

# Combination therapy with rheumatoid arthritis (COBRA)-light study, an open randomised trial comparing a modified COBRA therapy with the COBRA therapy according to treatment strategies for rheumatoid arthritis (BeSt) in early rheumatoid arthritis

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<b>Registration date</b> 31/03/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 21/09/2020	<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**  
Mrs Debby den Uyl

**Contact details**  
De Boelelaan 1117  
Amsterdam  
Netherlands  
1081 HV  
+31 (0)20 444 3981  
d.denuyl@vumc.nl

## Additional identifiers

**Protocol serial number**  
2007/150; NTR1213

# Study information

## Scientific Title

Combination therapy with rheumatoid arthritis (COBRA)-light study, an open randomised trial comparing a modified COBRA therapy with the COBRA therapy according to treatment strategies for rheumatoid arthritis (BeSt) in early rheumatoid arthritis

## Acronym

COBRA-light

## Study objectives

Early, aggressive treatment of rheumatoid arthritis (RA) with disease modifying anti-rheumatic drugs (DMARDs) has been proven to lower disease activity and suppress radiologic progression. Moreover, combination therapy is shown to be superior to monotherapy. The combination therapy with rheumatoid arthritis (COBRA) therapy is effective in several trials, and the positive effect on radiologic progression sustained over time. In a recent trial (BeSt [treatment strategies for Rheumatoid Arthritis] = see <http://www.controlled-trials.com/ISRCTN32675862> for more details of this trial) comparing different treatment strategies the COBRA therapy and initial therapy with infliximab (a tumour necrotising factor [TNF]-blocker) were equally effective in improving functional ability and preventing radiographic damage. Apparently most rheumatologists and or patients have resistance in prescribing this therapy.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

METC VUmc-Amsterdam (The Netherlands), 06/09/2007, ref: 2007/150

## Primary study design

Interventional

## Study design

Open randomised active-controlled parallel-group multicentre trial

## Study type(s)

Treatment

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

Rheumatoid arthritis

## Interventions

Participants will be randomly allocated to the two treatment strategies, i.e., COBRA or a modified COBRA schedule (COBRA-light):

### COBRA:

Prednisone 60 mg/day, methotrexate 7.5 mg/wk and sulphasalazine (SSZ) 500 mg/day.

Prednisone will be tapered to 7.5 mg/day in 7 weeks and in 28 weeks tapered to zero. SSZ will be increased to 2000 mg/day in 3 weeks.

COBRA-light:

Prednisone 30 mg/day, methotrexate 10 mg/wk. After 9 weeks prednisone will be tapered till 7.5 mg/day and methotrexate increased to 25 mg/week.

If patients have an active disease at week 26 or 39, anti-TNF therapy will be started in both treatment arms.

For both treatment arms the total treatment duration is one year with a second follow-up year. In the first year patients will be seen frequently in order to follow disease-activity, side effects and cardiovascular parameters. In the first year patients will be seen at 2, 4, 8, 13, 26, 39 and 52 weeks. Treatment will be adjusted according to the 44-item disease activity scale (DAS44) score. In the follow-up period of the second year patients will be seen every six months.

## **Intervention Type**

Drug

## **Phase**

Not Applicable

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

Methotrexate, sulphasalazine, prednisolone

## **Primary outcome(s)**

Difference in delta DAS compared at baseline between the both treatment strategies after six months.

## **Key secondary outcome(s)**

1. Difference in delta DAS compared with baseline between the treatment strategies after 12 months
2. % patients with ACR 20, 50, 70 response
3. Low disease status (DAS 44 less than 2.4)
4. Health Assessment Questionnaire (HAQ) - delta Sharp van der Heijde score
5. % patients with radiological remission
6. Number of patients started with anti-TNF
7. Patients in clinical remission after six or twelve months will be tested for subclinical synovitis with a positron emission tomography (PET) scan, ultrasound and magnetic resonance imaging (MRI)

Tertiary outcome:

1. Bone and cartilage metabolism
2. Cardiovascular and endocrine parameters

## **Completion date**

01/01/2012

## **Eligibility**

### **Key inclusion criteria**

1. Active RA according to American College of Rheumatology (ACR) criteria
2. Greater than six swollen joints or greater than six painful joints
3. Disease duration less than two years

4. Erythrocyte sedimentation rate (ESR) greater than 28 mm
5. Visual analogue scale (VAS) greater than 20
6. Age greater than 18 years, either sex

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

All

**Key exclusion criteria**

1. Prior treatment DMARDs (except hydroxychloroquine)
2. Insulin-dependent diabetes mellitus
3. Uncontrollable non-insulin dependent diabetes mellitus
4. Heart failure New York Heart Association (NYHA) class 3 - 4
5. Uncontrollable hypertension
6. Alanine aminotransferase (ALT)/aspartate aminotransferase (AST) greater than three times normal values
7. Reduced renal function (serum creatinine greater than 15 mcmol)
8. Contra-indications for methotrexate, sulphasalazine or prednisolone
9. Indications of probable tuberculosis

**Date of first enrolment**

01/03/2008

**Date of final enrolment**

01/01/2012

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

De Boelelaan 1117

Amsterdam

Netherlands

1081 HV

# Sponsor information

## Organisation

Vrije University Medical Centre (VUMC) (The Netherlands)

## ROR

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

# Funder(s)

## Funder type

Industry

## Funder Name

Top Institute Pharma (TIPharma) (The Netherlands)

## Alternative Name(s)

TI Pharma

## Funding Body Type

Private sector organisation

## Funding Body Subtype

Other non-profit organizations

## Location

Netherlands

## Funder Name

Wyeth Pharmaceuticals B.V. (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?
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<a href="#">Results article</a>	results	01/06/2015		Yes	No
<a href="#">Results article</a>	results	01/09/2016		Yes	No
<a href="#">Results article</a>	results	02/03/2021	21/09/2020	Yes	No