

## **Renal Association Clinical Trials Committee Meeting**

**Friday 25<sup>th</sup> January 2008; CTSU; Oxford**

### **Meeting Minutes**

#### **Attendees:**

Jo Adu; Colin Baigent (Chair); Lorraine Harper; Richard Haynes; Neil Iggo; Natalie Ives; David Jayne; Phil Kalra; Martin Landray; Chris McIntyre; Matt Morgan (SpR Club Representative); Kazem Rahimi; Christina (Kirsty) Reith (Minutes); Caroline Savage; Michael Walsh; Keith Wheatley; David Wheeler

#### **Apologies:**

Steve Powis; Rob Preston; Nick Webb

### **1. Structure and Function of the Clinical Trials Committee (CTC)**

Christina (Kirsty) Reith is a Clinical Research Fellow working with the new committee chair (Colin Baigent), and was introduced as Secretary for the group. She will act as the main point of reference for any queries/communication within the CTC.

Given that there is now extensive trial activity within UK nephrology, it was thought that it was timely to review the structure and function of the Committee so that it can engage with the Renal Association membership effectively, as well as raising the profile of the UK as both a national and international platform for renal trial development. It was agreed that the function of the CTC is to advise on trial-related issues (such as study design and statistical considerations), and that individuals planning a trial are welcome to attend meetings whilst they are active in planning and running their study. It was clarified that, whilst interaction with the CTC is not essential prior to applying for KRUK funding, it would be likely to result in a more competitive application. It was also clarified that whilst the CTC would be one method of accessing expertise in renal trials, it was not the only method, and that some queries would be outwith the scope/remit of the Committee.

It was discussed whether the CTC should include members from industry/the commercial sector. It was agreed that whilst it may be a good idea to have a representative from industry, that the CTC should primarily focus on independently conducted academic trials.

It was agreed that awareness of the CTC should be promoted within the Renal Association through its web-site and newsletters.

### **2. Special Topics Briefing: ASTRAL**

Phil Kalra and Keith Wheatley introduced the ASTRAL statistician (Natalie Ives) to the group. ASTRAL was presented to the Committee. The announcement of the ASTRAL results is now imminent, and an open meeting is planned for the 14<sup>th</sup> March 2008 in Birmingham. It is anticipated that the cardiac sub-study results will be announced in November 2008. Abstracts have been submitted to several major meetings this year including the ERA-EDTA in Stockholm, the RA/BRS meeting in Glasgow and the ASN in Philadelphia. The CTC congratulated the ASTRAL team on its achievement, and highlighted the study as a major success for KRUK and the MRC who jointly funded most of the study. ASTRAL has applied to KRUK for a further grant for long-term study follow-up.

The study's recruitment success and budget were compared to the US Cardiovascular Outcomes in Renal Atherosclerotic Lesions (CORAL) study. ASTRAL's concise protocol and the simplicity of its CRF were highlighted as important factors in its recruitment success. Similarities were also drawn between ASTRAL and the SHARP trial in terms of the extensive planning and long-term commitment required in conducting such large multi-centre studies. The renal network built up by ASTRAL (and SHARP) was seen as an important precedent for getting large numbers of UK renal units involved in future trial collaborations.

### **3. UK Kidney Research Consortium**

Caroline Savage briefed the CTC on the UK Kidney Research Consortium. The aim is for this Consortium to link in with the UK Clinical Research Network: <http://www.ukcrn.org.uk/>, since nephrology is not currently represented in the UKCRN.

### **4. New Renal Trials**

Talks were presented in relation to 5 proposed trials as summarised below:

#### **UK-REN-1**

Kazem Rahimi presented a proposal for a randomised pilot study looking at the use of beta-blockers in stage 4 CKD/dialysis patients. The main purpose of the pilot study is to assess tolerability/feasibility of beta blocker use in such patients, with a view to rolling the pilot study through to a main study to assess the impact of beta blockers on vascular events. UK-REN-1 has submitted an application to the HTA for funding, and its Steering Committee will have its inaugural meeting on the 8<sup>th</sup> February 2008.

#### **Dialysate Cooling Study**

Chris McIntyre presented a proposal for a randomised pilot study looking at the effect of dialysate cooling on myocardial ischaemia in incident HD patients. A funding application has already been submitted to the BHF and MRC. There are plans to recruit 2 Clinical Research Fellows at Derby to help run this study.

#### **3C Study**

Richard Haynes presented this proposed randomised trial of Campath-based induction therapy versus standard care for renal transplant recipients, with a comparison of sirolimus-based maintenance therapy versus tacrolimus-based maintenance therapy. Funding is being sought from the HTA and industry. It is planned that study participants will be followed indefinitely through the use of registries.

#### **PEXIVAS study**

Michael Walsh presented a proposal for a 2x2 factorial blinded international randomised controlled trial of glucocorticoids and plasma exchange in ANCA associated vasculitis. The CTC discussed the proposed RRR of 40% and sample size estimation. It was suggested that it would be worthwhile exploring whether the sample size could be increased, possibly by expanding the number of centres and countries involved.

#### **STOP IgAN trial**

Colin Baigent presented this study on behalf of Jürgen Floege/John Feehally, who had asked for the CTC's opinion on this study's protocol. STOP IgAN is a proposed randomised, prospective, multi-centre, open-label trial of supportive versus immunosuppressive therapy for the treatment of progressive IgA nephritis study, which uses the Pozzi regimen. The CTC agreed that the study's sample size was unrealistic, and that the protocol was overly complex. All agreed that there was potentially a medical need for a trial in IgA nephropathy, but that the protocol proposed for STOP IgAN was not the best way to address this important question. Colin Baigent will convey the CTC's opinion back to John Feehally. It was suggested that a feasibility questionnaire to UK nephrologists regarding a possible future trial in IgA nephropathy may be a useful exercise to gauge potential interest in such a study.

### **5. Review of progress in ongoing trials**

Kirsty Reith introduced the spreadsheet she had created summarising renal trial activity in the UK. It was explained that the spreadsheet incorporates filters so that it is possible to quickly search for trials by e.g. therapy area (e.g. transplant), or by study status (e.g. planned, ongoing or completed). The spreadsheet includes multi-national trials with UK centres. It was agreed that the spreadsheet should be posted on the Renal Association web-site under the CTC section, and that its existence should be highlighted in the RA newsletter. It is planned that Kirsty Reith will aim to update the spreadsheet e.g. every 6 months so that this becomes an easily accessible and up-to-date summary of UK nephrological trial activity. The

CTC were asked to check any entries pertaining to their field of work, and to inform Kirsty Reith of any trials that had been missed off the spreadsheet.

## **6. Renal Association/British Renal Society Annual Meeting**

This is scheduled for the 14-16th May 2008 in Glasgow. Colin Baigent explained that the CTC had a 75 minute session ('Proposal for a UK-based randomized controlled trial of beta-blockers in advanced chronic kidney disease and dialysis patients') scheduled for Thursday 15<sup>th</sup> May 1045 – 1200h. Professor John McMurray (Professor of Medical Cardiology, Division of Cardiovascular Medicine, University of Glasgow) will give a background talk and there will be a presentation of the UK-REN-1 study protocol.

## **7. UK Nephrology Trials Meeting**

The CTC discussed the possibility of hosting a future Nephrology Trials Meeting in the. All agreed this was a good idea. It was thought that a suitable time to have such a meeting would be January/February 2009, since this is less likely to clash with other major academic meetings. Oxford was proposed as a potential meeting venue. The frequency of any such meetings in the future was discussed and there was support for this becoming an annual event if it proved popular. It was thought to be important that such a meeting would have a varied programme aimed at both consultants and SpRs, so as to encourage future career development encompassing renal trials. A possible 2-day programme was suggested, as well as involvement of speakers from outwith nephrology such as speakers from the MHRA/MREC to talk about regulatory considerations for trials, or a speaker from Cancer Research UK to talk about their approach to increasing patient engagement in trials. It was agreed that industry sponsorship/involvement would be allowed with certain limitations.

## **8. AOB**

- David Jayne informed the CTC that he is the Principal Investigator of a Genzyme phase I study among patients with refractory Focal Segmental Glomerulosclerosis. This study uses a monoclonal antibody which is a TGF $\beta$  blocker. At present, 2 UK centres are involved in this study: Cambridge and Birmingham. He requested that the CTC and its web-site is used as a forum for referring all such FSGS patients to Cambridge or Birmingham for treatment (all costs will be covered). David Jayne will explore whether the study protocol/synopsis is available for wider dissemination/ posting on the CTC web-site.
- On behalf of Robert Unwin (UCL), David Wheeler informed the CTC of a study called Oxthera which is a phase 2/3 randomized, double-blind, placebo-controlled, multi-centre study to evaluate the efficacy and safety of Oxabact to reduce urinary oxalate in subjects with primary hyperoxaluria. This study is also actively recruiting.
- The frequency with which the CTC should meet was discussed. Colin Baigent explained that Stuart Rodger (Treasurer to the Renal Association) had proposed that the CTC should aim to meet at the RA/BRS meeting (as opposed to having separate meetings). All agreed that this would prove difficult in practical terms, and that separate meetings were preferable. Colin Baigent will convey this to Stuart Rodger. The CTC plans to meet twice a year in the future.

## **Next CTC Meeting:**

This is planned for September 2008 in Oxford; exact details to be confirmed.

## RA CTC Minutes

### Summary of action points:

<b>Action</b>	<b>CTC member</b>
Check details on renal trials spreadsheet and convey any changes required to C. Reith.	All
Update RA CTC web-site details and ensure CTC mentioned in next RA newsletter. Upload updated renal trials spreadsheet onto CTC web-site. Ensure that actively recruiting trials are promoted on the RA web-site.	C. Reith
Convey CTC opinion re. STOP IgAN trial to John Feehally.	C. Baigent
Preliminary research into feasibility of a UK Nephrology Trials Meeting in Q1 2009 in Oxford.	C. Baigent M. Landray
Disseminate study protocol/synopsis for Genzyme phase I study re. FSGS.	D. Jayne
Convey future CTC plans to meet to Stuart Rodger.	C. Baigent
Arrange date for next CTC meeting.	C. Reith