

# Non-interventional study of patients with Netherton Syndrome to characterise the natural history of disease (Natural history of Netherton Syndrome)

**First published:** 27/02/2023

**Last updated:** 11/02/2025

Study

Ongoing

## Administrative details

### EU PAS number

EUPAS103733

### Study ID

106711

### DARWIN EU® study

No

### Study countries

☐ Austria

☐ China

☐ France

- ☐ Germany
  - ☐ Italy
  - ☐ Japan
  - ☐ Netherlands
  - ☐ United Kingdom
  - ☐ United States
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## **Study description**

Netherton syndrome (NS) is a rare autosomal recessive disorder that manifests as congenital ichthyosis form erythroderma (CIE) at birth or shortly thereafter. Epidemiological data on NS is scarce with no reliable data on the incidence. At present, there is no approved therapy for NS from a regulatory perspective. Effective management of the symptoms of NS requires a multi-disciplinary approach that targets the specific clinical characteristics of individual patients. In the context of clinical development of spesolimab for NS, a better understanding of the natural history and real-world management and assessment is key to put results from clinical studies in perspective. It is also important to understand the burden of NS in terms of the management of its complications and comorbidities.

A multi-country study with medical chart extraction and new data collection is necessary to reliably identify patients diagnosed with NS in real-world clinical practice settings and to collect data to describe patient characteristics, disease course, treatment patterns, healthcare resource utilisation and clinical outcomes.

As well, to better understand the factors that lead to the high burden of NS, primary data on clinician- and patient-reported outcomes should be collected using validated instruments that measure status and progression of skin and hair conditions and patient's health-related quality of life (HRQoL).

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## **Study status**

Ongoing

## **Research institutions and networks**

## Institutions

### United BioSource Corporation (UBC)

☐ Switzerland

**First published:** 25/04/2013

**Last updated:** 06/03/2024

**Institution**

**Non-Pharmaceutical company**

**ENCePP partner**

## Contact details

### Study institution contact

Irene Pan [irene.pan@ubc.com](mailto:irene.pan@ubc.com)

**Study contact**

[irene.pan@ubc.com](mailto:irene.pan@ubc.com)

### Primary lead investigator

Paula Chakravarti

**Primary lead investigator**

## Study timelines

### Date when funding contract was signed

Planned: 28/02/2023

Actual: 28/02/2023

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**Study start date**

Planned: 28/02/2024

Actual: 09/10/2024

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**Date of interim report, if expected**

Planned: 31/01/2025

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**Date of final study report**

Planned: 30/06/2026

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

Boehringer Ingelheim

## Regulatory

**Was the study required by a regulatory body?**

No

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**Is the study required by a Risk Management Plan (RMP)?**

Not applicable

## Other study registration identification numbers and links

NCT05902663

## Methodological aspects

**Study topic:**

Disease /health condition

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**Study type:**

Non-interventional study

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**Scope of the study:**

Disease epidemiology

**Data collection methods:**

Combined primary data collection and secondary use of data

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**Study design:**

retrospective and prospective cohort

**Main study objective:**

Primary objective: To assess severity of NS by the Ichthyosis Area Severity Index (IASI). Secondary objective: To assess severity of NS by the Investigator Global Assessment – Netherton Syndrome (IGA-NS).

## Study Design

**Non-interventional study design**

Cohort

## Study drug and medical condition

**Medical condition to be studied**

Netherton's syndrome

## Population studied

## **Age groups**

Term newborn infants (0 – 27 days)

Infants and toddlers (28 days – 23 months)

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

Adult and elderly population ( $\geq 18$  years)

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Elderly ( $\geq 65$  years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

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## **Estimated number of subjects**

100

# Study design details

## **Setting**

Inclusion criteria [for Part 1 and Part 2]

1. Confirmed diagnosis of NS by at least one of the following:

Genetic testing of mutations in Serine Protease Inhibitor of Kazal Type 5 (SPINK5);

Absence or major deficiency of the protein Lympho-Epithelial Kazal-Type-Related Inhibitor (LEKTI) inskin biopsy;

Clinical assessment (signs and symptoms).

2. Provision of consent or assent (i.e., by parent or legal guardian) as required by local regulations:

[Part 1] to authorise access to existing medical records for study data collection;

[Part 2] to participate in the longitudinal 52-week evaluation of disease severity and clinical outcome assessments.

[for Part 2 only] 3. Not participating in a clinical trial at the time of study enrolment for Part 2.

Exclusion criteria [for Part 1 and Part 2]

1. Deceased patients and patients whose survival status are not known, who were diagnosed prior to 2002.

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## **Comparators**

N/A

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## **Outcomes**

IASI and its two subscales (IASI-E erythema and IASI-S scaling), Total score of IGA-NS.

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## **Data analysis plan**

There is no pre-specified hypothesis to be tested. Data analysis will be descriptive.

Quantitative variables will be summarised by number of non-missing values (N), mean, standard deviation (SD), standard error of the mean (SE), minimum (min), median, and maximum (max).

Categorical variables will be summarised by counts and percentages for each category.

The primary and secondary outcomes will be analysed descriptively on the overall population as well as for any subgroups deemed appropriate and informative.

Annualised incidence of flares will be calculated overall and for the above subgroups.

## **Data management**

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

### Data sources (types)

[Electronic healthcare records \(EHR\)](#)

[Other](#)

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### Data sources (types), other

Prospective patient-based data collection

## Use of a Common Data Model (CDM)

### CDM mapping

No

## Data quality specifications

### Check conformance

Unknown

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### Check completeness

Unknown

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## **Check stability**

Unknown

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## **Check logical consistency**

Unknown

# Data characterisation

## **Data characterisation conducted**

Unknown