# A Long-Term Extension Study to Evaluate the Safety of Filgotinib in Subjects with Ulcerative Colitis

Published: 16-08-2017 Last updated: 15-04-2024

The primary objective of this study is:\* To observe the long-term safety of filgotinib in subjects who have completed or met protocol specified efficacy discontinuation criteria in a prior Gilead-Sponsored filgotinib treatment study in UCThe...

**Ethical review** Approved WMO **Status** Recruitment stopped

**Health condition type** Gastrointestinal inflammatory conditions

Study type Interventional

## **Summary**

#### ID

NL-OMON52973

#### Source

ToetsingOnline

#### **Brief title**

GS-US-418-3899

#### **Condition**

Gastrointestinal inflammatory conditions

#### **Synonym**

ulceration of the colon, Ulcerative Collitis

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Galapagos NV

Source(s) of monetary or material Support: Gilead Sciences Inc.

#### Intervention

**Keyword:** Filgotinib, Ulcerative Collitis

#### **Outcome measures**

#### **Primary outcome**

Efficacy will be evaluated in terms of changes in partial MCS.

#### **Secondary outcome**

**NVT** 

# **Study description**

#### **Background summary**

Ulcerative colitis (UC) is a chronic, intermittent, relapsing disease characterized by inflammation

of the colonic mucosa, which is limited to the colon and rectum. The disease characteristically

commences in the rectum and may extend proximally in an uninterrupted pattern into the colon.

It can involve the entire colon (pan-colitis), the left colon, or isolated recto-sigmoid disease with

patients being equally distributed in those 3 phenotypes. In the United States (US), the

prevalence of UC has been estimated to be 238 per 100,000 adults {Kappelman et al 2007}.

Europe has the highest reported prevalence values for inflammatory bowel disease (IBD; 505 per 100,000 persons for UC and 322 for Crohn\*s Disease [CD]). The incidence and prevalence of inflammatory bowel disease (IBD) appear to be increasing over time globally. The hallmark symptoms of the disease are bloody diarrhea, rectal urgency, and tenesmus. The clinical coursetends to wax and wane with periods of remission interspersed with periods of active disease. Ulcerative colitis may also be associated with extra-intestinal manifestations including ocular

lesions, skin lesions, arthritis, and primary sclerosing cholangitis. The exact pathophysiology is

not known, but a combination of genetic predisposition and environmental factors appear to

contribute to a disordered immune response in these patients {Rutgeerts et al 2005}.

In addition to the abdominal pain and frequent passage of bloody stools that impact activities of

daily living and quality of life for patients with UC, the disease also carries with it an increased

risk of colorectal cancer due to the chronic inflammation associated with the disease {Velayos et

al 2006}. With poorly controlled

disease, the rate of developing colorectal cancer increases with time. Ten years after diagnosis,

the cumulative probability of developing colorectal cancer is 2% and increases to 18% after

30 years. Overall, the risk of a UC patient developing colorectal cancer may be as high as

23-fold compared to the general population {Triantafillidis et al 2009}. Thus, UC represents a

serious, life-threatening disease for which new therapies are needed to interrupt the inflammatory

process to prevent disease progression and risk of colorectal cancer.

Treatment of UC is dependent on the severity and the location of disease. Goals of treatment

include improved quality of life, reduction in long-term corticosteroid use, and minimization of

cancer risk. Mild to moderate distal colitis may be treated with oral aminosalicylates, topical

mesalamine, or topical steroids {Kornbluth et al 2010}. For moderate disease, oral

corticosteroids, and immunomodulators such as azathioprine and 6-mercaptopurine (6-MP) may

be utilized {Danese et al 2011}. For more moderate to severe disease, patients are commonly

treated with a tumor necrosis factor-alpha (TNF $\alpha$ ) antagonist infusion or injection such as

infliximab (Remicade®), adalimumab (Humira®), and golimumab (Simponi®). Vedolizumab

(Entyvio®), an injectable integrin  $\alpha 4\beta 7$  monoclonal antibody, is also approved for moderately to

severely active disease. Ustekinumab (Stelara®, CNTO 1275; an IL-12 and IL-23 monoclonal.

antibody), tofacitinb (CP-690,550; JAK1 and JAK3 inhibitor), etrolizumab (PRO145223;

monoclonal antibody targeting the  $\beta 7$  subunit of the heterodimeric integrins  $\alpha 4\beta 7$  and  $\alpha E\beta 7$ ), and

ozanimod (RPC1063; selective S1P1 and S1P5 receptor agonist) are currently being tested in

Phase 3 clinical trials. Despite several classes of treatment options for patients with UC, there remains an unmet

medical need, particularly in the treatment of moderately to severely active

disease. Agents with

novel mechanisms of action that target the inflammatory cascade, with oral dosing and

acceptable immunomodulatory and hematologic effects, remain the most promising option to

address these unmet needs.

### Study objective

The primary objective of this study is:

\* To observe the long-term safety of filgotinib in subjects who have completed or met protocol specified efficacy discontinuation criteria in a prior Gilead-Sponsored filgotinib treatment study in UC

The secondary objective of this study is:

\* To evaluate the effect of filgotinib on partial Mayo Clinic Score (MCS)

The exploratory objectives of this study are:

- \* To evaluate the association of clinical response (based on partial MCS) on systemic or localized inflammatory biomarkers (eg, including but not limited to C-reactive protein [CRP], fecal calprotectin, fecal lactoferrin, and fecal MMP-9)
- \* To evaluate health-related quality of life (HRQoL)

#### Study design

Long-term extension study to evaluate the safety of filgotinib administered to subjects with UC.

#### Intervention

NVT

#### Study burden and risks

Please refer to the risks section in the ICF for a full overview of the risks associated with Filgotinib.

# **Contacts**

#### **Public**

Galapagos NV

Generaal De Wittelaan L11 A3

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Mechelen 2800 BE

#### Scientific

Galapagos NV

Generaal De Wittelaan L11 A3 Mechelen 2800 BE

## **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years)

#### Inclusion criteria

- 1) Must have the ability to understand and sign a written ICF, which must be obtained prior to
- initiation of study procedures associated with this trial
- 2) Must have enrolled in Gilead-sponsored UC parent protocol GS-US-418-3898
- 3) Must have completed all required procedures or met protocol specified efficacy
- discontinuation criteria in a prior Gilead-sponsored filgotinib treatment study for UC
- 4) Females of childbearing potential must have a negative pregnancy test at Day 1 and must
- agree to continued monthly pregnancy testing during use of filgotinib treatment
- 5) Male subjects and female subjects of childbearing potential who engage in heterosexual
- intercourse must agree to use protocol specified method(s) of contraception
- 6) Willingness to refrain from live or attenuated vaccines during the study and for 12 weeks
- after last dose of study drug

#### **Exclusion criteria**

1) Subjects who are discontinued from a parent study for reasons other than disease worsening,

or lack of response or remission; eg, subjects who discontinue for safety or tolerability issues

are not eligible for the present study.

- 2) Known hypersensitivity to the study drug
- 3) Any chronic medical condition (including, but not limited to, cardiac or pulmonary disease,

alcohol or drug abuse) that, in the opinion of the Investigator, would make the subject

unsuitable for the study or would prevent compliance with the study protocol

4) Females who may wish to become pregnant and/or plan to undergo egg donation or egg

harvesting for the purpose of current or future fertilization during the course of the study and

for at least 35 days of the last dose of the study drug

- 5) Male subjects unwilling to refrain from sperm donation for at least 90 days after the last dose
- of study drug
- 6) Males or females of reproductive potential who are unwilling to abide by protocol-specified

contraceptive methods

7) Use of prohibited concomitant medications as outlined in the protocol

# Study design

## **Design**

Study phase: 3

Study type: Interventional

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: Placebo

Primary purpose: Treatment

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 07-12-2017

Enrollment: 10

Type: Actual

## Medical products/devices used

Product type: Medicine
Brand name: Filgotinib
Generic name: Filgotinib

## **Ethics review**

Approved WMO

Date: 16-08-2017

Application type: First submission

Review commission: METC NedMec

Approved WMO

Date: 06-11-2017

Application type: First submission

Review commission: METC NedMec

Approved WMO

Date: 05-12-2017

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 22-02-2018

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 12-06-2018

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 12-07-2018

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 14-01-2019

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 30-01-2019

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 13-03-2019

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 21-03-2019

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 08-10-2019

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 20-12-2019

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 19-05-2020

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 23-10-2020

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 27-10-2020

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 10-10-2021

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 23-11-2021

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 16-12-2021

Application type: Amendment

Review commission: METC NedMec

Approved WMO

Date: 01-06-2022

Application type: Amendment

Review commission: METC NedMec

# **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 EUCTR2016-002765-58-NL

ClinicalTrials.gov NCT02914535

Register

ID

CCMO

NL58871.041.16