

# Clinical trial of WHO multibacillary multidrug therapy versus rifampicin, moxifloxacin and clarithromycin on multibacillary leprosy patients from India

<b>Submission date</b> 27/06/2024	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 08/07/2024	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 19/08/2024	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

This clinical trial focuses on evaluating the effectiveness and safety of a new treatment for leprosy. Leprosy is a chronic infectious disease caused by the bacterium *Mycobacterium leprae*. The study aims to determine if the new treatment can reduce the bacterial load, achieve a complete clinical cure, and improve pathological (disease) markers in patients with leprosy.

### Who can participate?

Patients aged 15-60 years with multibacillary leprosy who have not received treatment

### What does the study involve?

Participants will receive the new treatment and undergo various assessments, including tests measuring bacterial load, clinical examinations to assess lesion regression and overall improvement, and tests to evaluate changes in the Bacillary Index (BI). These assessments will occur at the start of the study and after 3 months, 6 months, and 1 year.

### What are the possible benefits and risks of participating?

#### Benefits:

1. Participants may experience improvement in their leprosy symptoms.
2. Contribution to scientific knowledge that may help future patients with leprosy.

#### Risks:

1. Possible side effects of the treatment, ranging from mild to severe.
2. Regular follow-up visits and tests may be time-consuming.

### Where is the study run from?

The Leprosy Mission Trust India

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

March 2023 to July 2025

Who is funding the study?  
Indian Council of Medical Research

Who is the main contact?  
Dr Joydeepa Darlong, joydeepa.darlong@leprosymission.in

**Study website**  
<https://www.leprosymission.in>

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## **Additional identifiers**

### **EudraCT/CTIS number**

Nil known

### **IRAS number**

### **ClinicalTrials.gov number**

Nil known

### **Secondary identifying numbers**

CTRI/2024/03/064435

## **Study information**

### **Scientific Title**

A comparative multicentric non-inferiority clinical trial of WHO multibacillary multidrug therapy with a new monthly chemotherapy regimen containing rifampicin, moxifloxacin and clarithromycin on multibacillary patients from India

### **Acronym**

RMC

### **Study objectives**

Monthly rifampicin, moxifloxacin and clarithromycin (RMC) are as efficacious and safe as WHO multibacillary multidrug therapy (MBMDT) in patients affected by multibacillary leprosy.

### **Ethics approval required**

Ethics approval required

**Ethics approval(s)**

Approved 20/11/2023, TLMTI ethics Committee (16, Pandit Pant Marg, CNI Bhawan, New Delhi, 110001, India; +91 (0)9811912926; monicathomaschandy@gmail.com), ref: TLMTI/EC/C- 68

**Study design**

Open-label randomized clinical control trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Treatment

**Participant information sheet**

See study outputs table

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

Leprosy

**Interventions**

It is an open-label randomized clinical control non-inferiority trial where in the intervention group a monthly supervised regimen of rifampicin, moxifloxacin and clarithromycin will be administered in doses of 600 mg, 400 mg, and 1000 mg respectively once a month and the control arm would be given routine WHO MB MDT (rifampicin 600 mg, clofazimine 300 mg once monthly and clofazimine 50 and dapsone 100 mg daily). The duration of the treatment in both arms will be 12 months. The random sequence will be generated centrally which will be sent to study centers in opaque envelopes. After consent is approved, the envelope will be opened, and the patient will be put on the respective arms. The study population will include newly diagnosed, previously untreated MB leprosy patients. Written informed consent will be sought from every subject included in the study.

Slit skin smears of all the study subjects will be collected at baseline, 6 and 12 months and transported in RNA later to the SBL. Real-time PCR will be done to quantitate copy numbers of the genes encoding 16S rRNA, hsp18 and exsA specific for *M. leprae*. Resistance studies will be carried out at 12 months in patients harbouring viable bacilli. Validation of *M. leprae* growth in mouse foot pad will be performed on participants showing viable load by molecular methods at the time of RFT in Schieffelin Institute of Health – Research and Leprosy Centre Karigiri (SIHR&LC), Vellore.

**Intervention Type**

Drug

**Pharmaceutical study type(s)**

Pharmacodynamic

## Phase

Phase III

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

Rifampicin, moxifloxacin, clarithromycin, clofazimine, dapsone

## Primary outcome measure

1. Molecular:

1.1. Reduction of copy numbers by molecular viability assay (MVA) measured using quantitative PCR (qPCR) at baseline, 1, 3, 6 and 12 months

1.2. Complete killing of *M. leprae* assessed using mouse foot pad (MFP) assay at release from treatment (RFT) (12 months)

2. Clinical:

2.1. Complete clinical cure, defined as full regression of the lesions, assessed through clinical examination at baseline, 6 months, and 1 year

2.2. Clinical improvement of the lesions measured by a clinical criterion (e.g., lesion size reduction) at baseline, 6 months, and 1 year

3. Pathological:

3.1. Bacillary Index (BI) improvement measured using skin smears and histopathological examination at baseline, 3 months, 6 months, and 1 year

## Secondary outcome measures

1. Immunological outcomes:

1.1. Neuritis measured through patient self-reporting of pain during interviews and nerve function tests (e.g., sensory and motor function tests) every month during the treatment period and thereafter 6 monthly for 1 year

1.2. Type I reaction assessed through clinical examination and patient reporting with type 1 reaction from the development of the reaction to its subsidence

1.3. Type II reaction assessed through clinical examination and patient reporting with type 2 reaction from the development of the reaction to its subsidence

2. Safety outcomes:

2.1. Severe side effects, defined as side effects that force the patient to stop treatment, monitored and recorded throughout the treatment period (baseline to 1 year)

2.2. Mild to moderate side effects monitored and recorded throughout the treatment period (baseline to 1 year)

3. Qualitative outcomes:

3.1. Impact of leprosy treatment on life assessed using patient interviews and quality of life questionnaires at 1 year

3.2. Perspective towards leprosy treatment assessed using patient interviews and attitude questionnaires at 1 year

## Overall study start date

21/03/2023

## Completion date

14/07/2025

## Eligibility

**Key inclusion criteria**

1. Age 15 years and above
2. Multibacillary (MB) leprosy, defined as 5 or more skin lesions or extensive infiltration and/or diffuse skin involvement, classified as borderline tuberculoid, borderline lepromatous or polar lepromatous, as determined using the Ridley and Jopling classification system
3. Never treated before for leprosy

**Participant type(s)**

Patient

**Age group**

Mixed

**Lower age limit**

15 Years

**Upper age limit**

70 Years

**Sex**

Both

**Target number of participants**

280

**Key exclusion criteria**

1. History of intolerance to one of the medications
2. Patients who are not able to come to the clinic every month during their treatment and during follow-up
3. Patients who do not give informed consent or are not capable of giving informed consent due to mental impairment
4. Immunocompromised patients diagnosed with HIV/AIDS and tuberculosis

**Date of first enrolment**

02/07/2024

**Date of final enrolment**

31/01/2025

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

India

**Study participating centre**

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**Sponsor type**  
Charity

**Website**

<https://www.leprosymission.in>

## Funder(s)

**Funder type**

Government

**Funder Name**

Indian Council of Medical Research

**Alternative Name(s)**

Indian Council of Medical Research, Government of India, Indian Council of Medical Research (ICMR), New Delhi, ICMROrganisation, , Indian Council of Medical Research, New Delhi, ICMR, ICMRDELHI, ...

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

India

## Results and Publications

**Publication and dissemination plan**

Planned publication in a peer-reviewed journal

**Intention to publish date**

10/05/2026

**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?
<a href="#">Participant information sheet</a>			01/07/2024	No	Yes

<a href="#">Other files</a>	Standard operating procedure documents	12/08/2024	No	No
<a href="#">Other files</a>		25/08/2023 19/08/2024	No	No