Jun 11, 2021

Eligibility (Part 4 of Safety and Efficacy of Imatinib for Preserving Beta-Cell Function in New-onset Type 1 Diabetes Mellitus)

In 1 collection

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 dx.doi.org/10.17504/protocols.io.bvc4n2yw

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ABSTRACT

This is Part 4 of "Safety and Efficacy of Imatinib for Preserving Beta-Cell Function in New-Onset Type 1 Diabetes Mellitus".

This clinical study is supported by JDRF. The aim of the collection is to determine whether imatinib will slow the progression of the autoimmune destruction of ß cells and lead to the preservation of C-peptide secretion in T1DM and to assess Diabetes-related objectives and safety of Imatinib in new-onset type 1 diabetes mellitus".

ATTACHMENTS

dngubkeaf.pdf

DOI

dx.doi.org/10.17504/protocols.io.bvc4n2yw

PROTOCOL CITATION

Stephen.Gitelman , Jeffrey A. Bluestone 2021. Eligibility (Part 4 of Safety and Efficacy of Imatinib for Preserving Beta-Cell Function in New-onset Type 1 Diabetes Mellitus). **protocols.io** https://dx.doi.org/10.17504/protocols.io.bvc4n2yw

COLLECTIONS

Collection of Protocols and Guidelines for Safety and Efficacy of Imatinib for Preserving Beta-cell Function in New-onset Type 1 Diabetes Mellitus

KEYWORDS

Safety, Efficacy, Imatinib, Beta-cell function, New-Onset Type 1 Diabetes Mellitus

CREATED

May 28, 2021

LAST MODIFIED

Jun 11, 2021

Citation: Stephen.Gitelman , Jeffrey A. Bluestone (06/11/2021). Eligibility (Part 4 of Safety and Efficacy of Imatinib for Preserving Beta-Cell Function in New-onset Type 1 Diabetes Mellitus). https://dx.doi.org/10.17504/protocols.io.bvc4n2yw

OWNERSHIP HISTORY

May 28, 2021 Urmilas

Jun 03, 2021 Stephen.Gitelman

PROTOCOL INTEGER ID

50300

PARENT PROTOCOLS

Part of collection

Collection of Protocols and Guidelines for Safety and Efficacy of Imatinib for Preserving Beta-cell Function in New-onset Type 1 Diabetes Mellitus

GUIDELINES

4.1 INCLUSION CRITERIA

Patents must meet all of the following criteria:

1. Males and females age 12–45 years of age who meet the ADA standard T1DM criteria.
2. Positive for at least one islet cell autoantibody (glutamate decarboxylase; insulin, if obtained within 10 days of the onset of insulin therapy; ICA 512-antibody; and/or ICA or ZnT8).
3. Diagnosis of T1DM within 100 days of Visit 0.
4. Peak stimulated C-peptide level >0.2 pmol/mL following an MMTT.
5. Participants of childbearing age who are sexually active must agree to use an effective form of birth control (e.g., barrier method, oral contraception, or surgery). For females, these contraceptive measures must be maintained throughout the study; for males these measures must be followed for a minimum of 3 months after discontinuation of imatinib therapy.

4.2 EXCLUSION CRITERIA

Patients must not meet any of the following criteria:

1. Prior history of any significant cardiac disease such as congestive heart failure, myocardial infarction, arrhythmia, or structural defects or suspicion thereof.
2. Leukopenia (<3,000 leukocytes/μL), neutropenia (<1,500 neutrophils/μL), or thrombocytopenia (<125,000 platelets/μL).
3. Low Hemoglobin (baseline hemoglobin below the lower limit of normal)
4. Prior history of anaphylaxis, angioedema or serious cutaneous drug reactions
5. Any sign of significant chronic active infection (e.g., hepatitis, tuberculosis, EBV, CMV, or toxoplasmosis), or screening laboratory evidence consistent with a significant chronic active infection (such as positive for HIV, PPD/IGRA, or HBSAg). Significant acute infections must be resolved before treatment may commence, e.g., acute respiratory tract, urinary tract, or gastrointestinal tract infections.
6. Anticipated ongoing use of diabetes medications other than insulin that affect glucose homeostasis, such as metformin, sulfonylureas, thiazolidinediones, glucagon-like peptide 1 (GLP-1) mimetics, dipeptidyl peptidase IV (DPP-IV) inhibitors, or amylin.
7. Prior or current treatment that is known to cause a significant, ongoing change in the course of T1DM or immunologic status, including high-dose inhaled, extensive topical or systemic glucocorticoids.
8. Evidence of liver dysfunction, with alanine aminotransferase (ALT) or aspartate aminotransferase (AST) >2.0 times the upper limit of normal persistent for 1 week or greater.
9. Evidence of renal insufficiency as indicated by serum creatinine of >1.2 times the upper limit of normal confirmed in a repeat test at least 1 week apart.
10. Evidence of clinically significant metabolic bone disease (except adequately treated rickets).
11. Females who are pregnant at the time of screening, breastfeeding or unwilling to defer pregnancy during the 24-month study period. (Female participant must be at least 100 days postpartum before enrollment into study).
12. Prior treatment with imatinib or related tyrosine kinase inhibitor.
13. Unable to avoid medications that affect CYP3A4: either inducers that may decrease imatinib levels, or inhibitors

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that may increase drug concentrations. (Refer to section 1.5.1.12 for a complete list of inducers and inhibitors.)

14. Height standard deviation score ≥2 standard deviations below mean (participants of growing-age potential)
15. Any sign of QT prolongation on Visit -1 ECG (> 450 ms in males and > 470 ms in females).
16. Known coagulation disorders or use of anticoagulants
17. Current and anticipated on-going treatment with drugs that may increase or decrease imatinib plasma concentrations (CYP3A4 family inhibitors or inducers) or drugs that may have their plasma concentration altered by imatinib (drugs metabolized by CYP3A4/5 and CYP2D6).
18. Any condition that, in the investigator's opinion, may compromise study participation or may confound the interpretation of the study results.

4.3 PREMATURE TERMINATION OF A PARTICIPANT FROM THE STUDY

Prematurely terminated participants will be asked to remain in the study and participate in follow-up. If study treatment is discontinued, the medical monitor should be notified. Participants who prematurely terminate from the study will not be replaced.

Withdrawal of consent. Participants who withdraw consent will be asked to participate in follow-up. If the participant does not consent to follow-up visits, they should complete an end-of-study visit, which will include all the assessments listed for Visit 11 in Appendix 1.

Failure to return. Participants who do not return for visits and who do not respond to repeated attempts by the site staff to have them return will be considered lost to followup.

Investigator judgment. A severe or serious AE occurs, which, based on the medical judgment of the investigator, prevents completion of participation in the study.

INCLUSION CRITERIA

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2 Positive for at least one islet cell autoantibody (glutamate decarboxylase; insulin, if obtained within 10 days of the onset of insulin therapy; ICA 512-antibody; and/or ICA or ZnT8).

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EXCLUSION CRITERIA

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17 Prior treatment with imatinib or related tyrosine kinase inhibitor.

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