

Leflunomide or methotrexate plus subcutaneous tumour necrosis factor-alpha (TNF-alpha) blocking agents in rheumatoid arthritis

Submission date 18/05/2010	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 06/07/2010	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 06/07/2010	Condition category Musculoskeletal Diseases	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

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

N/A

Study information

Scientific Title

Comparison between leflunomide or methotrexate plus subcutaneous tumour necrosis factor-alpha (TNF-alpha) blocking agents in rheumatoid arthritis: a two year open label study

Study objectives

To compare the effectiveness and safety of a therapeutic regimen associating subcutaneous anti-tumour necrosis factor-alpha (anti-TNF-alpha) agents etanercept (ETN) and adalimumab (ADA) with leflunomide (LEF) or methotrexate (MTX), in a two year open-label study performed in clinical practice.

Background information:

New biological disease-modifying antirheumatic drugs (DMARDs) became available in 1999, including agents targeting anti-TNF-alpha agents. Among these, infliximab (INF), etanercept (ETN) and adalimumab (ADA) have been shown to reduce signs and symptoms of RA and to protect joints from structural damage in double-blind placebo-controlled randomised trials. Certain anti-TNF-alpha agents can be prescribed alone, but randomised trials have consistently demonstrated that the efficacy of these biological agents is significantly increased by concomitant MTX. However, not all patients tolerate or respond to MTX, and anti-TNF-alpha agents are commonly prescribed with DMARDs other than MTX in clinical routine.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Local ethical committee of ASL10 Florence approved in 2005 (ref: CTS/2005/31057)

Study design

Randomised open label active 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

Rheumatoid arthritis (RA)

Interventions

Leflunomide 20 mg/ day or methotrexate 10-15 mg/ once week plus etanercept 50 mg /once week or adalimumab 14 mg/ every other week.

Total duration 104 weeks.

Intervention Type

Drug

Phase

Phase IV

Drug/device/biological/vaccine name(s)

Etanercept, adalimumab, leflunomide, methotrexate

Primary outcome measure

All patients were assessed at the beginning of the study (baseline) and every 3 months for 2 years by measuring 28-item Disease Activity Scale (DAS-28) score and DAS-CRP score. Remission was considered for a value less than 2.6 while low disease activity was considered for a value between 2.6 and 3.2.

Secondary outcome measures

Effectiveness and safety of both groups assessed using the value of DAS 28 and DAS-CRP score every 6 months.

Overall study start date

05/05/2005

Completion date

20/09/2007

Eligibility

Key inclusion criteria

1. Adult patients (aged between 26 and 86 years, either sex) with active rheumatoid arthritis (RA) defined as follows: greater than or equal to 6 swollen joints and greater than or equal to 6 painful joints and at least two of the following:
 - 1.1. Morning stiffness greater than or equal to 45 minutes
 - 1.2. Erythrocyte sedimentation rate (ESR) greater than or equal to 28 mm/first hour
 - 1.3. C-reactive protein (CRP) greater than or equal to 2.0 mg/dL
2. Stabilised low-dose of prednisone (less than or equal to 7.5 mg)
3. Stable dose of non-steroidal anti-inflammatory drugs (NSAIDs)
4. Intrarticular injections of corticosteroids not allowed

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

96 undifferentiated Caucasian patients

Key exclusion criteria

Patients in stable therapy with LEF or MTX with a non-controlled disease activity with association therapy using a biological infusion (infliximab, rituximab, abatacept) or with a high dose of prednisone (greater than 10 mg)

Date of first enrolment

05/05/2005

Date of final enrolment

20/09/2007

Locations**Countries of recruitment**

Italy

Study participating centre

Ospedale S. Giovanni di Dio

Florence

Italy

50122

Sponsor information**Organisation**

St John of God Hospital (Ospedale S. Giovanni di Dio) (Italy)

Sponsor details

ASL 10 Florence

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50012

Sponsor type

Hospital/treatment centre

ROR

<https://ror.org/01c1ce922>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

St John of God Hospital (Ospedale S. Giovanni di Dio) (Italy)

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