Clinician - PACT
New Clinical Trial and Research

Trial title	**The TELO-SCOPE Study: Attenuating Telomere Attrition with Danazol. Is there Scope to Dramatically Improve Health Outcomes for Adults and Children with Pulmonary Fibrosis.**
Trial synopsis	TELO-SCOPE is a national, multi-centre, double-blind, placebo-controlled, randomised (2:1) trial which will test the hypothesis that, compared to placebo, the addition of danazol to standard of care in pulmonary fibrosis associated with short telomeres (PF-ST) is safe and will result in reduced telomere attrition.
Investigational medicinal product, comparator and randomisation	Danazol in addition to standard of care (e.g. pirfenidone or nintedanib). Background antifibrotic therapy is allowed as drug pharmacokinetics do not predict interactions or additive hepatotoxicity, but these will be a key focus of the safety assessments. Danazol:Placebo = 2:1
Disease target	All fibrotic lung disease.
Sponsor	University of Queensland.
Duration	12 months.
Trial Status	Not yet recruiting
Trial phase	Phase II
Key inclusion criteria	• Males and females aged >5 years, able to take capsules orally • Fibrosing interstitial pneumonia (Idiopathic PF, idiopathic non-specific interstitial pneumonia, chronic hypersensitivity pneumonitis, pleuroparenchymal fibroelastosis, unclassifiable interstitial lung disease (ILD)) diagnosed according to the current international guidelines. • Age-adjusted peripheral blood leukocyte telomere length < 10th centile on Flow-FISH • FVC > 40% predicted • D_LCO > 25% predicted • If receiving background pirfenidone / nintedanib, stable dose for 28 days prior to screening • Able to understand and sign a written informed consent form (or legally authorised representative) • Agreement to use a medically approved form of non-hormonal contraception (if of child-bearing potential) *(noting that oral contraceptives are advised not to be used concurrently with danazol)*

Key exclusion criteria	• Actively or imminently listed for lung transplantation. • Undergone, awaiting, or likely to require bone marrow transplantation within 12 months. • Concurrent enrolment in another study. • Females with a positive pregnancy test at screening or currently breastfeeding. • Pelvic infection. • Past jaundice with oral contraceptives. • Undiagnosed abnormal genital bleeding. • Undiagnosed ovarian/uterine masses • Any history of malignancy likely to result in significant disability or likely to require significant medical or surgical intervention within the next 12 months. • History of androgen-dependent tumour. • Any condition other than PF that, in the opinion of the investigator, is likely to result in the death of the participant within the next 12 months. • History of end-stage liver disease or ALT or AST > 3 times the upper limit of normal. • History of end-stage kidney disease requiring dialysis. • Markedly impaired cardiac function. • Known increased risk of or history of thromboembolism (e.g. Factor V Leiden, Protein C or S deficiency). • Uncontrolled hypertension. • Uncontrolled lipoprotein disorder. • Poorly-controlled diabetes mellitus. • History of marked or persistent androgenic reaction to previous gonadal steroid therapy. • History of epilepsy induced or worsened by previous gonadal steroid therapy. • History of raised intracranial pressure. • Known intolerance to danazol. • Porphyria. • Use of any of the following agents within 28 days before screening: danazol or other androgen therapy, warfarin or other anticoagulant, carbamazepine, phenytoin, investigational therapy, cytotoxic therapy, tacrolimus, cyclosporine, simvastatin. • Professional singer due to potential for voice change. • Competitive athletes. • Lactose intolerance. • Prostate specific antigen (PSA) above the upper limit of normal (adult males only).
Primary endpoint	Change in telomere length at 12 months.
Number of participants sought	50.

Clinician - PACT

New Clinical Trial and Research

Lead site(s) in Australia	The Prince Charles Hospital QLD – John Mackintosh
Lead site(s) in New Zealand	Not applicable.
Additional sites	• John Hunter Hospital NSW – Christopher Grainge • Sydney Children's Hospital NSW – Adam Jaffe • Royal Prince Alfred Hospital NSW – Tamera Corte • The Children's Hospital Westmead NSW – Hiran Selvadurai • Royal Adelaide Hospital SA – Paul Reynolds • The Alfred VIC – Ian Glaspole • The Austin VIC – Nicole Goh • Fiona Stanley Hospital WA – Jeremy Wrobel
Contact	pactcoordinator@cre-pf.org.au