PLEASE NOTE: *This study has been imported from ClinicalTrials.gov without additional data checks.*

Trial Description

Title

SB012 for the Treatment of Active Ulcerative Colitis (SECURE): a Prospective, Single-centre, Randomised, Double-blind, Placebo-controlled Phase IIa Clinical Trial to Evaluate the Efficacy, Pharmacokinetics, Tolerability, and Safety of SB012 Enema Administered Once Daily

Trial Acronym

SECURE

URL of the trial

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Brief Summary in Lay Language

Ulcerative colitis (UC) represents one of the major entities of idiopathic inflammatory bowel diseases which are defined as chronically relapsing inflammations of the gastrointestinal tract not due to specific pathogens. It is characterised by a superficial, continuous mucosal inflammation, which predominantly affects the large intestine. The clinical course is typically marked by periods of asymptomatic remission punctuated by unpredictable recurrent attacks. The symptoms of the patients are marked by persistent diarrhoea with severe faecal urgency and often incontinence, rectal bleeding, abdominal cramping and weight loss.

Uncontrolled activation of mucosal effector T cells has been identified as the main pathogenic mechanism involved in the initiation and perpetuation of intestinal inflammatory reactions.

Patients with moderate UC are initially treated with mesalazine, applied both orally and rectally. If symptoms do not improve, systemic corticosteroids are to be administered. Patients who do not respond to systemic corticosteroids may become eligible for treatment with a calcineurin inhibitor or an anti-tumor necrosis factor (TNF)α antibody. Alternatively, patients may have to undergo major colorectal surgery.

Patients who do not adequately respond to these treatment strategies exhibit serious drawbacks. Colorectal surgery may result in a severely compromised quality of life.

Therefore, patients with moderate or severe UC may significantly benefit from new therapeutic alternatives.

The transcription factor GATA-3 is an interesting target for a novel therapeutic strategy in UC.

GATA-3 is the key regulation factor of Th2-driven immune responses. It is indispensable for the differentiation and activation of Th2 cells, integrates Th2 signals, and induces Th2 cytokine expression. Results of a recent clinical trial in children showed that GATA-3 is involved in the pathogenesis of the acute phase of UC.

The investigational product SB012 contains the DNAzyme hgd40 that targets GATA-3. By cleaving GATA-3 mRNA hgd40 reduces specific cytokine production and thereby reduces key features of mucosal inflammation.

DNAzymes are completely generated by chemical synthesis, not by use of any living organism and are therefore not biological drugs.

This study will evaluate the efficacy, safety, tolerability and pharmacokinetics of the topical formulation SB012 available in a concentration of 7.5mg/ml hgd40 in 30ml PBS once daily as a ready-for-use enema in patients with active UC.

Brief Summary in Scientific Language

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Organizational Data

- DRKS-ID: **DRKS00007193**
- Date of Registration in DRKS: **2015/06/09**
- Date of Registration in Partner Registry or other Primary Registry: **2014/04/30**
- Investigator Sponsored/Initiated Trial (IST/IIT): **no**
- Ethics Approval/Approval of the Ethics Committee: **[---]***
- (leading) Ethics Committee Nr.: **[---]***

Secondary IDs

- Primary Registry-ID: **NCT02129439 (ClinicalTrials.gov)**
- Sponsor-ID: <style fontName='DejaVu Sans' isBold='true'>SB012/01/2013 (Sterna Biologicals GmbH & Co. KG)</style>

Health condition or Problem studied

- Free text: **Colitis, Ulcerative**
- ICD10: **K51 - Ulcerative colitis**

Interventions/Observational Groups

- Arm 1: **Drug: SB012**
- Arm 2: **Drug: Placebo**

Characteristics

- Study Type: **Interventional**
- Study Type Non-Interventional: **[---]***
- Allocation: **Randomized controlled trial**
- Blinding: **[---]***
- Who is blinded: **investigator/therapist, assessor**
- Control: **Placebo**
- Purpose: **Treatment**
- Assignment: **Parallel**
- Phase: **I-II**
- Off-label use (Zulassungsüberschreitende Anwendung eines Arzneimittels): **[---]***

Primary Outcome

- Efficacy: Total Mayo score (4 weeks comparison); time frame: Baseline (Visit 2) to day 28 (Visit 7) (28 days); Change in Total Mayo score after 4 weeks of treatment compared to baseline value in the active treatment group (SB012) versus placebo. The Total Mayo score is a 13-point ordinal scale for the assessment of concurrent severity of ulcerative colitis. It comprises four components: stool frequency, rectal bleeding, endoscopic findings and physician's global assessment of disease severity. Each component has four grades ranging from 0 to 3. The Total Mayo score ranges from 0 to 12, with 12 representing the most severe disease.

Secondary Outcome

- Efficacy: Total Mayo score (8 weeks comparison); time frame: Baseline (Visit 2) to End-of-Study Visit10 (56 days); Change in Total Mayo score 8 weeks after start of treatment compared to baseline value in the active treatment group (SB012) versus placebo.
- Efficacy: Endoscopic Mayo score (4 and 8 weeks comparison); time frame: Baseline (Visit 2) to Visit 7 and Visit 10 (28 and 56 days); Change in Endoscopic Mayo score 4 and 8 weeks after start of treatment compared to baseline value in the active treatment group (SB012) versus placebo.
The Endoscopic Mayo score represents a subscore of the Total Mayo score and consists of the endoscopic findings. It ranges from 0 to 3.
Normal or inactive disease 0 Mild disease (erythema, decreased vascular pattern, mild friability) 1 Moderate disease (marked erythema, absent vascular pattern, friability, erosions) 2 Severe disease (spontaneous bleeding, ulceration) 3
- Efficacy/Pharmacodynamics: Glucocorticoid consumption; time frame: Baseline (Visit 2) to day 56 End of Study Visit 10 (56 days); Change in systemic glucocorticoid consumption (measured as Defined Daily Dose) 8 weeks after start of treatment compared to baseline value in the active treatment group (SB012) versus placebo.
- Safety: Treatment Emergent Adverse Events (AE) and Serious Adverse Events (SAE); time frame: Visit 1 (Screening) to Visit 10 (End of Study - 56 days) or Visit X (Early Study Termination); Number of treatment-emergent AEs and SAEs in the active treatment group (SB012) versus placebo in patient´s overall study period.

Countries of recruitment

- DE **Germany**

Locations of Recruitment

- **Department of Medicine 1 - Gastroenterology, Pneumology and Endocrinology, University clinic Erlangen, Germany, Erlangen**

Recruitment

- Planned/Actual: **[---]***
- (Anticipated or Actual) Date of First Enrollment: **2014/04/30**
- Target Sample Size: **18**
- Monocenter/Multicenter trial: **[---]***
- National/International: **[---]***

Inclusion Criteria

- Gender: **Both, male and female**
- Minimum Age: **18 Years**

Gender: **Both, male and female**

Minimum Age: **18 Years**

■ Maximum Age: **75 Years**

Additional Inclusion Criteria

The trial population consists of adult subjects of both sexes with active ulcerative colitis aged 18 to 75 years.

The main inclusion criteria comprise:

- Fully capable to give informed consent.

- Mentally able to understand the nature, significance, implications and risks of the clinical trial and to follow instructions of the trial staff.

- Written informed consent

- Clinical Mayo Score of ≥3

- Total Mayo Score of ≥6

- Endoscopic Mayo score ≥2 in the sigmoid

- Body mass index ≥18.0 to ≤29.0kg/m2 and body weight ≥50 to ≤100kg

- Negative urine pregnancy test (female subject only)

- Using two methods of contraception

Exclusion criteria

- Colectomy and presence of ileal pouch-anal anastomosis or ileorectal anastomosis

- Diagnosis of ulcerative proctitis, fulminant colitis, toxic megacolon, of colitis indeterminata or Crohn's disease

- Ileostoma

- Anti-TNFα treatment with adalimumab, certolizumab, etanercept, golimumab, or infliximab ≤4 weeks prior to screening visit.

- Change in systemic glucocorticoid treatment ≤1 weeks prior to screening visit

- Change in 5-Aminosalicylic Acid (ASA) therapy ≤1 week prior to screening visit

- Start of treatment with an immunosuppressive agent ≤3 months prior to screening visit

- Change in treatment with an immunosuppressive agent ≤4 weeks prior to baseline visit

- Planned concomitant therapeutic administration of suppositories or foams or enema other than the IMP.

- Impaired blood coagulation (Quick value <50% and/or partial thromboplastin time (PTT) >55sec and/or platelet count <50.000/µl.)

- Signs of renal insufficiency

- Signs of hepatic insufficiency.

- Current treatment with drugs of high hepatotoxic potential.

- Evidence of recent alcohol abuse.

- Acute or chronic heart failure with NYHA functional class III or IV.

- Known active tuberculosis.

- Known acute serious infections or sepsis.

- Known current malignant disease.

- Positive blood test against HBs antigen, anti-HBc antibodies, anti-HCV antibodies or anti-HIV-1/2 antibodies.

- Known opportunistic infections including invasive fungal infections.

- Known hypersensitivity to the IMP or any of their formulation ingredients.

- Any condition that is thought to reduce the compliance to cooperate with the trial procedures.

- Employee of the department of the investigator, of the Center for Clinical Studies (CCS) or of the sponsor.

- Prior participation in this clinical trial.

- Participation in an interventional clinical trial within the last three months (six months in case of a biological IMP) or be under the exclusion period from another clinical trial.

- Known or planned absence that may collide with the clinical trial visit schedule.

Addresses

- **Primary Sponsor**

  Sterna Biologicals GmbH & Co. KG

  Telephone: **[---]***
  Fax: **[---]***
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  URL: **[---]***

- **Contact for Scientific Queries**

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  URL: **[---]***

Sources of Monetary or Material Support

- **[---]***

  Bitte wenden Sie sich an den Sponsor / Please refer to primary sponsor

  Telephone: **[---]***
  Fax: **[---]***
  E-mail: **[---]***
  URL: **[---]***

Status

- Recruitment Status: **Recruiting ongoing**

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- Study Closing (LPLV): **[---]***

Trial Publications, Results and other documents

The parameters in ClinicalTrials.gov and DRKS are not identical. Therefore the data import from ClinicalTrials.gov required adjustments. For full details please see the DRKS FAQs.

- Translation on version: 1

- Last processed date by ClinicalTrials.gov: 2014/11/05

* *This entry means the parameter is not applicable or has not been set.*

*** *This entry means that data is not displayed due to insufficient data privacy clearing.*