

# Treatment intensification based on disease activity parameters or on cartilage breakdown markers in early rheumatoid arthritis

**Submission date**  
12/09/2005

**Recruitment status**  
No longer recruiting

☐ Prospectively registered

☐ Protocol

**Registration date**  
12/09/2005

**Overall study status**  
Completed

☐ Statistical analysis plan

☒ Results

**Last Edited**  
23/08/2011

**Condition category**  
Musculoskeletal Diseases

☐ Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Prof M. Boers

### Contact details

VU University Medical Center

PK 6Z 185

Department of Clinical Epidemiology and Biostatistics

Amsterdam

Netherlands

1007 MB

+31 (0)20 4444474

keb.info@vumc.nl

## Additional identifiers

### Protocol serial number

P03627; NTR80

## Study information

Scientific Title

**Study objectives**

In early rheumatoid arthritis (RA), does treatment intensification (by conventional and biological means) aimed at keeping urine CTX-2 levels below 150 nmol/μmol creatinine lead to a lower radiological progression than treatment intensification aimed at keeping DAS28 at or below 3.2?

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

The Ethics Review board of the Vrije University Medical Center has approved this protocol (reference number 2003-186).

**Study design**

Double blinded randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Rheumatoid arthritis

**Interventions**

The study design randomises to two monitoring strategies that lead to subsequent steps in the treatment schedule: either clinical monitoring by DAS28 to achieve and keep the DAS below 2.6 (clinical remission); or: lab monitoring by CTX-2 to achieve and keep the urinary level of CTX-2 below 150 ng/μmol creatinine.

All patients will receive 'traditional' combination DMARD therapy for a minimum of 22 weeks: step 1 is evaluated at week 8, and step 2 at week 22. Patients will receive treatment intensification according to achieved levels of DAS28 (DAS group) or according to achieved levels of CTX-2 (CTX group).

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome(s)**

1. DAS28: Disease activity score calculated from swollen and tender joint counts, erythrocyte sedimentation rate (ESR), patient global assessment of disease activity (10 cm Visual Analogue Scale [VAS])
2. CTX-2: measured in spot urine (delivered 1 week before visit) together with creatinine (method Garnero, Lyon)

**Key secondary outcome(s)**

1. WHO/ILAR core set; DAS remission, EULAR improvement; ACR remission, ACR20,etc; EuroQoL
2. Efficacy self assessment: RADAI joint score, fatigue VAS
3. Bone Mass: DEXA lumbar spine; Right hip (neck)

**Completion date**

30/09/2006

## Eligibility

**Key inclusion criteria**

Patients must have:

1. Rheumatoid arthritis (American College of Rheumatology [ACR] criteria met cumulatively)
2. Requiring treatment: 28-item Disease Activity Score (DAS28) greater than 3.2
3. Propensity for radiographic progression: urinary CTX-2 greater than 150 ng/ $\mu$ mol creatinine

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Unwillingness to participate in the study and comply with its procedures by signing a written informed consent

More chance of harm:

2. Contraindication to study drugs:
  - 2.1. Previous serious adverse reaction or documented allergy to any of the trial drugs or their constituents
  - 2.2. Previous inability to tolerate sulphasalazine (minimum 1 g/d), hydroxychloroquine (minimum 200 mg/d) methotrexate (minimum 7.5 mg/week) or oral prednisolone
3. Active infection or those at high risk of infection:
  - 3.1. Abnormal chest X-ray or positive tuberculin test suggestive of previous TB that has not been adequately treated
  - 3.2. Chronic leg ulcers
  - 3.3. Septic arthritis of a native joint within the last 12 months
  - 3.4. Previous prosthetic joint sepsis within the last 12 months, indefinitely if prosthesis remains in situ
  - 3.5. Bronchiectasis, indwelling urinary catheter and other situation deemed high risk by treating physician
4. Malignancy, excluding basal cell carcinoma and malignancies diagnosed and treated more than 10 years previously, in whom there is a high probability of cure in the opinion of the treating physician
5. Pregnancy, planned pregnancy or lactation. Women of childbearing age (includes women who are less than 1 year postmenopausal and women who become sexually active) must be using an

acceptable method of birth control (e.g., hormonal contraceptive, medically prescribed intrauterine device [IUD], condom in combination with spermicide) or be surgically sterilised (e.g., hysterectomy or tubal ligation)

6. Current signs or symptoms of severe, progressive, or uncontrolled renal, haematological, hepatic, respiratory, gastrointestinal, endocrine, cardiac, neurological or cerebral disease.

Specifically, this includes cardiac failure (New York Heart Association [NYHA] class 3 or 4)

7. Screening blood tests at baseline which show haemoglobin less than 8 g/l, total white blood cell count (WBC) less than 3.5 or neutrophils less than 1.5, platelets less than 100. Patients will also be excluded if serum alanine aminotransferase (ALT) or alkaline phosphatase are more than twice the upper limit of normal, or impaired renal function: creatinine greater than 100 µmol/L AND Cockcroft creatinine clearance less than 40 ml/min

8. Subjects who have used any investigational product within 30 days prior to enrolment

9. Aged less than 18 years

Less chance of benefit:

10. Disease duration greater than 36 months (date of diagnosis by rheumatologist)

11. Previous treatment of RA with more than two disease modifying anti-rheumatic drugs (DMARDs). Systemic glucocorticoids are counted as DMARDs. Treatment is defined as a cumulative period of 8 weeks or more.

Measurement difficulties:

12. Insufficient command of local language

13. Illiteracy

14. Inability to comply with the protocol (opinion of treating physician)

**Date of first enrolment**

01/10/2004

**Date of final enrolment**

30/09/2006

## **Locations**

**Countries of recruitment**

Netherlands

**Study participating centre**

VU University Medical Center

Amsterdam

Netherlands

1007 MB

## **Sponsor information**

**Organisation**

Vrije University Medical Centre (VUMC) (The Netherlands)

ROR

<https://ror.org/00q6h8f30>

## Funder(s)

### Funder type

Industry

### Funder Name

Schering-Plough (The Netherlands)

### Alternative Name(s)

### Funding Body Type

Private sector organisation

### Funding Body Subtype

For-profit companies (industry)

### Location

United States of America

### Funder Name

Vrije University Medical Centre (VUMC) (The Netherlands)

## 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?
<a href="#">Results article</a>	Results	01/11/2008		Yes	No