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Phase II/III Oxabact™ Study

Submission date 07/01/2010	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 22/01/2010	**Overall study status** Completed	
Last Edited 20/02/2019	**Condition category** Nutritional, Metabolic, Endocrine	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

ClinicalTrials.gov (NCT)
NCT01037231

Protocol serial number
OC3-DB-02

Study information

Scientific Title
A phase II/III, double-blind, randomised, placebo-controlled, multicentre study to evaluate the efficacy and safety of Oxabact™ to reduce urinary oxalate in subjects with primary hyperoxaluria

Study objectives

The purpose of this study is to determine if Oxalobacter formigenes is effective at lowering urinary oxalate levels in patients with primary hyperoxaluria (PH).

Ethics approval required
Old ethics approval format

Ethics approval(s)
1. Netherlands: Medisch Ethische Commissie AMC approved in December 2009
2. Germany: Ethikkommisssion der Medizinischen Fakulatat zu Koln approved in November 2009
3. United States: Mayo Clinic Institutional Review Board approved in December 2009, ref: 09-006325

Primary study design
Interventional

Study design
Interventional double-blind randomised placebo-controlled multicentre trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Primary hyperoxaluria

Interventions
Active treatment:
Oxabact™ - NLT (not less than) 10^7 CFU Oxalobacter formigenes twice daily for 24 weeks and up to 4 weeks follow-up.

Control treatment:
Placebo twice daily for 24 weeks and up to 4 weeks follow-up.

Intervention Type
Drug

Phase
Phase II/III

Drug/device/biological/vaccine name(s)
Oxabact™

Primary outcome(s)
Percentage change in urinary oxalate levels (expressed as molar oxalate to creatinine ratio) from baseline to week 24

Key secondary outcome(s)
1. Percentage change in urinary oxalate levels (expressed as molar oxalate to creatinine ratio) from baseline to week 8
2. Percentage change in urinary oxalate levels (expressed as molar oxalate to creatinine ratio) from baseline to week 24 in subsets of subjects defined by baseline urinary oxalate level, above and below median at screening

3. Percentage change in urinary oxalate levels (expressed as molar oxalate to creatinine ratio) from baseline to week 24 in subsets of subjects defined by concomitant vitamin B6 therapy and no vitamin B6 therapy, in PH type I
4. Percentage change in urinary oxalate levels (expressed as molar oxalate to creatinine ratio) from baseline to week 24 in subsets of subjects defined by estimated glomerular filtration rate (eGFR) of greater than or equal to 90 mL/min/1.73 m2 and less than 90 mL/min/1.73 m2
5. Percentage change in urinary oxalate levels (expressed as molar oxalate to creatinine ratio) from baseline to week 24 in subsets of subjects defined by PH Type I and PH Type II
6. Percentage change in urinary oxalate levels (expressed as molar oxalate to creatinine ratio) from baseline to week 24 in subsets of subjects defined by age below 18 years and aged 18 years or above
7. Percentage of subjects who have greater than or equal to 20% reduction from Baseline urinary oxalate at week 24
8. Frequency of stone events (i.e. nephrolithiasis or markers thereof)
9. Correlation between percentage change in plasma oxalate levels and percentage change in urinary oxalate levels, from baseline to week 24
10. Adverse events (AEs), haematology, clinical chemistry, urinalysis

Completion date
30/09/2010

Eligibility

Key inclusion criteria
1. Signed informed consent (as applicable for the age of the subject)
2. Male or female subjects greater than or equal to 2 years of age
3. A mean urinary oxalate excretion of greater than 1.0 mmol/1.73 m2/day from eligible urine collections performed during screening
4. A diagnosis of PH I or PH II by one of the following:
4.1. Liver biopsy confirmation of deficient liver specific peroxisomal alanine-glyoxylate aminotransferase (AGT) or mislocalisation of AGT from peroxisomes to mitochondria (PH I) or deficient glyoxylate reductase/hydroxypyruvate reductase (GRHPR) activity (PH II)
4.2. Homozygosity or compound heterozygosity for a known mutation in the causative genes for PH I and PH II
4.3. Increased glycolate excretion for PH I or increased L-glycerate excretion for PH II
5. Subjects receiving pyridoxine must be receiving a stable dose for at least 3 months prior to entry into the study and must remain on the stable dose during the study. Subjects not receiving pyridoxine at study entry must be willing to refrain from initiating pyridoxine during study participation.
6. Renal function defined as an estimated glomerular filtration rate (GFR) greater than or equal to 40 ml/min normalised to 1.73 m2 body surface area, or a creatinine clearance of greater than or equal to 40 ml/min normalised to 1.73 m2 body surface area

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Other

Sex
All

Key exclusion criteria
1. Inability to collect two complete 24-hour urine samples
2. Subjects diagnosed as PH I who are pyridoxine naive
3. Subjects that have undergone transplantation (solid organ or bone marrow)
4. The existence of secondary hyperoxaluria, e.g. chronic gastrointestinal diseases such as cystic fibrosis, chronic inflammatory bowel disease and short-bowel syndrome
5. Current systemic (oral, intramuscular [IM], intravenous [IV]) antibiotic use or received systemic antibiotics within 14 days of study enrolment
6. History of a recurrent infection requiring greater than two courses of systemic antibiotics in the past 6 months, or chronic antimicrobial suppression
7. Subjects who require immune suppressive therapy (including prednisone greater than 10 mg daily for more than 2 weeks)
8. Current treatment with a separate ascorbic acid preparation. Ascorbic acid up to 250 mg/day as a component of a multivitamin formulation is not excluded.
9. Known hypersensitivity to esomeprazol (or any of the other ingredients of this medicine), or to any other proton pump inhibitor medicine (Nexium® contraindication)
10. Concomitant treatment with atazanavir (Nexium® contraindication)
11. Pregnancy
12. Women of child-bearing potential who are not using adequate contraceptive precautions. Sexually active females, unless surgically sterile or at least 2 years post-menopausal, must be using a highly effective contraception (including oral, transdermal, injectable, or implanted contraceptives, intrauterine devide (IUD), abstinence, use of a condom by the sexual partner or sterile sexual partner) for 30 days prior to the first dose of Oxabact™ and must agree to continue using such precautions during the clinical study.
13. Presence of a medical condition that the Principal Investigator considers likely to make the subject susceptible to adverse effect of study treatment or unable to follow study procedures. Note: Subjects from correctional facilities or asylums and subjects who are mentally handicapped are not to be included in the study.
14. Participation in any study of an investigational product, biologic, device, or other agent within 30 days prior to randomisation or not willing to forego other forms of investigational treatment during this study

Date of first enrolment
14/01/2010

Date of final enrolment
30/09/2010

Locations

Countries of recruitment
Germany

Netherlands

United States of America

Study participating centre
Mayo Clinic
Rochester
United States of America
55905

Sponsor information

Organisation
OxThera IP AB (Sweden)

ROR
https://ror.org/05m0yja37

Funder(s)

Funder type
Industry

Funder Name
OxThera IP AB (Sweden)

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	01/08/2018	20/02/2019	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes