

Health benefits from anti-viral therapy for mild chronic hepatitis C

Submission date
25/04/2003

Recruitment status
No longer recruiting

Prospectively registered

Protocol

Registration date
25/04/2003

Overall study status
Completed

Statistical analysis plan

Results

Last Edited
08/11/2022

Condition category
Infections and Infestations

Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Prof Howard Thomas

Contact details
Department of Medicine
St Mary's Hospital
Imperial College School of Medicine at St Mary's
10th Floor QEQM Wing
South Wharf Road
London
United Kingdom
W2 1PG
+44 (0)20 7886 6454
h.thomas@imperial.ac.uk

Additional identifiers

Protocol serial number
HTA 95/24/03

Study information

Scientific Title

Health benefits from anti-viral therapy for mild chronic hepatitis C

Study objectives

A multicentre, randomised study comparing interferon and ribavirin with no treatment for patients with mild chronic Hepatitis C.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Added as of 23/07/2007: Ethics committee approval was obtained both centrally (MREC/98/2/12) and from each Local Centre Committee (LREC).

Primary study design

Interventional

Study design

Multicentre, randomised, controlled, non-blinded trial

Study type(s)

Not Specified

Health condition(s) or problem(s) studied

Infection and infestations: Hepatitis

Interventions

Please note that, as of 14 January 2008, the anticipated end date of this trial has been updated from 31 July 2001 to 31 October 2003.

Interventions:

1. Interferon and ribavirin
2. No treatment

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Interferon and ribavirin

Primary outcome(s)

Primary outcome measure updated as of 24/07/2007:

Sustained Virological Response (SVR) at 24 weeks post-treatment.

Primary outcome measure provided at time of registration:

Analysis includes health economics, quality of life and virological end points.

Key secondary outcome(s)

Secondary outcome measures added as of 24/07/2007:

1. Baseline factors predicting SVR
2. Changes in histopathology
3. Health-Related Quality of Life (HRQoL)
4. Viral kinetics: the relationship of early viral kinetics to final treatment outcome
5. Adverse events

Completion date

31/10/2003

Eligibility

Key inclusion criteria

Inclusion criteria updated as of 24/07/2007:

1. Adult, male or female, minimum age of 18 years
2. Serum positive for HCV by quantitative Polymerase Chain Reaction (qPCR) assay
3. Liver biopsy within 1 year before entry to the protocol. Histological diagnosis consistent with mild chronic hepatitis (Ishak necroinflammatory score <4, fibrosis score <3)
4. Compensated liver disease with the following minimum haematological, biochemical and serological criteria at the screening visit:
 - 4.1. Haemoglobin (Hb) ≥ 12 g dl¹ for women and ≥ 13 g dl¹ for men
 - 4.2. White Blood Cell count (WBC) ≥ 3000 mm³
 - 4.3. Granulocyte count ≥ 1500 mm³
 - 4.4. Platelets $\geq 100,000$ mm³
 - 4.5. Prothrombin time/ International Normalised Ratio (INR) within normal limits
 - 4.6. Bilirubin within normal limits (unless non-hepatitis-related factors such as Gilberts disease explain a rise)
 - 4.7. Albumin stable and within normal limits
 - 4.8. Serum creatinine within normal limits
 - 4.9. Fasting blood sugar within normal limits for non-diabetic patients
 - 4.10. Glycosylated haemoglobin (HbA1c) <8.5% for diabetic patients (whether diet controlled or on medication)
 - 4.11. TSH within normal limits (patients requiring medication to maintain Thyroid-Stimulating Hormone (TSH) levels in the normal range were eligible if all other inclusion/exclusion criteria were met)
 - 4.12. AntiNuclear Antibodies (ANA) <1:160
 - 4.13. Anti-HIV antibody negative
 - 4.14. Serum hepatitis B surface antigen (HBsAg) negative
5. Confirmation and documentation that sexually active patients of childbearing potential were practising adequate contraception during the treatment period and for 6 months after discontinuation of therapy. A serum pregnancy test was obtained at entry before the initiation of treatment and had to be negative. Female patients could not breast-feed.

Inclusion criteria provided at time of registration:

Patients with hepatitis C

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Sex

All

Key exclusion criteria

Exclusion criteria added as of 24/07/2007:

1. Prior treatment with interferon-alpha or ribavirin
2. Hypersensitivity to interferon-alpha or ribavirin
3. Participation in any other clinical trial within 30 days of entry to this protocol
4. Treatment with any investigational drug within 30 days of entry to this protocol
5. Prior treatment for hepatitis with any other antiviral or immunomodulatory drug within the previous 2 years
6. Any other cause for the liver disease other than chronic hepatitis C, including but not limited to:
 - 6.1. Coinfection with hepatitis B virus
 - 6.2. Haemochromatosis (iron deposition >2+ in liver parenchyma)
 - 6.3. Alpha1-antitrypsin deficiency
 - 6.4. Wilsons disease
 - 6.5. Autoimmune hepatitis
 - 6.6. Alcoholic liver disease
 - 6.7. Obesity-induced liver disease
 - 6.8. Drug-related liver disease
7. Haemophilia or any other condition preventing the patient from having a liver biopsy, including anticoagulant therapy
8. Haemoglobinopathies (e.g. thalassaemia)
9. Evidence of advanced liver disease, such as history or presence of ascites, bleeding varices, encephalopathy
10. Patients with organ transplants
11. Any known pre-existing medical condition that could interfere with the patients participation in and completion of the protocol such as:
 - 11.1. Pre-existing psychiatric condition (e.g. severe depression, or a history of severe psychiatric disorder)
 - 11.2. CNS trauma or seizure disorder requiring medication
 - 11.3. Significant cardiovascular dysfunction within the past 6 months (e.g. angina, congestive cardiac failure, recent myocardial infarction, severe hypertension or significant arrhythmia)
 - 11.4. Patients with an ECG showing clinically significant abnormalities
 - 11.5. Poorly controlled diabetes mellitus
 - 11.6. Chronic pulmonary disease (e.g. chronic obstructive pulmonary disease)
 - 11.7. Immunologically mediated disease (e.g. inflammatory bowel disease, Crohns disease, ulcerative colitis, rheumatoid arthritis, idiopathic thrombocytopenic purpura, systemic lupus erythematosus, autoimmune haemolytic anaemia, scleroderma, severe psoriasis, cryoglobulinaemia with vasculitis)
 - 11.8. Any medical condition requiring, or likely to require during the course of the study, chronic

systemic administration of steroids

11.9. Gout

12. Substance abuse, such as excessive alcohol intake (>50 g day⁻¹) or erratic use of intravenous or inhaled drugs

13. Patients with clinically significant retinal abnormalities

14. Any other condition which in the opinion of the investigator would make the patient unsuitable for enrolment or that could interfere with the patient participating in or completing the protocol

Date of first enrolment

01/08/1998

Date of final enrolment

31/10/2003

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Department of Medicine

London

United Kingdom

W2 1PG

Sponsor information

Organisation

Department of Health (UK)

ROR

<https://ror.org/03sbpja79>

Funder(s)

Funder type

Government

Funder Name

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	HTA monograph	01/07/2006		Yes	No