# The 3TR-PARTNER-RA study: Are RNA signatures (biomarkers) in the tissue which surrounds the joints (synovial tissue) from patients with early Rheumatoid Arthritis (symptoms <12 months) predictive of response to biologic drug treatments?

Submission date	Recruitment status	[X] Prospectively registered		
03/08/2024	Recruiting	[X] Protocol		
Registration date	Overall study status	[X] Statistical analysis plan		
16/12/2024	Ongoing	☐ Results		
Last Edited	<b>Condition category</b> Musculoskeletal Diseases	Individual participant data		
17/06/2025		[X] Record updated in last year		

#### Plain English summary of protocol

Background and study aims

Rheumatoid arthritis (RA) is a chronic inflammatory disease characterized by persistent synovitis (joint inflammation), systemic inflammation, and autoantibodies, particularly rheumatoid factor and citrullinated peptide. These autoantibodies are thought to play critical roles in initiating inflammatory responses in RA. In industrialized countries, RA affects 0.5-1% of adults, with 5-50 per 100,000 new cases annually.

Despite the clinical and radiological benefits of biological therapies, many patients fail to achieve low disease activity or remission. Almost 40% of all patients treated with biologic disease-modifying anti-rheumatic drugs (b-DMARDs) do not experience minimally acceptable improvement. Thus, treating RA patients according to their biomarker profiles would provide better care, prevent unnecessary exposure to potentially toxic drugs, and be cost-saving. We aim to test whether RNA signatures (biomarkers) in the tissue surrounding the joints (synovial tissue) from patients with early RA are predictive of response to abatacept, a biologic disease-modifying anti-rheumatic drug (b-DMARD).

#### Who can participate?

Adults with early RA (symptoms for less than 12 months) who have not previously been treated with DMARD therapies.

#### What does the study involve?

Participants will undergo a synovial biopsy of their joint to collect tissue samples for RNA analysis. Patients will then be randomly assigned to receive either abatacept and methotrexate

or placebo and methotrexate. The randomisation will be based on biomarker profiles. Patients will attend study visits every 4 weeks for up to 16 weeks, followed by a 30-day safety follow-up visit.

What are the possible benefits and risks of participating?

Participants may experience an improvement in their arthritis symptoms, although there may be no direct benefit. However, the trial will generate essential information that could benefit future RA patients. Abatacept has evidence supporting its effectiveness in patients where conventional DMARDs have failed. This study aims to determine whether specific RNA signatures can accurately predict the best treatment for early RA patients.

Injection site reactions with abatacept and the risk of infections will be discussed with the patient before enrollment in the study. Participants would be at no greater risk than routine care within the NHS.

An ultrasound-guided synovial biopsy is a quick, safe, and well-tolerated procedure. Patients who consent to the study and the biopsy will have a longer hospital appointment and may experience discomfort from the local anaesthetic and biopsy procedure. However, published data confirm that this procedure is well-tolerated and safe, and patients are generally agreeable to multiple biopsies

Where is the study run from? Queen Mary University of London (UK)

When is the study starting and how long is it expected to run for? August 2024 to September 2026

Who is funding the study?
The Innovative Medicines Initiative 2 Joint Undertaking IMI2 JU (UK)

Who is the main contact? emrclinicaltrials@qmul.ac.uk

# **Contact information**

#### Type(s)

Scientific

#### Contact name

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#### Contact details

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## Type(s)

Principal investigator

#### Contact name

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#### Additional identifiers

# Clinical Trials Information System (CTIS)

2024-511470-79

#### Integrated Research Application System (IRAS)

1008435

#### ClinicalTrials.gov (NCT)

Nil known

#### Protocol serial number

IRAS 1008435

# Study information

#### Scientific Title

The 3TR Molecular PAthobiology and PRecision Therapy iN EaRly Rheumatoid Arthritis Study (3TR-PARTNER-RA)

#### Acronym

3TR-PARTNER-RA

#### Study objectives

The primary objective of this trial is to determine whether synovial molecular profiles can inform treatment response to abatacept in early RA.

To this aim, we will compare the change in Clinical Disease Activity Index (CDAI) score at 16 weeks between the biomarker positive and the biomarker negative patients within the abatacept group (i.e. Group 1 vs Group 3).

We hypothesise that patients with high synovial immunological infiltrate (lymphoid pathotype) will respond better to abatacept therapy.

#### Secondary objective:

We aim to assess patients treated according to their biomarker: comparing the biomarker-positive patients (as Groups 1 minus 2) vs the biomarker-negative patients (as Groups 3 minus 4).

#### Ethics approval required

Ethics approval required

#### Ethics approval(s)

approved 13/12/2024, South Central - Hampshire B Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)207 104 8000; contact@hra.nhs.uk), ref: 24 /SC/0277

#### Study design

Interventional double-blind randomized parallel group placebo-controlled trial

#### Primary study design

Interventional

#### Study type(s)

Screening, Treatment

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

Rheumatoid arthritis

#### **Interventions**

Intervention Arm (Abatacept and Methotrexate):

Abatacept: 125 mg solution for injection, subcutaneous, weekly.

Methotrexate: Dose according to local guidelines.

Control Arm (Placebo and Methotrexate):

Placebo: Matching placebo injection, subcutaneous, weekly.

Methotrexate: Dose according to local guidelines.

#### Intervention Type

Drug

#### Phase

Phase IV

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

Orencia

#### Primary outcome(s)

Clinical Disease Activity Index (CDAI) at baseline and 16 weeks

#### Key secondary outcome(s))

- 1. Percentage of patients with DAS28(ESR)<3.2 (LDA) at 16 weeks
- 2. Percentage of patients deemed responders using American College of Rheumatology 50 (ACR50) measure at 16 weeks
- 3. Percentage of patients with CDAI remission at 16 weeks
- 4. HAQ-DI at baseline and 16 weeks
- 5. SF-36 at baseline and 16 weeks

#### Completion date

01/09/2026

# **Eligibility**

#### Key inclusion criteria

- 1. Adults (female and male) aged 18 years or over.
- 2. Willing and capable of giving informed consent.
- 3. 2010 ACR / EULAR classification criteria for a diagnosis of Rheumatoid Arthritis. \*
- 4. Symptom duration of <12 months
- 5. At least one swollen joint, which is amenable to synovial biopsy (minimum grade 2 synovial thickening, as assessed at the biopsy visit).
- 6. Moderate and severe Disease Activity (DAS28>3.2)
- 7. No prior DMARD therapies (conventional, targeted or biologic DMARDs)
- 8. Patient is judged by the supervising clinician to be a suitable candidate based upon medical history, physical examination, vital signs, and routine laboratory tests.
- 9. Willing and able to comply with scheduled visits, laboratory tests, and other study procedures.
- \* The ACR/EULAR classification for a diagnosis of RA could have been at any time in the patient's disease history; the score does not need to be 6 or more at screening.

#### Participant type(s)

Patient

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Lower age limit

18 years

#### Sex

All

#### Key exclusion criteria

- 1. Patients unable to tolerate synovial biopsy or in whom this is contraindicated including patients on anti-coagulants (e.g. warfarin). Patients on short-acting direct oral anticoagulant agents can be considered when anti-coagulant can be temporarily stopped, in line with local guidelines for procedures with a low risk of bleeding, taking into account the individual thromboembolic risk. Oral anti-platelet agents are permitted.
- 2. Patients in whom there is no suitable joint for biopsy.
- 3. Hypersensitivity to the active substance or to any of the excipients of abatacept or methotrexate, or any other contraindications to the study medications, as per the current SmPC.
- 4. History of or current primary inflammatory joint disease or primary rheumatological autoimmune disease other than RA (if secondary to RA, then the patient is still eligible).
- 5. Prior exposure to any biologic/targeted DMARDs for RA
- 6. Treatment with any investigational agent  $\leq$  8 weeks prior to baseline or < 5 half-lives of the investigational drug (whichever is the longer)
- 7. Intra-articular or parenteral corticosteroids, or oral prednisolone more than 10 mg/d or equivalent  $\leq 4$  weeks prior to screening visit.
- 8. Patients with a serious underlying medical disorder (e.g., end stage renal disease).
- 9. Active infection
- 10. Subject has a history or known presence of recurrent or chronic infection (eg, hepatitis B virus [HBV], hepatitis C virus [HCV], human immunodeficiency virus HIV]; recurrent urinary tract infections are allowed.

- 11. Subjects testing positive for acute or chronic hepatitis A, B, or C, unless they are indicative of prior hepatitis B vaccination or cured hepatitis A or B and accompanied by normal liver transaminase values.
- 12. Septic arthritis of a native joint within the last 12 months
- 13. Septic arthritis of a prosthetic joint within 12 months or indefinitely if the joint remains in situ
- 14. Latent TB infection unless they have completed adequate antibiotic prophylaxis
- 15. Receipt of live vaccine <3 months prior to first dose of study medication
- 16. Major surgery in 3 months prior to first dose of study medication
- 17. Presence of a transplanted organ (with the exception of a corneal transplant >3 months prior to screening).
- 18. Known recent substance abuse (drug or alcohol).
- 19. Patients currently recruited to other clinical trials or taking part in a CTIMP study in the previous 4 months.
- 20. Other severe acute or chronic medical or psychiatric condition, or laboratory abnormality that would impart, in the judgment of the investigator, excess risk associated with study participation or study drug administration, or which, in the judgment of the investigator, would make the patient inappropriate for entry into this study. This should include assessment of risk factors for known clinically important risks associated with a study drug.
- 21. Patients with severe hepatic impairment (Child Pugh C classification).
- 22. Patients that are primary or secondary immunodeficiency (history of or currently active).
- 23. Poor tolerability of venepuncture or lack of adequate venous access for required blood sampling during the study period.
- 24. Women who are pregnant or breast-feeding.
- 25. Women of child-bearing potential or males whose partners are women of child-bearing potential, unwilling to use an effective method of contraception (recommend double contraception) throughout the trial and beyond the end of trial treatment for the duration as defined in the relevant SmPC.
- 26. Individuals who are unable to give informed consent for any reason (vulnerable groups).

# Date of first enrolment 23/06/2025

Date of final enrolment 01/09/2026

## Locations

Countries of recruit	ment
United Kingdom	

England

Belgium

Italy

Netherlands

Portugal

Spain

#### Study participating centre AOU Maggiore della Carità di Novara

Corso Mazzini 18 Novara Italy 28100

#### Study participating centre Azienda Ospedaliero Universitaria di Cagliari

Via Ospedale n. 54 Cagliari Italy 09124

#### Study participating centre Istituto Clinico Humanitas - Humanitas Mirasole S.p.A

Via A. Manzoni 56, Rozzano Milan Italy 20089

#### Study participating centre Cliniques Universitaires St LUC

10, Avenue Hipocrate Brussels Belgium 1200

#### Study participating centre Hospital Clínic De Barcelona

Villarroel Barcelona Spain 17008036

#### Study participating centre Hospital Universitario Reina Sofía

Av. Menéndez Pidal, s/n, Poniente Sur Córdoba

#### Study participating centre Instituto De Medicina Molecular João Lobo Antunes

Av. Professor Egas Moniz Lisboa Portugal 1649-028

#### Study participating centre

Academisch Medisch Centrum Bij De Universiteit Van Amsterdam

Meidergdreef 15 Amsterdam Netherlands 1105AZ

#### Study participating centre Barts Health

Mile End Hospital, Jubilee ward, 1 Floor, Bancroft Road London United Kingdom E1 4DG

## Study participating centre

The Kellgran Centre for Rheumatology, Manchester Royal Infirmary

Oxford Road Manchester United Kingdom M13 9WL

# Study participating centre Guy's and St. Thomas Hospital

Guy's Hospital, Great Maze Pond London United Kingdom SE1 9RT

#### Study participating centre

#### King's College Hospital

Denmark Hill London United Kingdom SE5 9RS

## Study participating centre Basildon Hospital

Nethermayne Basildon United Kingdom SS16 5NL

# Study participating centre University Hospital Paduae

Via Nicolò Giustiniani, 2 Padova PD Italy 35128

# Sponsor information

#### Organisation

Queen Mary University of London

#### **ROR**

https://ror.org/026zzn846

# Funder(s)

#### Funder type

Government

#### **Funder Name**

The Innovative Medicines Initiative 2 Joint Undertaking IMI2 JU

# **Results and Publications**

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

The current data sharing plans for this study are unknown and will be available at a later date. Fully anonymised data may be uploaded, where appropriate, to a public location.

#### IPD sharing plan summary

Data sharing statement to be made available at a later date

#### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	version 4.0	27/11/2024	05/03/2025	No	Yes
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Protocol file	version 2.0	18/09/2024	05/03/2025	No	No
Statistical Analysis Plan	version 1.0	04/03/2025	05/03/2025	No	No