

MINUTES
Arthritis Research UK Autoimmune Rheumatic Disease Clinical Trials
Subcommittee
Friday, 28th May 2010 (4.30 – 6.15 pm)

Held in The Rimington Room, Room 227, 2nd Floor
The Windeyer Building,
46 Cleveland Street, London W1T 4JF

Present:

David Jayne
Simon Bowman
Patrick Gordon
Chris Denton
Caroline Gordon
David D’Cruz
David Isenberg
Joanne Koukis

1. Apologies for absence were received from:

There were no apologies.

2. Minutes of the last meeting

The minutes of the last meeting were approved.

3. Committee Structure and Contribution (*David I*)

David I discussed the question of “refreshing and renewing” the committee. Over the next three years, it was agreed that approximately at nine-monthly intervals, two members of the current committee would be replaced. In January 2011, Caroline Gordon and David Jayne representing SLE and Vasculitis will step down to be replaced, we hope, by Ian Bruce and Raashid Luqmani (David I will write to ask them if they are willing to join the Committee); in September 2011, David D’Cruz and Chris Denton will likewise step down (to be replaced by Munther Khamashta and Ariane Herrick respectively) and in June 2012 Simon Bowman and Patrick Gordon will step down (to be replaced by Dr Wan-fai Ng and Neil McHugh respectively).

David I also reminded the committee that it is a very hard working committee and depends on its members making an effective and speedily responses when asked to comment on individual grants and proposals.

4. The Capability Clusters and a recent MRC Clinical Trials Initiative - some

‘connecting rods’ with the Arthritis Research UK ARD Sub-Committee (*David I*)
David I reviewed the situation with regard to the capability clusters and mentioned in the MRC clinical trials initiative. The latter will focus almost

exclusively on rheumatoid arthritis. The capability clusters seems to be the brain child of Andy Burnham and Sir John Bell. In essence, it is one of a number of attempts to improve the establishment of clinical trials in the UK which are in need of a major boost.

Following a meeting in London, approximately three months ago, nine centres have now been shortlisted as those centres most likely to make a contribution to working closely with the major pharmaceutical companies and getting clinical trials off the ground. These efforts are likely to include the studies of several of the diseases covered in our sub-committee, hence our interest. Alan Silman, Medical Director of Arthritis Research UK, has been closely involved in the development of this initiative and certainly wants members of the sub-committee to be actively involved in encouraging establishment of novel clinical trials.

5. Updates from the individual diseases:

a) *Vasculitis (David J)*

David Jayne reviewed the proposal to treat patients with relapsing ANCA associated vasculitis with rituximab. He mentioned that two trials will be published shortly indicating the effectiveness of rituximab in the induction phase of ANCA associated vasculitis. This proposed study will focus on those patients whose problem is of a relapsing nature. It will also make use of two biomarkers, those patients who have a positive cANCA after six months of induction therapy and those patients in whom a CT8 transcriptin has been identified. David J had obtained three international peer review comments, all of which were strongly in favour and David J was encouraged to produce a full application in advance of our next meeting in October, so that any further final feedback could be given to him to optimise the chance of this study being supported when submitted by November 30th (the deadline date is actually December 1st 2010 for the next full funding round).

David J also reviewed the application by Dr Bhaskar Das Gupta to use leflunomide in the treatment of patients with giant cell arteritis. The committee had very kindly provided several comments, including concerns about the outcome measures to be used (and how they have been validated), a concern that the dose of prednisolone suggested, was too high for the elderly population and concerns about the statistics. These data will be fed back to Dr Das Gupta by David J and we would hope to receive an improved provisional application in the near future which will then be sent out for external peer review.

(b) *Sjogren's (Simon B)*

Simon Bowman confirmed that the TRACTISS study is proceeding well to the 'start line'. The protocol has virtually been finalised and is now rather similar to a French study with respect to its inclusion and exclusion criteria in particular. It is likely that a formal Ethics application will be

made in July and he hopes the study will start in 2011. Simon also confirmed that Stefan Fedele is continuing to try to get the support of a clinical trials unit in order to progress his study (of the use of an intra-oral electric stimulator). David I confirmed that this study might well receive dual support from Arthritis Research UK and the HTA.

(c) *Myositis (Patrick G)*

Patrick Gordon reviewed the studies going on in myositis. The UK interest group, MYONET, now meets twice a year. Members of this group have been involved in European genetic and autoantibody study and a European study of methotrexate versus placebo, though this appears to be under funded.

David I encouraged this group to pursue an attempt to study the cardiovascular aspects of cardiovascular risks in patients with myositis and asked Patrick to encourage the group to come up with some further ideas for clinical trials.

(d) *Scleroderma (Chris D)*

Chris Denton reviewed the application for the use of Tocilizumab in the early stages of active diffuse systemic sclerosis. This proposal has been circulated to the Committee and several comments have been passed back to Chris. He confirmed that Roche are supportive and that although the trial as a whole may cost £400,000, the funding should be derived from different sources. In any event, Chris was encouraged to produce an improved version of the synopsis protocol with a view to David I seeking external peer review, again, in the hope that a close to final document can be produced for consideration at our next meeting early October. There was a brief discussion about the use of Sildenafil in the treatment of ulcers and Chris mentioned that a committee has been established to make recommendations about its use.

(e) *SLE (Caroline G)*

Caroline Gordon reviewed the current clinical trials work in lupus. Encouragingly, Lee Suan-Teh has got approval for the quality of life sensitivity to change study which is likely to start in September with a one year recruitment period. However, she and David Jayne have confirmed that at present, the use of rituximab in CNS lupus trial is “on the back burner”. She and David I mentioned that the BILAG group is discussing the use of rituximab either for the treatment of patients with lupus who have failed two conventional immunosuppressive drugs or in those patients just diagnosed with lupus. Further discussions of the BILAG group are required before this can be taken forward.

(f) *APS (David D)*

David D'Cruz described the proposed study to treat patients with thrombotic antiphospholipid syndrome comparing warfarin (standard therapy) versus new oral coagulance Dabigatran or Rivaroxaban. This proposal has received encouraging external peer review and David D has been encouraged to contact the applicants, principally, Dr Hannah Cohen and Dr Munther Khamashta to produce a full application, again in time for our meeting in October for discussion there prior to submission at the end of November.

6. **Any Other Business**

There was no other business.

7. **Date of next meeting/s**

The dates of the next two meetings of the Arthritis Research UK ARD Sub-Committee have been determined as **Friday, 8th October 2010 and Friday, 7th January 2011**, both starting at 4.30pm in the Rimington Room, The Windeyer Building.