# Remission induction study in early Rheumatoid Arthritis (RA)

	Prospectively registered
No longer recruiting	☐ Protocol
Overall study status	Statistical analysis plan
Completed	Results
Condition category	☐ Individual participant data
Musculoskeletal Diseases	Record updated in last year
	Completed  Condition category

#### Plain English summary of protocol

Not provided at time of registration

# Contact information

#### Type(s)

Scientific

#### Contact name

Dr Maurice Barry

#### Contact details

Dept of Rheumatology Connolly Hospital Blanchardstow Dublin Ireland 15

# 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 initally.

- 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 Combination of methotrexate and etanercept 50mg once weekly for 24 weeks; etanercept is withdrawn at 24 weeks if the patient is in remission with DAS28 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 15

# 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

#### **Study outputs**

Output type Details Date created Date added Peer reviewed? Patient-facing?

Participant information sheet 11/11/2025 No Yes