

Novel maintenance Immunosuppression with Controlled systemic Exposure

Submission date 27/01/2006	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 27/01/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 26/08/2009	Condition category Surgery	<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

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

Added 26/08/09: Prospective, open label, randomised multicentre study to compare Area Under the Curve (AUC)-monitored withdrawal of either cyclosporin (Neoral®) or mycophenolate mofetil (MMF) (CellCept®) in stable renal transplant recipients on a triple regimen with cyclosporin, MMF and steroids.

Acronym

NICE

Study objectives

To compare the safety, efficacy, and impact on non-immune toxicity of AUC-controlled withdrawal of either cyclosporine or MMF in stable renal transplant recipients currently on a triple maintenance regimen with cyclosporin, MMF and steroids.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from local medical ethics committee

Study design

Multicentre randomised open label active controlled parallel group trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Renal transplant

Interventions

Randomised, controlled, prospective multicentre study in stable renal transplant recipients, at least 6 months post-transplantation, who receive maintenance immunosuppressive treatment with cyclosporin bid, MMF 1 g bid, and steroids.

In eligible patients, systemic drug exposure (cyclosporin, MMF) will be measured by a 12-hour area under the time-blood concentration curve (AUC₀₋₁₂) before randomisation to one of the three study arms.

Patients will be randomised 1:1:1 with stratification for the occurrence of previous acute rejection episodes.

Group A will continue on their current treatment regimen aiming at C₂ levels of 700 ng/ml, (range: 600-800 ng/ml). In this group AUC-values will be blinded to the clinicians and evaluated retrospectively.

In group B (MMF withdrawal) cyclosporin will be dosed to reach the defined target AUC₀₋₁₂ of 3250 ng.h/ml (range 3000-3500 ng.h/ml).

In group C (cyclosporin withdrawal) MMF will be given at a fixed dose of 1000 mg bid at the start of the study period. After cessation of the cyclosporine AUC will be measured to adjust the dose to reach the defined MPA-AUC₀₋₁₂ target of 75 mg.h/ml (range 60-90 ng.h/ml). For safety reasons the minimal dose will be 500 mg bid.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Cyclosporin (Neoral®), mycophenolate mofetil (MMF) (CellCept®)

Primary outcome(s)

1. Composite of Graft function
2. Incidence of acute rejection episodes
3. Graft and patient survival

Key secondary outcome(s)

1. Non-immune toxicity
2. Hypertension
3. Hyperlipidemia
4. Gout, uric acid
5. Magnesium
6. Nausea, dyspepsia, diarrhea
7. Anemia/Leukopenia/Thrombopenia
8. Infections (clinically defined)
9. Post-transplant lympho-proliferative disease
10. Malignancy

Completion date

01/01/2005

Eligibility**Key inclusion criteria**

1. Patients, 18 years or older, on maintenance therapy with cyclosporin, MMF and steroids
2. Informed consent

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Calculated creatinine clearance 20 ml/min
2. Multi-organ recipients
3. Patients with an (historic) PRA >60%
4. Vascular type rejection in the past
5. Patients with more than two acute rejection episodes in the past
6. Third renal transplant or more
7. Patients receiving other investigational drugs than MMF in combination with Neoral
8. Metastatic neoplasms, post-transplant lymphoproliferative disease

Date of first enrolment

01/01/2003

Date of final enrolment

01/01/2005

Locations**Countries of recruitment**

Netherlands

Study participating centre

Leiden University Medical Center

Leiden

Netherlands

2300 RC

Sponsor information**Organisation**

Leiden University Medical Center (LUMC) (Netherlands)

ROR

<https://ror.org/05xvt9f17>

Funder(s)**Funder type**

Industry

Funder Name

Roche Nederland BV (Netherlands)

Funder Name

Novartis Pharma BV (Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration