ISRCTN94152325 https://doi.org/10.1186/ISRCTN94152325

# A phase I/II, partially randomised, open-labelled study of visilizumab in patients with severe ulcerative colitis refractory to intravenous corticosteroids

year

<b>Submission date</b> 08/09/2005	<b>Recruitment status</b> No longer recruiting	<ul> <li>Prospectively registered</li> <li>Protocol</li> </ul>
<b>Registration date</b> 20/02/2006	<b>Overall study status</b> Completed	<ul> <li>Statistical analysis plan</li> <li>Results</li> </ul>
Last Edited 09/09/2008	<b>Condition category</b> Digestive System	<ul> <li>Individual participant data</li> <li>Record updated in last year</li> </ul>

Plain English summary of protocol

Not provided at time of registration

## Contact information

Type(s) Scientific

Contact name Dr Daniel Hommes

#### Contact details

Academic Medical Center Department of Gastroenterology Room C2-330 Melbergdreef 9 Amsterdam Netherlands 1105AZ d.w.hommes@amc.uva.nl

## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers 291-408

## Study information

Scientific Title

#### **Study objectives**

To evaluate the safety and tolerability of visilizumab when administered to patients with severe ulcerative colitis (UC) that is refractory to intravenous steroids.

**Ethics approval required** Old ethics approval format

#### Ethics approval(s)

Ethics approval received from the local Medical Ethics Committee on 15th October 2003 (ref: 03 /220).

**Study design** Partially randomised, open labelled study, phase I/II

#### **Primary study design** Interventional

**Secondary study design** Multi-centre

**Study setting(s)** GP practice

Study type(s) Treatment

#### Participant information sheet

Health condition(s) or problem(s) studied

#### Interventions

In stage 1, patients were randomised to receive one of the following doses: 5.0 or 7.5 or 10.0 or 12.5 µg/kg. Due to amendment C (dated 06/05/2005) it was decided that in stage 2 all patients would receive 5.0 µg/kg. Visilizumab was administered intravenously on two consecutive daily doses.

#### Intervention Type

Drug

**Phase** Phase I/II

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

Visilizumab

#### Primary outcome measure

To evaluate the safety of tolerability of visilizumab when administered to patients with severe UC that is refractory to IV steroids.

#### Secondary outcome measures

 To obtain preliminary evidence of biological activity in this indication. This will be assessed by quantifying the number of patients who experience an improvement in disease symptoms (as indicated by a decrease in scores on Modified Truelove and Witts Severity Index [MTWSI] and a Mayo-Clinic system for assessing UC activities), and to avoid surgical intervention
 To compare patients with and without detectable whole blood Epstein-Barr Virus (EBV) for the safety profiles of visilizumab

3. To determine the optimal clinical dose (OCD) of visilizumab in the study patient population

4. To determine relationships between pharmacokinetics and pharmacodynamics of visilizumab, laboratory immunologic parameters, clinical response and toxicity

5. To evaluate the safety and tolerability of a second course of treatment with visilizumab when administered to patients who responded to a first course, but subsequently relapsed

#### Overall study start date

01/07/2003

**Completion date** 31/01/2006

## Eligibility

#### Key inclusion criteria

1. 18 to 70 years of age

2. A diagnosis of UC verified by colonoscopy or barium enema performed within 36 months prior to study entry

3. For first time therapy with visilizumab, active disease documented by a Modified Truelove and Witts Severity Index (MTWSI) score of 11 to 21 despite a course of intravenous (IV) steroids that occurred within 60 days prior to study day one and lasted at least five days. Patients who undergo re-treatment with visilizumab must meet the same MTWSI score requirement but need not to have failed IV steroids before re-treatment

4. If patient is a male or female of reproductive potential, he or she must agree to use adequate contraception during the study and for three months after receiving visilizumab

5. For women of childbearing potential, a negative serum pregnancy test at baseline screening 6. Patients must have been tested negative for Clostridium difficile within 10 days prior to treatment with visilizumab

7. Patients who are capable of understanding the purpose and risks of the study and who provide a signed and dated informed consent. For US sites only, patients must also provide an authorisation to use protected health information.

#### Participant type(s)

Patient

Age group

#### Adult

**Lower age limit** 18 Years

10 100

Sex

Both

Target number of participants 144

#### Key exclusion criteria

1. Ulcerative colitis (UC) requiring immediate surgical, endoscopic, or radiologic interventions, including massive haemorrhage, perforation and sepsis, suppurative complications (intraabdominal or perianal abscesses) or toxic megacolon

2. History of total proctocolectomy, or subtotal colectomy with ileorectal anastomosis

3. Presence of ileostomy

4. White blood cell count less than 2.5 x 10^3/µl, platelet count less than 150 x 10^3µl, or haemoglobin less than 8 g/dl

5. Patients with serious infections, particularly those of viral etiology, e.g. active cytomegalovirus (CMV) colitis. This includes any incidence of opportunistic infections within the past year.

6. Patients who have received a live vaccine within six weeks prior to study entry (patients may not receive a live vaccine during treatment or for six weeks after treatment with visilizumab) 7. Patients with a history of thrombophlebitis or pulmonary embolus

8. Significant organ dysfunction including: cardiac, renal, liver, central nervous system, pulmonary, vascular, gastrointestinal endocrine or metabolic dysfunction (e.g. creatinine greater than 1.6 mg/dl, or alanine aminotransferase (ALT), aspartate aminotransferase (AST) or alkaline phosphatase greater than 1.5 x upper limit of normal) or history of coronary artery disease within six months prior to study entry

9. Patients with a history of lymphoproliferative disorder (LPD) or malignancy other than nonmelanoma skin cancer or carcinoma in situ of the cervix that has been adequately treated 10. Pregnant women or nursing mothers

11. Seropositive for infection with human immunodeficiency virus-1 (HIV-1), hepatitis B virus (HBV) surface antigen, or hepatitis C virus (HBC) antibody

12. An Epstein-Barr virus (EBV) deoxyribonucleic acid (DNA) load greater than 5000 copies/ml in stage 1 and greater than 30,000 copies/ml in stage 2

13. Treatment with any investigational drugs or therapies within 60 days prior to study entry 14. Treatment with an antibody therapy within 60 days prior to study entry

15. Treatment with cyclosporine or tacrolimus (FK506) within three months prior to study entry 16. All of the following: a history of seizures, a history of both chronic and current treatment

with anticonvulsant medication, and no documentation of therapeutic blood levels of anticonvulsant medication within seven days before study enrolment

#### Date of first enrolment

01/07/2003

Date of final enrolment 31/01/2006

## Locations

#### Countries of recruitment

Austria

Belgium

Bulgaria

Canada

Germany

Netherlands

United States of America

**Study participating centre Academic Medical Center** Amsterdam Netherlands 1105AZ

### Sponsor information

**Organisation** PDL BioPharma Inc. (USA)

#### **Sponsor details** 34801 Campus Drive Fremont United States of America 94587

mdyer@pdl.com

**Sponsor type** Industry

Website http://www.pdl.com/

ROR https://ror.org/03ya6pd97

## Funder(s)

**Funder type** Industry

**Funder Name** PDL BioPharma Inc. (USA)

## **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