

# Treatment in the Rotterdam Early Arthritis CoHort

<b>Submission date</b> 23/08/2007	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 23/08/2007	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol
<b>Last Edited</b> 21/10/2024	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof J.M.W. Hazes

**Contact details**  
Department of Rheumatology Ee965  
Rotterdam  
Netherlands  
3000 WB  
+31 (0)10 703 4602  
j.hazes@erasmusmc.nl

## Additional identifiers

**Protocol serial number**  
NTR1019

## Study information

**Scientific Title**  
Treatment in the Rotterdam Early Arthritis CoHort: a stratified, randomised clinical trial in patients with recent-onset arthritis

**Acronym**

(T)REACH

### **Study objectives**

In each stratum of probability there is a clinically and statistically significant difference in the functional ability and disease activity score over time (area under the curve) and progression of radiological joint damage after one year of follow-up in recent-onset arthritic patients who were having induction treatment with divergent intensity.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Medical Ethical Committee Erasmus University Rotterdam gave approval

### **Study design**

Multicentre randomised single-centre parallel-group trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Recent onset arthritis, rheumatoid arthritis

### **Interventions**

Three monthly evaluations of disease activity score and safety. Medication adjustments by protocol, based on Disease Activity Score (DAS) calculations. If DAS is less than 2.4, medication will be switched to more intensive treatment including biologicals (initial biological will be etanercept). If DAS less than 1.6 is achieved for at least six months, patients will start to taper and finally stop all medication.

Induction therapy for the three strata will be:

1. High probability (HP)-group:

1.1. Methotrexate (MTX) + Sulfasalazine (SSZ) + Hydroxychloroquine (HCQ) + one single dose corticosteroid intramuscular

1.2. MTX + SSZ + HCQ + prednisone

1.3. MTX + prednisone

2. Intermediate Probability (IP)-group:

2.1. MTX

2.2. HCQ

2.3. Prednisone

3. Low Probability (LP)-group:

3.1. Naproxen

3.2. HCQ

3.3. One single dose corticosteroids intramuscular

### **Intervention Type**

Drug

**Phase**

Not Applicable

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

Methotrexate, sulfasalazine, hydroxychloroquine, prednisone, naproxen

**Primary outcome(s)**

1. Functional ability as measured by HAQ and DAS over time (area under the curve), assessed every 3 months
2. Progression of radiological joint damage as measured by Sharp/van der Heijde score, assessed every 6 months

**Key secondary outcome(s)**

1. American College of Rheumatology (ACR) arthritis core-set, assessed every 3 months
2. Quality of Life, as measured with 36-item Short Form (SF-36), European Quality of Life scale (EuroQoL), assessed every 3 months
3. Costs

**Completion date**

01/07/2011

**Eligibility****Key inclusion criteria**

1. Participant of the REACH cohort (patients with inflammatory joint complaints less than one year)
2. All patients must at least have one (out of 66) swollen joint

Added 23/04/2009:

3. Aged 18 years or older, either sex

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

568

**Key exclusion criteria**

1. Definite diagnosis of crystal arthropathy, (post) infective arthritis or autoimmune rheumatic disorder
2. Previous therapy with disease modifying anti-rheumatic drugs (DMARDs) or corticosteroids
3. Pregnancy or wish to become pregnant during the study, or childbearing potential without adequate contraception
4. Concomitant treatment with an other experimental drug
5. History or presence of malignancy within the last five years
6. Elevated hepatic enzyme levels (aspartate aminotransferase [ASAT], alanine aminotransferase [ALAT] greater than two times normal value)
7. Thrombopenia less than  $150 \times 10^9/l$
8. Leucopenia less than  $3.0 \times 10^9/l$
9. Serum creatinine level greater than  $150 \text{ umol/l}$

**Date of first enrolment**

01/07/2007

**Date of final enrolment**

01/07/2011

## Locations

**Countries of recruitment**

Netherlands

**Study participating centre**

**Erasmus Medical Centre**

Rotterdam

Netherlands

3000 WB

## Sponsor information

**Organisation**

Erasmus Medical Centre (Netherlands)

**ROR**

<https://ror.org/018906e22>

## Funder(s)

**Funder type**

Industry

## Funder Name

Wyeth Pharmaceutical B.V. (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	01/10/2012		Yes	No
<a href="#">Results article</a>	1-year results	01/07/2014		Yes	No
<a href="#">Results article</a>	results	01/12/2016		Yes	No
<a href="#">Results article</a>	results on association between DNA methylation and methotrexate response	26/06/2019	28/06/2019	Yes	No
<a href="#">Results article</a>	results	01/09/2018	12/08/2019	Yes	No
<a href="#">Results article</a>	results on correlation between risk factors and clinical course	23/01/2021	25/01/2021	Yes	No
<a href="#">Results article</a>	results on cost utility	16/03/2021	17/03/2021	Yes	No
<a href="#">Results article</a>	results on DMARD-free remission	05/08/2021	06/08/2021	Yes	No
<a href="#">Results article</a>	Combining patient-reported outcome measures to screen for active disease in rheumatoid arthritis and psoriatic arthritis	18/10/2024	21/10/2024	Yes	No
<a href="#">Protocol article</a>	protocol	18/06/2009		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes