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The effects of epidermal growth factor receptor inhibition on pulmonary arterial hypertension associated with systemic sclerosis

Submission date 01/02/2007	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol
Registration date 01/02/2007	**Overall study status** Completed	[_] Statistical analysis plan [_] Results
Last Edited 06/02/2007	**Condition category** Circulatory System	[_] Individual participant data [_] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr A Boonstra

Contact details
VU University Medical Center
Department of Pulmonary Diseases
P.O. Box 7057
Amsterdam
Netherlands
1007 MB
+31 (0)20 444 4782
a.boonstra@vumc.nl

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

155/2006

Study information

Scientific Title

Study objectives
As Epidermal Growth Factor Receptor (EGFR) plays a role in pathogenesis of both pulmonary arterial hypertension and systemic sclerosis, EGFR inhibition will lead to beneficial effects in disease course.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approval received from the Medical Ethics Review Committee of VU University Medical Centre.

Study design
Phase II study, open-labelled trial

Primary study design
Interventional

Secondary study design
Single-centre

Study setting(s)
Other

Study type(s)
Treatment

Participant information sheet

Health condition(s) or problem(s) studied
Sclerosis-associated Pulmonary Arterial Hypertension (SScPAH)

Interventions
All participants will receive cetuximab at a loading dose of 400 mg/m^2 in week one, followed by a weekly dose of 250 mg/m^2 starting from week two, up to a total of 12 weeks.

Intervention Type
Drug

Phase
Phase II

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

Primary outcome measure
Safety: recorded by assessment and documentation in the Case Report Form (CRF) file of adverse events and toxicity (physical examination [with special attention to skin toxicity], laboratory data) at pre-treatment, treatment visits (week one to 12), and follow-up (six months, 12 months).

Secondary outcome measures
Efficacy: measured by effects on six minute walk test, stroke volume, changes in High Resolution Computed Tomography (HRCT), N-Terminal B-type Natriuretic Peptide (NT-pro-BNP).

Overall study start date
01/01/2007

Completion date
01/01/2010

Eligibility

Key inclusion criteria
A subject is eligible for inclusion in this study only if all of the following criteria apply:
1. Written informed consent
2. Systemic sclerosis
3. Pulmonary Arterial Hypertension (PAH) with a mean Pulmonary Arterial Pressure (PAP) of above 25 mmHg measured during rest
4. Pulmonary Vascular Resistance (PVR) above 300 dynes
5. Total Lung Capacity (TLC) more than 70%
6. New York Heart Association (NYHA) class III and/or six-Minute Walk Test (6-MWT) less than 80% predicted
7.Conventional PAH treatment and/or bosentan and/or sildenafil treatment
8. Stability on medication during the previous three months (defined as stable or decrease of 6-MWT after three months of treatment)

Participant type(s)
Patient

Age group
Not Specified

Sex
Both

Target number of participants
20

Key exclusion criteria
A subject will be excluded from this study in case of the following criteria:
1. Left ventricular dysfunction
2. Valvular heart disease
3. Pericardial constriction
4. Wedge pressure more than or equal to 15 mmHg

5. Chronic thromboembolic pulmonary hypertension
6. Uncontrolled sleep apnea
7. History of malignancies
8. Overt right heart failure
9. History or presence of skin ulcerations
10. Women Of Child-Bearing potential (WOCB) who are unwilling or unable to use contraceptives
11. Sexually active fertile man not using effective birth control if their partners are WOCB
12. Severe abnormality of the cornea
13. Inadequate haematologic function defined by an absolute neutrophil count less than 1,500 /mm^3, platelet count less than 80,000/mm^3 and haemoblobin level of less than 9 g/dL
14. Inadequate hepatic function defined by a total bilirubin level 1.5 times the Upper Limit of Normal (ULN) and ASpartate AminoTransferase (ASAT) levels 2.5 times ULN
15. Inadequate renal function defined by a serum creatinine level more than 1.5 times ULN (alternative: Cockroft less than 50 ml/min)
16. Substances that inhibit CYP3A4 activity, such as rifampicin, phenytoin, ketoconazole, itraconazole

Date of first enrolment
01/01/2007

Date of final enrolment
01/01/2010

Locations

Countries of recruitment
Netherlands

Study participating centre
VU University Medical Center
Amsterdam
Netherlands
1007 MB

Sponsor information

Organisation
VU University Medical Centre (The Netherlands)

Sponsor details
Van der Boechorststraat 7
Amsterdam
Netherlands
1081 BT

Sponsor type

Hospital/treatment centre

Website
http://www.vumc.nl/english/#http://www.vumc.nl/english/

ROR
https://ror.org/00q6h8f30

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
VU University Medical Center (The Netherlands)

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