myeloablative regimen while CD34+ cells are selected in their bone marrow and transduced with the lentiviral vector (3 days). Patients then receive their transduced CD34+ cells (as in autologous bone marrow transplantation).

There are no real doses, simply quantity of CD34+ cells transduced will depend on the amount of bone marrow harvest and quality of transduction. This is part of the parameters that are being assessed in the trial.

Duration of the study follow-up is 2 years.

Intervention Type

Drug

Phase

Phase I/II

Primary outcome measure

1. Safety of conditioning regimen (haematopoietic recovery within 6 weeks as assessed by absolute neutrophil count (ANC) above $0.5 \times 10^9 /l$)
2. Safety of the transduction procedure [as assessed by availability of greater than 0.5×10^6 cells per kg after transduction; undetectable replication-competent lentiviruses (RCL) (determined retrospectively); and cell viability after transduction equal to or greater than 50%, in accordance with the final product release criteria]
3. Engraftment of genetically corrected haematopoietic progenitors and/or differentiated cells in peripheral blood and/or in bone marrow (as assessed by evidence of vector sequences or transgene expression in the cells)
4. Reconstitution of cell mediated and humoral immunity (as assessed by evidence of changes in T cell function and circulating immunoglobulin levels)
5. Correction of microthrombocytopenia (if not previously splenectomised, and as assessed by increased blood platelet counts, expected to rise above 50,000/mm³)

Secondary outcome measures

1. Reduction in frequency of infections (evaluated from 2nd year after treatment by clinical history, complete physical examinations, haematological and microbiological tests)
2. Resolution/reduction of autoimmunity (a decrease from baseline observations assessed by clinical examination)
3. Improvement in eczema (a decrease from baseline observations assessed by clinical examination)
4. Reduction in bruising and bleeding episodes when present (as assessed by clinical monitoring)

Overall study start date

23/02/2010

Completion date

31/12/2013

Eligibility

Key inclusion criteria

1. Males of all ages
2. Severe WAS (clinical score 3-5) or absence of WAS protein in peripheral blood mononuclear cells determined by Western blotting and flow cytometry
3. Molecular confirmation by WAS gene DNA sequencing
4. Lack of HLA-genotypically identical bone marrow or of a 10/10 antigen HLA-matched unrelated donor or cord blood after 3 month search
5. Parental, guardian, patient signed informed consent/assessment
6. Willing to return for follow-up during the 2 year study and the 3 year long-term off study review

7. Only for patients who have received previous allogeneic haematopoietic stem cell transplant:
7.1. Failed allogeneic haematopoietic stem cell transplant
7.2. Contraindication to repeat allogeneic transplantation for example severe graft versus host disease

Participant type(s)

Patient

Age group

Adult

Sex

Male

Target number of participants

5

Key exclusion criteria

1. Patient with HLA-genotypically identical bone marrow
2. Patient with 10/10 antigen HLA-matched unrelated donor or cord blood
3. Contraindication to leukapheresis
 - 3.1. Anaemia (Hb < 8g/dl)
 - 3.2. Cardiovascular instability
 - 3.3. Severe coagulopathy
 - 3.3.1. Contraindication to bone marrow harvest
 - 3.3.2. Contraindication to administration of conditioning medication
3. Human immunodeficiency virus (HIV) positive patient

Date of first enrolment

23/02/2010

Date of final enrolment

31/12/2013

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Institute of Child Health

London

United Kingdom

WC1N 1EH

Sponsor information

Organisation

Genethon (France)

Sponsor details

1 bis, rue de l'Internationale

Evry

France

91000

Sponsor type

Industry

Website

<http://www.genethon.fr>

ROR

<https://ror.org/03fj96t64>

Funder(s)

Funder type

Industry

Funder Name

Genethon (France)

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?
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[Results article](#)

results

14/09/2017

Yes

No