

HAART followed by maintenance with monotherapy - Kaletra (MAIMOKA)

Submission date 27/01/2006	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 27/01/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 13/10/2008	Condition category Infections and Infestations	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English Summary

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Dr W.F.W. Bierman

Contact details

VU University Medical Center
Department of Internal Medicine
P.O. Box 7057
Amsterdam
Netherlands
1007 MB
+31 (0)6 5261 8250
w.bierman@vumc.nl

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

NTR436

Study information

Scientific Title

A randomised controlled trial in human immunodeficiency virus (HIV) positive patients comparing the efficacy of lopinavir/ritonavir monotherapy versus conventional triple therapy

Acronym

MAIMOKA

Study hypothesis

Not provided at time of registration

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from the local medical ethics committee

Study design

Multicentre, randomised, active controlled, parallel group trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Condition

Human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS)

Interventions

Experimental arm:

96 weeks of lopinavir/ritonavir; the normal dose of lopinavir/ritonavir 400/100 mg twice daily (BID) will be increased if necessary, depending on trough lopinavir plasma level.

Control arm:

96 weeks of continuation of pre-inclusion triple therapy (HAART).

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Lopinavir/ritonavir,

Primary outcome measure

Therapy failure, defined as having a viral load of higher than 400 copies per ml on two consecutive moments in time separated by at least four weeks.

Secondary outcome measures

Genotypic resistance of the virus in multiple compartments (plasma, semen, cerebrospinal fluid [CSF]).

Overall study start date

01/10/2005

Overall study end date

01/10/2008

Eligibility

Participant inclusion criteria

1. Subject is HIV-1-infected
2. Subject is on a first or second line antiretroviral therapy consisting of either one protease inhibitor (PI) or one non-nucleoside reverse transcriptase inhibitors (NNRTI) and at least two nucleoside reverse transcriptase inhibitors (NRTIs)
3. Subject has a HIV-1 ribonucleic acid (RNA) load less than 50 copies/ml for at least three months
4. Ethylenediaminetetraacetic acid (EDTA) plasma from before initiation of first or second line antiretroviral therapy is available for genotyping
5. Subject is at least 18 and not older than 65 years of age
6. Subject is able and willing to sign the informed consent form prior to screening evaluations

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

240

Participant exclusion criteria

1. Any mutation in the protease at codon 32, 46, 47, 48, 50, 54, 82, 84 or 90 or more than two mutations in the protease at codon 10, 20, 24, 33, 53, 63, 71, 73

2. Any protease inhibitor regimen failure
3. Any of the following mutations in the reverse transcriptase: M41L, D67N, K70R, L210W, T215Y or T215F, K219Q, K219E, or K65R
4. History of sensitivity/idiosyncrasy to lopinavir/ritonavir
5. Relevant history or current condition that might interfere with drug absorption, distribution, metabolism or excretion
6. Inability to understand the nature and extent of the trial and the procedures required
7. Pregnant female (as confirmed by a human chorionic gonadotropin [HCG] test performed less than three weeks before the first dose) or breast-feeding female
8. Hepatitis B surface antigen (HBsAg) positive hepatitis B infection
9. Abnormal serum liver enzymes or creatinine, determined as levels being greater than three times upper limit of normal
10. Fasting plasma triglyceride level greater than 3.0 mmol/l (= 265.8 mg/dl) in non-Kaletra containing regimens despite the use of lipid lowering drugs
11. Fasting plasma total cholesterol level greater than 6.2 mmol/l (= 239.9 mg/dl) in non-Kaletra containing regimens despite the use of lipid lowering drugs
12. Concomitant use of medications that interfere with lopinavir pharmacokinetics

Recruitment start date

01/10/2005

Recruitment end date

01/10/2008

Locations

Countries of recruitment

Netherlands

Study participating centre

VU University Medical Center

Amsterdam

Netherlands

1007 MB

Sponsor information

Organisation

Vrije University Medical Centre (VUMC) (The Netherlands)

Sponsor details

Van der Boechorststraat 7

Amsterdam

Netherlands

1081 BT

Sponsor type

Hospital/treatment centre

Website

<http://www.vumc.nl>

ROR

<https://ror.org/00q6h8f30>

Funder(s)**Funder type**

Industry

Funder Name

Abbott International

Results and Publications**Publication and dissemination plan**

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration