Multicenter, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate Safety, Tolerability, and Efficacy of Ixekizumab in Patients from 6 to Less than 18 Years of Age with Moderate-to-Severe Plaque Psoriasis

Published: 13-03-2017
Last updated: 12-04-2024

Co-Primary- to assess whether ixekizumab Q4W is superior to placebo at Week 12 (Visit 7) in the treatment of pediatric subjects(children and adolescents) with moderate-to-severe plaque psoriasis as measured by PASI 75 and by sPGA (0,1)Gated...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Epidermal and dermal conditions
Study type	Interventional

Summary

ID

NL-OMON45268

Source
ToetsingOnline

Brief title
I1F-MC-RHCD

Condition

- Epidermal and dermal conditions

Synonym
Plaque Psoriasis

Research involving

Human

Sponsors and support

Primary sponsor: Eli Lilly
Source(s) of monetary or material Support: Eli Lilly

Intervention

Keyword: Ixekizumab, Moderate-to-Severe Plaque Psoriasis, Patients from 6 to Less than 18 Years

Outcome measures

Primary outcome

Proportion of subjects achieving PASI 75.

Proportion of subjects achieving sPGA (0,1).

Secondary outcome

Proportion of subjects achieving PASI 90.

Proportion of subjects achieving sPGA (0).

Proportion of subjects achieving PASI 100.

Proportion of subjects achieving PASI 75.

Proportion of subjects achieving sPGA (0,1).

Improvement *4 for subjects who had a baseline Itch NRS score *4.

Study description

Background summary

Pediatric plaque Ps affects approximately 1% of children and adolescents globally (Gelfand et al. 2005; Napolitano et al. 2016). It is estimated that 35% to 50% of adults with psoriasis developed their disease before 20 years of age (De Jager et al. 2009). In a report by Gelfand et al. (2005), the prevalence of plaque Ps in children in the United Kingdom was 0.55% for those aged 0 to 9 years and 1.37% for those aged 10 to 19 years. Pediatric

plaque Ps is especially burdensome because it often presents on the face and scalp, as well as other highly visible areas. Nonbiologic
topical therapies have been the mainstay of treatment due to lack of approved therapies for plaque Ps in children. Currently, there are few systemic therapies for pediatric plaque Ps, and most have significant side effects or are not as effective as desired (Bronckers et al. 2015).
Currently, there is an unmet medical need for effective and safe therapies for children and adolescents with moderate-to-severe psoriasis. Both the PIP and Pediatric Study Plan will focus on pediatric subjects with moderate-to-severe plaque Ps from 6 to <18 years of age.
This study will explore specific response in the Pediatric Population. The risks and benefits in the Pediatric Population are expected to be similar to those in adults with plaque Ps. There is no specific difference in the mechanism of the disease; therefore, no difference in the safety profile is expected between adults, adolescents, and children.

Study objective

Co-Primary
- to assess whether ixekizumab Q4W is superior to placebo at Week 12 (Visit 7) in the treatment of pediatric subjects
(children and adolescents) with moderate-to-severe plaque psoriasis as measured by PASI 75 and by sPGA (0,1)

Gated Secondary
- to assess whether ixekizumab Q4W is superior to placebo at Week 12 as measured by:
* - PASI 90
* - sPGA (0)
* - PASI 100
* - PASI 75
* - sPGA (0,1)
* - Itch NRS

Other Secondary
- to assess whether ixekizumab Q4W is superior to placebo
- to summarize the efficacy of ixekizumab Q4W at Week 24 (Visit 10) and Week 48 (Visit 16) as measured by:
* - PASI 75
* - sPGA (0,1)
* - PASI 90
* - sPGA (0)
* - PASI 100
- to evaluate the potential development of anti-ixekizumab antibodies and its impact on subject efficacy of ixekizumab
- to measure ixekizumab exposure and characterize the pharmacokinetics of ixekizumab in pediatric subjects

- to assess the relationship between exposure and efficacy and exposure and immunogenicity
- to assess the safety of ixekizumab
- to compare the efficacy of ixekizumab Q4W and etanercept at Week 12 (Visit 7) as measured by PASI 75 and by sPGA (0,1) in countries where etanercept is approved

Study design

Study I1F-MC-RHCD is a Phase 3, multicenter, double-blind, randomized, placebo-controlled study examining the effects of ixekizumab versus placebo in subjects from 6 to <18 years of age with moderate-to-severe plaque Ps (Psoriasis Area and Severity Index [PASI] score *12, sPGA *3, and body surface area [BSA] *10% at screening and baseline). There is an active-controlled (etanercept) portion of the study design detailed in Protocol Addendum I1F-MC-RHCD(2).

Intervention

The intervention differs per indication and weight of the patient:

patients with moderate psoriasis will enter the 2:1 (ixekizumab vs placebo) arms. They will receive :
based on the weight of the patients Ixekizumab (20,40 or 80 mg) once every 4 weeks or placebo once every 4 weeks during period 2. All patients will receive ixekizumab (20,40 or 80 mg) during period 3. In period 4 patients can be re-randomized to ixekizumab (20,40 or 80 mg) once every 4 weeks or placebo once every 4 weeks.

patients with severe psoriasis will enter the 2:2:1 (ixekizumab, etanercept or placebo) arms. They will receive :
based on the weight of the patients Ixekizumab (20,40 or 80 mg) once every 4 weeks, Etanercept (0.8 mg/kg, not exceeding 50 mg per dose) or placebo once every 4 weeks during period 2. All patients will receive ixekizumab (20,40 or 80 mg) during period 3. In period 4 patients can be re-randomized to ixekizumab (20,40 or 80 mg) once every 4 weeks or placebo once every 4 weeks.

Study burden and risks

there are several risks involved with Ixekizumab. The most common side effects are: infections, heart problems, cancer, allergic reactions. For the complete overview of all side effects of Ixekizumab, please refer to the IB.

There are risks involved with Etanercept, including the risk of infections, allergic reactions, blood disorders, nerve disorders, signs of heart failure or wordening of heart failure, signs of cancers and signs of autoimmune

reactions. for the complete overview, please refer to the SPC of Etanercept.

The subject will undergo a number of study procedures which may also be accompanied by certain risks and finally there may be unknown risks.

Pediatric plaque Ps affects approximately 1% of children and adolescents globally (Gelfand et al. 2005; Napolitano et al. 2016). It is estimated that 35% to 50% of adults with psoriasis developed their disease before 20 years of age (De Jager et al. 2009). In a report by Gelfand et al. (2005), the prevalence of plaque Ps in children in the United Kingdom was 0.55% for those aged 0 to 9 years and 1.37% for those aged 10 to 19 years. Pediatric plaque Ps is especially burdensome because it often presents on the face and scalp, as well as other highly visible areas. Nonbiologic topical therapies have been the mainstay of treatment due to lack of approved therapies for plaque Ps in children. Currently, there are few systemic therapies for pediatric plaque Ps, and most have significant side effects or are not as effective as desired (Bronckers et al. 2015).
Currently, there is an unmet medical need for effective and safe therapies for children and adolescents with moderate-to-severe psoriasis

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adolescents (12-15 years)
Adolescents (16-17 years)
Children (2-11 years)

Inclusion criteria

- Males and females from 6 years to <18 years of age.
- Have a diagnosis of moderate-to-severe plaque-type Ps for at least 6 months prior to baseline (Week 0; Visit 2), as determined by the investigator.
- Have PASI score *12 and a sPGA *3 and body area involved *10% of whole body surface at screening (Visit 1) and baseline (Week 0; Visit 2).
- Are candidates for phototherapy or systemic treatment of Ps (may be either naive or have a prior history of previous treatment) or have Ps considered by the investigator as poorly controlled with topical therapy.

Exclusion criteria

- Pustular, erythrodermic, and/or guttate forms of Ps or have drug induced psoriasis.
- Have used any therapeutic agent targeted at reducing IL-17.
- Previously treated with etanercept (Note: criteria applicable to all countries)
- Concurrent or recent use of any biologic agent within the following washout periods: 1) Adalimumab and infliximab *60 days, abatacept >90 days, anakinra >7 days, or any other biologic DMARD >5 half-lives prior to baseline
- Systemic therapy for Ps and PsA (other than above, eg, MTX, cyclosporine), phototherapy (eg, PUVA) in the previous 4 weeks; 2) Any investigational drugs in the previous 4 weeks or 5 half-lives, whichever is longer; 3) UVA-therapy, UVB-therapy; topical treatments (except in face, scalp, and genital area during screening) in the previous 4 weeks.
- Have latent TB, active TB, acute or chronic viral hepatitis, active infection (within 4 weeks of baseline), history of immune deficiency syndrome, history of malignancy, History of major immunologic reaction, history of sepsis or risk of sepsis.

Study design

Design

Study phase: 3

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	23-11-2017
Enrollment:	4
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Enbrel
Generic name:	etanercept
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Taltz
Generic name:	Ixekizumab
Registration:	Yes - NL outside intended use

Ethics review

Approved WMO

Date:	13-03-2017
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date:	02-08-2017
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date:	04-08-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	11-09-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	25-09-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	28-11-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	04-12-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	04-01-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	23-01-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	26-02-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	07-03-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	

Date:	30-04-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	11-02-2019
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	29-07-2019
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	27-08-2019
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	25-03-2020
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	16-04-2020
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
EudraCT	EUCTR2016-003331-38-NL
CCMO	NL60216.091.17