

BOSSA Study: Bosentan for the treatment of Steroid-resistant Pulmonary Sarcoidosis

Submission date 31/08/2010	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 27/09/2010	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 01/11/2018	Condition category Haematological Disorders	<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

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Additional identifiers

Study information

Scientific Title
Randomised placebo-controlled, double-blind, exploratory trial of Bosentan for Steroid-resistant Pulmonary Sarcoidosis: the BOSSA Study

Acronym
BOSSA

Study objectives
To assess the safety and efficacy of a treatment with bosentan in steroid-resistant sarcoidosis.

Ethics approval required

Old ethics approval format

Ethics approval(s)

The Ethics Committee of University Hospital Basel approved on the 29th May 2007 (ref: Nr. 71 /07)

Study design

Randomised placebo controlled phase II study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Sarcoidosis with pulmonary involvement

Interventions

Patients will be randomised to receive

1. Bosentan

2. Placebo

62.5 mg Twice daily (BID) for 4 weeks followed by 125 mg BID for 11 months.

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Bosentan

Primary outcome(s)

1. Safety as measured by severe adverse events (SAEs) and necessity to stop bosentan due to increases liver enzymes

2. Efficacy at 12 months as measured by:

2.1. Overall response rate as defined by a 10% improvement of either TLC, DLCO, VO₂ peak, endurance time at 75% of VO₂ peak or 6-min walk distance (6MWD)

or

2.2. A decrease in the HRCT-score greater than or equal to and absence of worsening by at least 10% in any functional parameters and absence of an increase in the HRCT-score greater than or equal to 2

Key secondary outcome(s)

1. Overall adverse events, reported during the regular visits of the patients at the centres

2. Changes in QoL, measured by SF-36 questionnaire

3. Decrease in expression of genes associated with fibroproliferation

4. Efficacy at 3, 6 and 9 months

Completion date

31/12/2012

Eligibility

Key inclusion criteria

1. Biopsy-proven sarcoidosis with pulmonary involvement stages II, III, (IV) according to Silzbach
2. Persistent symptoms on long-term oral corticosteroids (greater than 2 months; 5 mg prednisone or equivalent and/or other immunosuppressive agents)
3. Aged greater than 18 years
4. Informed written consent
5. Impaired exercise capacity (oxygen uptake [VO₂] peak less than 80%) or resting lung functions (forced expiratory volume in one second [FEV₁], forced vital capacity [FVC] or diffusing capacity of the lung for carbon monoxide [DLCO] less than 80%)

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Systemic illness other than sarcoidosis requiring immunosuppressive therapy
2. Honey combing greater than 10% on High Resolution Computed Tomography [HRCT] scan
3. Marked disturbance of liver enzymes at baseline
4. Pregnancy
5. Relevant psychiatric illness or addictive disorder
6. Previous or current treatment with bosentan
7. Therapy with cyclosporine A

Date of first enrolment

01/10/2007

Date of final enrolment

31/12/2012

Locations

Countries of recruitment

Switzerland

Study participating centre
University Hospital Basel
Basel
Switzerland
4031

Sponsor information

Organisation
University Hospital Basel (Switzerland)

ROR
<https://ror.org/04k51q396>

Funder(s)

Funder type
Industry

Funder Name
Actelion Pharma Schweiz AG (Germany)

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	28/10/2018		Yes	No