

# Sequential maintenance immunosuppression with mycophenolate and prednisolone: a randomised interventional trial in progressive immunoglobulin A nephritis (IgAN)

<b>Submission date</b> 27/04/2008	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
<b>Registration date</b> 12/05/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 12/05/2008	<b>Condition category</b> Urological and Genital 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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## Additional identifiers

### Clinical Trials Information System (CTIS)

2007-000443-99

**Protocol serial number**

EudraCT-Nr: 2007-000443-99

## Study information

**Scientific Title****Acronym**

MlgAN

**Study objectives**

With our investigator-initiated MlgAN study, we should like to test two hypotheses:

1. Further loss of renal function will occur in cases with progressive type two immunoglobulin A nephritis (IgAN) even after immunosuppressive induction therapy and while on angiotensin converting enzyme (ACE) inhibitor therapy
2. Sequential maintenance immunosuppression with mycophenolate and low dose prednisolone is able to prevent this loss better than ACE inhibition alone

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Ethics approval received from the University of Ulm Ethics Committee on the 9th April 2008 (ref: 13/08).

**Study design**

Investigator-initiated randomised controlled unblinded interventional study

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Mesangioproliferative IgA glomerulonephritis

**Interventions**

After enrolment phase, two patient groups are randomly assigned:

1. The mycophenolate group is treated with daily 2 x 360 mg oral mycophenolate combined with 2 x 2.5 mg oral prednisolone and the supportive standard therapy
2. The control group is treated with the supportive standard therapy alone consisting with an angiotensin-converting-enzyme inhibitor (ACEi) and/or an angiotensin receptor blocker (ARB)

The maximum duration of treatment is 36 months and the total duration of follow-up of all arms is 36 months.

**Intervention Type**

Drug

**Phase**

Not Specified

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

Mycophenolate, prednisolone

**Primary outcome(s)**

The frequency of a GFR loss greater than 20% in the mycophenolate group and in controls. The loss is estimated by the difference from the best GFR after induction therapy. The primary end-point will be measured at the end of month 36.

**Key secondary outcome(s)**

1. Urinary protein/creatinine ratio
2. Need for any further temporary or permanent medication (antihypertensives, antidiabetics, antiinfectives, etc.)
3. Hospitalisation
4. Dialysis
5. Death

All secondary end-points will be measured every three months in each patient.

**Completion date**

30/06/2011

**Eligibility****Key inclusion criteria**

1. Mesangioproliferative IgA glomerulonephritis in kidney biopsy
2. Steadily progressive type IgAN = loss of renal function of 2 to 3 ml/min per month before immunosuppressive induction therapy
3. Completion of any form of an immunosuppressive induction protocol (Pozzi, Ballardie, Rasche, experimental)
4. Still impaired renal function after induction therapy with a glomerular filtration rate (GFR) less than 60 ml/min
5. Aged between 18 and 68 years, either sex

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

### **Key exclusion criteria**

1. Secondary forms of IgAN e.g. anti-nuclear antibody positive (ANA+) lupus, anti-neutrophil cytoplasmic antibody positive (ANCA+) vasculitis, human immunodeficiency virus (HIV), liver cirrhosis
2. Rapidly progressive type three IgAN with crescents in greater than or equal to 30% of glomeruli
3. Serum creatinine less than 130 mcmmol/l or greater than 400 mcmmol/l after induction therapy

### **Date of first enrolment**

01/07/2008

### **Date of final enrolment**

30/06/2011

## **Locations**

### **Countries of recruitment**

Germany

### **Study participating centre**

#### **Sektion Nephrologie**

Ulm

Germany

D-89081

## **Sponsor information**

### **Organisation**

Universitätsklinikum Ulm (Germany)

### **ROR**

<https://ror.org/05emabm63>

## **Funder(s)**

### **Funder type**

Industry

### **Funder Name**

Novartis Pharma GmbH (Germany)

# Results and Publications

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**

Not provided at time of registration