ISRCTN32675862 https://doi.org/10.1186/ISRCTN32675862

Treatment strategies for Rheumatoid Arthritis (BeSt - BehandelStrategieën in Reumatoïde Artritis)

Submission date
20/12/2005

Registration date
20/12/2005

Last Edited
22/06/2010

Recruitment status
No longer recruiting

Overall study status
Completed

Condition category
Musculoskeletal Diseases

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr C.F. Allaart

Contact details
Leiden University Medical Center,
Department of Rheumatology,
C1-39,
P.O. Box 9600
Leiden
Netherlands
2300 RC
+31 (0)71 5263598
c.f.allaart@lumc.nl

Additional identifiers

Protocol serial number
1

Study information

Scientific Title

Acronym
BeSt

Study objectives
There is a clinically and statistically significant difference in functional ability and progression of radiological joint damage after two years of follow-up in patients with early Rheumatoid Arthritis (RA) who receive initial combination therapy, combination therapy after failure of optimal treatment with Methotrexate (MTX), or initial therapy with a Tumour Necrosis Factor (TNF)alpha-blocking agent, compared to those receiving combination therapy after intensive treatment with the most effective consecutive single Disease Modifying Anti-Rheumatic Drugs (DMARDs).

Ethics approval required
Old ethics approval format

Ethics approval(s)
The medical ethics committee at each participating centre approved the study protocol, and all patients gave written informed consent before study inclusion.

Primary study design
Interventional

Study design
Randomised Controlled Trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Rheumatoid arthritis

Interventions
Treatment or RA with established anti-rheumatic medication according to four different, accepted strategies:
Group one: sequential monotherapy
Group two: step-up combination therapy
Group three: initial combination therapy with tapered high-dose prednisone
Group four: initial combination therapy with infliximab

All medication steps are dictated by a strategy specific pharmacoprotocol. Treatment adjustments made on the basis of three monthly measurements of Disease Activity Score (DAS) (or on occurrence of side effects). All patients are treated aggressively, aiming at low disease activity, based on three monthly calculations of a DAS.

In all four strategy groups the medication is increased or altered if the DAS is 2.4 or higher, or, if the DAS is less than 2.4 for at least six months, tapered to a single drug maintenance dose. A trained research nurse who remains blinded for the treatment that patients receive calculates the DAS.

Intervention Type
Drug

Phase
Not Specified

Drug/device/biological/vaccine name(s)
Methotrexate, infliximab, prednisone

Primary outcome(s)
After two years of follow-up:
1. Functional ability as measured by HAQ (collected by blinded research nurse)
2. Joint damage on X-rays of hands and feet (Sharp/van der Heijde method, random in time, by two independent physicians, X-rays masked for center and patient identity)

Key secondary outcome(s)
1. Side effects
2. Quality of life
3. Utilities
4. Costs

Completion date
01/08/2004

Eligibility

Key inclusion criteria
1. Patients (18 years or older) with rheumatoid arthritis (American College of Rheumatology [ACR] 1987 criteria)
2. Diagnosis since less than two years
3. Previously untreated with DMARDs
4. With active disease (at least 6/66 swollen and at least 6/68 painful joints, and either Erythrocyte Sedimentation Rate [ESR] 28 mm or more or Visual Analogue Scale [VAS] general well being (by patient) of 20 mm or more)

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
Not Specified

Key exclusion criteria
1. Previous therapy with DMARDs except for hydroxychloroquine
2. Pregnancy or wish to become pregnant during the study, or childbearing potential without adequate contraception
3. Concomitant treatment with another experimental drug
4. History or presence of malignancy within the last five years
5. Bone marrow hypoplasia
6. Elevated hepatic enzyme levels (Aspartate Aminotransferase [ASAT], Alanine Aminotransferase [ALAT] greater than three times normal value)
7. Serum creatinine level greater than 150 umol/l or estimated creatinine clearance of less than 75 ml/min
8. Diabetes mellitus
9. Alcohol or drug abuse

Date of first enrolment
01/03/2000

Date of final enrolment
01/08/2004

Locations

Countries of recruitment
Netherlands

Study participating centre
Leiden University Medical Center,
Leiden
Netherlands
2300 RC

Sponsor information

Organisation
Leiden University Medical Centre (LUMC) (Netherlands)

ROR
https://ror.org/027bh9e22

Funder(s)

Funder type
Industry

Funder Name
Centocor (Netherlands)

Funder Name
Schering-Plough (Netherlands)

Alternative Name(s)

Funding Body Type
Private sector organisation

Funding Body Subtype
For-profit companies (industry)

Location
United States of America

Funder Name
Dutch Health Care Insurance Board (CVZ, independent governement organisation) (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?
Results article	results	20/03/2007		Yes	No
Results article	results	01/09/2007		Yes	No
Results article	results	01/07/2010		Yes	No