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Retreatment of chronic hepatitis C patients with pegylated interferon (IFN), ribavirin and amantadine; a pilot study to establish if initial drop in viral load is predictive for sustained virological response

Submission date
14/02/2006

Recruitment status
No longer recruiting

Registration date
14/02/2006

Overall study status
Completed

Last Edited
25/02/2021

Condition category
Infections and Infestations

[_] 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

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Study information

Scientific Title
Retreatment of chronic hepatitis C patients with pegylated interferon (IFN), ribavirin and amantadine; a pilot study to establish if initial drop in viral load is predictive for sustained virological response

Acronym
VKF2

Study objectives
In this study are patients with chronic hepatitis C with a previous virological relapse or a virological non response to IFN or IFN/Ribavirin combination therapy, with a high induction dose of pegylated Interferon combined with Ribavirin and Amantadine. Subsequently a lower dose pegylated Interferon combined with Ribavirin and Amantadine is given to the patients. The aim of the study is to determine if a drop in viral load in the first 4 weeks of treatment is predictive for virological sustained response.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Primary study design
Interventional

Study design
Randomised controlled trial

Study type(s)
Not Specified

Health condition(s) or problem(s) studied
Hepatitis C

Interventions
This study will be an open pilot study. Data will be analysed on an intention to treat basis.
Eighty patients will be included.
All patients:
2 weeks Intron A (3 x 6 MU daily), Ribavirin (1000-1200 mg daily) and Amantadine (200 mg daily),
2 weeks Intron A (3 x 3 MU daily), Ribavirin (1000-1200 mg daily) and Amantadine (200 mg daily),
2 weeks Intron A (2 x 3 MU daily), Ribavirin (1000-1200 mg daily) and Amantadine (200 mg daily).
After 6 weeks of induction therapy, 3 groups of patients will be divided according to their viral load decline.
Viral load decline calculated by the equation:
Viral load decline = Viral load at day 0 – Viral load at week 4
Viral load expressed in log.

Group 1, non responders: =/< 0.5 log decline in viral load
Group 2, slow responders: >0.5 - <3 log decline in viral load
Group 3, rapid responders: >/= 3 log decline in viral load

Non-responders (group 1) and slow responders (group 2):
42 weeks: Pegylated Interferon 1.5 microgram/kg/week, Ribavirin 1000-1200 mg a day, Amantadine 200 mg a day.
Treatment will be stopped at week 28 when patients are still HCV-RNA positive at week 24 of treatment.

Rapid responders (group 3):
Patients will be randomised to receive either:
Group 3A: 22 weeks treatment: Pegylated Interferon 1.5 microgram/kg/week, Ribavirin 1000-1200 mg a day, Amantadine 200 mg a day
OR
Group 3B: 42 weeks treatment: Pegylated Interferon 1.5 microgram/kg/week, Ribavirin 1000-1200 mg a day, Amantadine 200 mg a day
Treatment will be stopped at week 28 in all patients who are HCV-RNA positive at week 24 of treatment.

Intervention Type
Drug

Phase
Not Specified

Drug/device/biological/vaccine name(s)
pegylated interferon, ribavirin and amantadine.

Primary outcome(s)
To determine if initial drop in viral load is predictive for virological sustained response.

Key secondary outcome(s)
To determine if other co-factors i.e. viral load or HCV genotype are predictive for sustained virological response.

Completion date
01/01/2007

Eligibility

Key inclusion criteria
1. Patients with a chronic hepatitis C virus (HCV) infection, with virological relapse, or with virological non response to previous antiviral therapy diagnosed by
a. Anti-HCV positive
b. Serum HCV-RNA positive by polymerase chain reaction (PCR)
2. Patients who have not used antiviral or immune modulating therapy, including interferon, in the previous 6 months
3. Male and female patients >18 and <65 years of age
4. Patients who have given written informed consent after a detailed explanation of the study by the investigator

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Total final enrolment
100

Key exclusion criteria
1. Patients who are pregnant and patients (male or female) who are not willing to practise adequate contraception during the treatment period and up to 6 months after ending the treatment period
2. Patients who are HBsAg or HIV antibody positive or are unwilling to have these tests done
3. Patients with decompensated cirrhosis (e.g. albumin <32 g/l, PTT prolonged >4 s, bilirubin > upper limit of normal, AT III <60%, ascites, gastrointestinal [GI] bleeding, encephalopathy)
4. Patients with a history of intravenous (iv) drug use within 6 months prior to entry
5. Patients with any clinically significant systemic disease other than liver disease (e.g. malignant disease, congestive heart failure, uncontrolled diabetes mellitus, renal failure [serum creatinine >181 micromol/ml], or autoimmmune disease)
6. Patients with a history of auto-immune hepatitis
7. Patients using immune modulating treatment during the 6 months prior to study entry
8. Patients with a history of hypersensitivity to any component of the study drugs
9. Patients with pre-existing bone marrow depression such as hematocrit <32%, white blood cell count <3.0 x 10^9/l, granulocytes <10%, platelets <100 x 10^9/l, neutrophil count <1.5 x 10^9 or Hemoglobin <8.1 mmol/l for males and <7.5 mmol/l for females
10. Patients with severe depression or other psychiatric illness
11. Patients with a history of epilepsy, or other clinically significant central nervous system (CNS) dysfunction
12. Patients with any condition, that in the opinion of the investigator, might interfere with the outcome of the study

Date of first enrolment
01/01/2002

Date of final enrolment
01/01/2007

Locations

Countries of recruitment
Netherlands

Study participating centre
Academic Medical Center (AMC)
Amsterdam
Netherlands
1100 DD

Sponsor information

Organisation
Academic Medical Center (AMC), Department of Gastroenterology, AMC Liver Center (The Netherlands)

ROR
https://ror.org/03t4gr691

Funder(s)

Funder type
Industry

Funder Name
Schering-Plough

Alternative Name(s)

Funding Body Type
Private sector organisation

Funding Body Subtype
For-profit companies (industry)

Location
United States of America

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	01/04/2008	25/02/2021	Yes	No