

# Remission induction study in early Rheumatoid Arthritis (RA)

<b>Submission date</b> 14/10/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 09/11/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 24/03/2011	<b>Condition category</b> 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**  
Dept of Rheumatology  
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## Additional identifiers

**Protocol serial number**  
Protocol version 2

## Study information

**Scientific Title**  
Randomised controlled trial of etanercept and methotrexate in very early rheumatoid arthritis with sustained remission after etanercept withdrawal

**Study objectives**

The hypothesis of this study is that remission can be induced at higher rates when patients are treated with combination etanercept and methotrexate from baseline and that remission can be successfully maintained after withdrawal of etanercept.

### **Ethics approval required**

Old ethics approval format

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

Connolly Hospital Ethics Board

### **Study design**

Randomised open label pilot study

### **Primary study design**

Interventional

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

Treatment

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

Rheumatoid arthritis

### **Interventions**

Two groups of 20 patients followed for 48 weeks initially.

1. Methotrexate only at dose of 20mg/week.
  2. Combination of methotrexate and etanercept 50mg once weekly for 24 weeks; etanercept is withdrawn at 24 weeks if the patient is in remission with DAS28 <2.6.
- Patients seen at baseline, 4, 12, 24, 32 and 48 weeks.

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome(s)**

Percentage of patients in DAS28 remission (<2.6) at 24 and 48 weeks

### **Key secondary outcome(s)**

1. Percentage of patients achieving ACR20, 50 and 70 scores of improvement
2. Radiographic progression measured by the van der Heijde modified Sharp Score

### **Completion date**

31/12/2010

## **Eligibility**

### **Key inclusion criteria**

1. Age between 18-80
2. Fulfil 1987 American College of Rheumatology (ACR) classification criteria for RA

3. Active disease
  - 3.1. At least 6 swollen and tender joints
  - 3.2. Raised erythrocyte sedimentation rate (ESR)
  - 3.3. C-reactive protein (CRP)
  - 3.4. Prolonged early morning stiffness
4. Symptom duration between 6-52 weeks

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

80 years

**Sex**

All

**Key exclusion criteria**

1. Other type of inflammatory arthritis
2. Connective tissue disease
3. Pregnancy/lactation
4. Active tuberculosis (TB)
5. Pulmonary fibrosis
6. Chronic Kidney Disease, eGR<30mls/min
7. Chronic liver disease
8. History of malignancy treated within the last 5 years, ever diagnosed with melanoma
9. Septic arthritis
10. Chronic leg ulcers
11. Heart failure New York Heart Association (NYHA) class III or IV
12. Demyelinating disease

**Date of first enrolment**

01/07/2006

**Date of final enrolment**

31/12/2010

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

Ireland

**Study participating centre**  
**Dept of Rheumatology**  
Dublin  
Ireland  
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## **Sponsor information**

**Organisation**  
Connolly Hospital (Health Service Executive [HSE]) (Ireland)

**ROR**  
<https://ror.org/03h5v7z82>

## **Funder(s)**

**Funder type**  
Industry

**Funder Name**  
Wyeth pharmaceuticals Ltd. (Ireland) - Unrestricted research grant for Dr. C Sheehy

## **Results and Publications**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**  
Not provided at time of registration