Current ILD studies recruiting @ UHS Feb 2019 (6)

1. RECITAL

- A randomised double blind controlled trial comparing rituximab against IV cyclosphosphamide in CTD-ILD
- Recruitment target 0 (2 so far)
- Overall aims:
    - Demonstrate IV rituximab has superior efficacy to current best treatment (IV cyclophosphamide) for CTD-ILD
    - Compare safety profile of rituximab to IV cyclophosphamide for CTD-ILD
    - Assess the health economic benefits of rituximab
    - Evaluate a range of exploratory biomarkers for disease severity, prognosis and treatment response in CTD-ILD
- Eligibility – CTD diagnosis of systemic sclerosis, idiopathic inflammatory myopathy, or mixed CTD, and associated ILD
- Interventions – rituximab 1000mg at day 0 and 14 (week 4 to week 20 patients will receive placebo) versus cyclophosphamide 600mg/m2 body surface area every 4 weeks day 0 to week 20 (at day 14 the group will receive placebo)
- Primary outcome – change in FVC at 24 weeks
- Secondary outcome – safety, change in DLCO, change in 6MWD, change in QOL scores and change in FVC at 48 weeks

2. MA39189 'unclassified ILD'

- Phase 2 trial of pirfenidone in patients with unclassifiable progressive fibrosing ILD
- Recruitment target 1-2
- Objective – evaluate the efficacy and safety of pirfenidone in patients with fibrosing ILD who cannot be classified with moderate to high confidence into any other category of fibrosing ILD by MDT
- Primary outcome – effect of pirfenidone versus placebo on lung function parameters (rate of decline in FVC mls by daily spirometer over 24 week double blind treatment period
- Inclusion criteria – 18-85 with ocnfirmed fibrosing ILD which cannot be classified after MDT with high or moderate confidence into a specific idiopathic interstitial pneumonia or other defined ILD. Progressive disease defined by deterioration within past 6 months (decline FVC > 5% or significant symptoms worsening not due to cardiac, pulmonary, vascular or other causes. Fibrosis > 10% on HRCT. FVC > 45% predicted value. DLCO > 30%. FEV1 > 0.7 and 6MWD >150 metres
- Exclusion – lots

3. TRAIL 1

- Phase 2 study on tolerability and efficacy of pirfenidone in patients with rheumatoid arthritis ILD
- Recruitment target 6-8 To date: 0 (6 screen failures)
- Objectives – assess efficacy and safety of pirfenidone 2403mg/day compared to placebo in RA-ILD. Epxlore the role of peripheral biomarkers in predicting disease progression and survival in RA-ILD. Epxlore questionairres.
- Endpoint – Primary composite endpoint of decline from baseline in percent predicted FVC > 10% or death during the 52 week treatment period.

- Participant duration 15 months (screening 1-2 months, treatment 12 months, follow up 1 month)
- Inclusion criteria – 18 through 85 with probable or definite RA and diagnosis ILD FVC ≥ 40% ≤ 100% DLCO ≥ 30% ≤ 100%
- Highlight study to rheumatology colleagues

4. Celegene CC-90001-IPF

- Phase 2, 24 week, randomised, double blind, placebo-controlled, multicentre study followed by 28 week treatment extension to evaluate the efficacy and safety of CC-90001 in subjects with IPF (FVC 80-95% predicted)
- Recruitment target 3 (2 so far on active treatment arm)
- Primary objective – evaluate effectiveness of CC-90001 at 200mg and 400mg compared with placebo using FVC percent predicted after 24 weeks
- Secondary objectives
    - FVC in mL
    - 6MWT
    - Disease progression
    - SGRQ and university of california san diego-SOB questionairre
    - Dose response
    - Safety and tolerability
- Exploratory objectives
    - FVC at 24-52 weeks
    - DLCO
    - Death
    - Quantitative lung fibrosis score based on chest HRCT

5. RESP35997 (B.I. phase 1c study)

- Safety, tolerability and pharmacokinetics of multiple rising doses of BI 1015550 in patients with IPF on no background antifibrotic (part 1) and safety and tolerability of BI 1015550 on top of Nintedanib/Pirfenidone (part 2)
- Recruitment targets: Total 2 (Part 1 and Part 2). To date: 0
- BI1015550 is a selective inhibitor of phosphodiesterase 4B isoenzyme
- Inclusion criteria
    - Male or female > 40 with IPF
    - FVC > 50% predicted DLCO 30-80%
    - For Part 1 patients NOT on nintedanib/pirfenidone. Part 2 – current treatment with nintedanib/pirfenidone for 12 weeks prior to visit 1
- Exclusion criteria
    - Concomitant disease clinically relevant (GI, hepatic, renal, respiratory, cardiovascular, metabolic, immunological, hormonal)
    - Cholecystectomy or surgery of the GIT that could interfere with pharmacokinetics (PK) (except appendicectomy)
    - Infections
    - Allergy
    - Positive faecal occult blood (no retest)
- Duration 29-85 days
- 2-3 overnight stays
- Standardised meals. Alcoholic beverages not permitted 7 days prior to trial meds until last PK sample at day 14. Grapefruit and orange juices not permitted throughout study duration.

6. REHAB-IPF

- Single arm pilot-feasibility study investigating safety, tolerability and adherence to an individualised cycle based exercise training programme
- Recruitment Target 6: 3 completed 1 screened due to start 3 screen failures
- Cardiopulmonary exercise testing (CPET) used to design personalised interval based training programme
- Inclusion criteria: Confirmed MDT diagnosis of IPF, MRC 1-3, clinically stable for 3 months
- Exclusion criteria: FEV1/FVC <0.7, use of ambulatory/long term oxygen, completion of pulmonary rehab within 6 months prior to recruitment
- Outpatient based exercise training programme. Twice a week for 8 weeks with all visits at Southampton.
- Primary outcome: Change in constant work-rate exercise test
- Secondary outcomes: Lung function, 6 MWD, AT and VO2 peak, Health-related quality of life scores
- Exploratory outcomes: Blood biomarkers of IPF and oxidative stress