

Trial record 1 of 1 for: NCT00106704

[Previous Study](#) | [Return to List](#) | [Next Study](#)**Sulfonylurea Add-on Study in Patients With Type 2 Diabetes Mellitus (0431-035)****This study has been completed.****Sponsor:**

Merck Sharp &amp; Dohme Corp.

**Information provided by (Responsible Party):**

Merck Sharp &amp; Dohme Corp.

**ClinicalTrials.gov Identifier:**

NCT00106704

First received: March 29, 2005

Last updated: June 4, 2015

Last verified: June 2015

[History of Changes](#)[Full Text View](#)[Tabular View](#)[Study Results](#)[Disclaimer](#)[? How to Read a Study Record](#)**▶ Purpose**

The purpose of this clinical study is to determine the safety and efficacy of an investigational drug in patients with Type 2 diabetes mellitus.

<u>Condition</u>	<u>Intervention</u>	<u>Phase</u>
Diabetes Mellitus, Type 2	Drug: Comparator: Sitagliptin Drug: Comparator: Placebo Drug: Comparator: Pioglitazone	Phase 3

Study Type: **Interventional**Study Design: **Allocation: Randomized****Endpoint Classification: Safety/Efficacy Study****Intervention Model: Crossover Assignment****Masking: Double Blind (Subject, Investigator)****Primary Purpose: Treatment**Official Title: **A Multicenter, Randomized, Double Blind, Placebo-Controlled Study to Evaluate the Safety and Efficacy of the Addition of MK0431 to Patients With Type 2 Diabetes Mellitus Who Have Inadequate Glycemic Control on Glimepiride Alone or in Combination With Metformin****Resource links provided by NLM:**[MedlinePlus](#) related topics: [Diabetes Type 2](#)[Drug Information](#) available for: [Pioglitazone](#) [Pioglitazone hydrochloride](#) [Sitagliptin](#) [Sitagliptin phosphate](#)[U.S. FDA Resources](#)**Further study details as provided by Merck Sharp & Dohme Corp.:**

Primary Outcome Measures:

- Change From Baseline in A1C at Week 24 [ Time Frame: Baseline and 24 Weeks ] [ Designated as safety issue: No ]  
Hemoglobin A1C (A1C) is measured as percent. Thus this change from baseline reflects the Week 24 A1C percent minus the Week 0 A1C percent.

#### Secondary Outcome Measures:

- Change From Baseline in FPG at Week 24 [ Time Frame: Baseline and 24 Weeks ] [ Designated as safety issue: No ]  
The change from baseline is the Week 24 Fasting Plasma Glucose (FPG) minus the Week 0 FPG.

Enrollment: 441  
 Study Start Date: March 2005  
 Study Completion Date: January 2007  
 Primary Completion Date: June 2006 (Final data collection date for primary outcome measure)

<u>Arms</u>	<u>Assigned Interventions</u>
Experimental: Sitagliptin Sitagliptin 10 mg tablet daily for 54 weeks	Drug: Comparator: Sitagliptin sitagliptin 10 mg tablet, once daily for 54 weeks
Placebo Comparator: Placebo/ Pioglitazone Placebo tablet daily for 24 weeks followed by Pioglitazone tablet daily for 30 weeks	Drug: Comparator: Placebo Placebo oral tablet once daily for 24 weeks Drug: Comparator: Pioglitazone Pioglitazone 30 mg tablet once daily for 30 weeks

## ► Eligibility

Ages Eligible for Study: 18 Years to 75 Years  
 Genders Eligible for Study: Both  
 Accepts Healthy Volunteers: No

### Criteria

#### Inclusion Criteria:

- Patients with Type 2 Diabetes Mellitus with inadequate glycemic control

#### Exclusion Criteria:

- Patients with Type 1 Diabetes Mellitus

## ► Contacts and Locations

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the Contacts provided below. For general information, see [Learn About Clinical Studies](#).

Please refer to this study by its ClinicalTrials.gov identifier: NCT00106704

### Sponsors and Collaborators

Merck Sharp & Dohme Corp.

### Investigators

Study Director: Medical Monitor Merck Sharp & Dohme Corp.

## ► More Information

Additional Information:

[MedWatch - FDA maintained medical product safety Information](#) [EXIT](#)

[Merck: Patient & Caregiver U.S. Product Web Site](#) [EXIT](#)

Publications:

[Hermansen K, Kipnes M, Luo E, Fanurik D, Khatami H, Stein P; Sitagliptin Study 035 Group. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor, sitagliptin, in patients with type 2 diabetes mellitus inadequately controlled on glimepiride alone or on glimepiride and metformin. Diabetes Obes Metab. 2007 Sep;9\(5\):733-45. Epub 2007 Jun 26.](#)

Responsible Party: Merck Sharp & Dohme Corp.  
ClinicalTrials.gov Identifier: [NCT00106704](#) [History of Changes](#)  
Other Study ID Numbers: 0431-035 2005\_009  
Study First Received: March 29, 2005  
Results First Received: November 19, 2010  
Last Updated: June 4, 2015  
Health Authority: United States: Food and Drug Administration

Additional relevant MeSH terms:

Diabetes Mellitus	Hormones
Diabetes Mellitus, Type 2	Hormones, Hormone Substitutes, and Hormone Antagonists
Endocrine System Diseases	Hypoglycemic Agents
Glucose Metabolism Disorders	Incretins
Metabolic Diseases	Molecular Mechanisms of Pharmacological Action
Pioglitazone	Pharmacologic Actions
Sitagliptin	Physiological Effects of Drugs
Dipeptidyl-Peptidase IV Inhibitors	Protease Inhibitors
Enzyme Inhibitors	

ClinicalTrials.gov processed this record on April 13, 2016

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Trial record 1 of 1 for: NCT00106704

[Previous Study](#) | [Return to List](#) | [Next Study](#)**Sulfonylurea Add-on Study in Patients With Type 2 Diabetes Mellitus (0431-035)****This study has been completed.****Sponsor:**

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Results First Received: November 19, 2010

<b>Study Type:</b>	Interventional
<b>Study Design:</b>	Allocation: Randomized; Endpoint Classification: Safety/Efficacy Study; Intervention Model: Crossover Assignment; Masking: Double Blind (Subject, Investigator); Primary Purpose: Treatment
<b>Condition:</b>	Diabetes Mellitus, Type 2
<b>Interventions:</b>	Drug: Comparator: Sitagliptin Drug: Comparator: Placebo Drug: Comparator: Pioglitazone

**Participant Flow**[Hide Participant Flow](#)**Recruitment Details****Key information relevant to the recruitment process for the overall study, such as dates of the recruitment period and locations**

First Patient In: 27-Apr-2005. Last Patient Last Visit: 09-Jan-2007. 27 medical clinics in the United States (US), 25 in 11 countries in Europe, and 22 in 11 countries in the rest of the world.

**Pre-Assignment Details****Significant events and approaches for the overall study following participant enrollment, but prior to group assignment**Patients 18-75 years of age with type 2 diabetes mellitus (T2DM) with inadequate glycemic control (hemoglobin A1c [A1C]  $\geq 7.5\%$  and  $\leq 10.5\%$ ) at screening or after treatment with glimepiride ( $\geq 4$  mg) alone or in combination with metformin ( $\geq 1500$  mg) for a dose stable period of up to 10 weeks were eligible to participate.

## Reporting Groups

	Description
<b>Sitagliptin</b>	The Sitagliptin group includes data from patients randomized to receive treatment with oral tablets of sitagliptin 100 mg q.d. (once daily) with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).
<b>Placebo/ Pioglitazone</b>	The Placebo group includes data from patients randomized to receive treatment with placebo to sitagliptin oral tablets q.d. with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).

## Participant Flow: Overall Study

	Sitagliptin	Placebo/ Pioglitazone
<b>STARTED</b>	<b>222</b>	<b>219</b>
<b>COMPLETED</b>	<b>91</b>	<b>68</b>
<b>NOT COMPLETED</b>	<b>131</b>	<b>151</b>
<b>Adverse Event</b>	<b>10</b>	<b>7</b>
<b>Death</b>	<b>2</b>	<b>1</b>
<b>Lack of Efficacy</b>	<b>67</b>	<b>69</b>
<b>Lost to Follow-up</b>	<b>7</b>	<b>3</b>
<b>Pregnancy</b>	<b>1</b>	<b>0</b>
<b>Protocol Violation</b>	<b>4</b>	<b>7</b>
<b>Withdrawal by Subject</b>	<b>14</b>	<b>21</b>
<b>Patient moved</b>	<b>1</b>	<b>0</b>
<b>Site terminated</b>	<b>0</b>	<b>1</b>
<b>Planned major surgery</b>	<b>1</b>	<b>0</b>
<b>Patient Received Glycemic Medication</b>	<b>22</b>	<b>41</b>
<b>Unable to re-enter US</b>	<b>1</b>	<b>0</b>
<b>Laboratory test</b>	<b>1</b>	<b>1</b>

 **Baseline Characteristics**
 Hide Baseline Characteristics

## Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.

No text entered.

## Reporting Groups

	Description
<b>Sitagliptin</b>	The Sitagliptin group includes data from patients randomized to receive treatment with oral tablets of sitagliptin 100 mg q.d. (once daily) with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).
<b>Placebo/ Pioglitazone</b>	The Placebo group includes data from patients randomized to receive treatment with placebo to sitagliptin oral tablets q.d. with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).

<b>Total</b>	Total of all reporting groups
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**Baseline Measures**

	Sitagliptin	Placebo/ Pioglitazone	Total
<b>Number of Participants</b> [units: participants]	<b>222</b>	<b>219</b>	<b>441</b>
<b>Age</b> [units: years] Mean (Standard Deviation)	<b>55.6 (9.6)</b>	<b>56.5 (9.6)</b>	<b>56.0 (9.6)</b>
<b>Gender</b> [units: participants]			
<b>Female</b>	<b>105</b>	<b>102</b>	<b>207</b>
<b>Male</b>	<b>117</b>	<b>117</b>	<b>234</b>
<b>Race/Ethnicity, Customized</b> [units: participants]			
<b>White</b>	<b>136</b>	<b>140</b>	<b>276</b>
<b>Black</b>	<b>10</b>	<b>12</b>	<b>22</b>
<b>Hispanic</b>	<b>39</b>	<b>32</b>	<b>71</b>
<b>Asian</b>	<b>22</b>	<b>25</b>	<b>47</b>
<b>Other</b>	<b>15</b>	<b>10</b>	<b>25</b>
<b>Fasting Plasma Glucose (FPG)</b> [units: mg/dL] Mean (Standard Deviation)	<b>180.9 (37.7)</b>	<b>181.6 (42.5)</b>	<b>181.2 (40.1)</b>
<b>Hemoglobin A1C (A1C)</b> [units: Percent] Mean (Standard Deviation)	<b>8.34 (0.76)</b>	<b>8.34 (0.74)</b>	<b>8.34 (0.75)</b>

**Outcome Measures**

 [Hide All Outcome Measures](#)

1. Primary: Change From Baseline in A1C at Week 24 [ Time Frame: Baseline and 24 Weeks ]

<b>Measure Type</b>	Primary
<b>Measure Title</b>	Change From Baseline in A1C at Week 24
<b>Measure Description</b>	Hemoglobin A1C (A1C) is measured as percent. Thus this change from baseline reflects the Week 24 A1C percent minus the Week 0 A1C percent.
<b>Time Frame</b>	Baseline and 24 Weeks
<b>Safety Issue</b>	No

**Population Description**

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

All Patients Treated included patients who received at least 1 dose of study therapy, and had a baseline value and  $\geq 1$  post-baseline value for

this outcome. The last post-baseline observed measurement was carried forward to Week 24 for patients with no data at Week 24. Data obtained after glycemic rescue were considered missing.

### Reporting Groups

	Description
<b>Sitagliptin</b>	The Sitagliptin group includes data from patients randomized to receive treatment with oral tablets of sitagliptin 100 mg q.d. (once daily) with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).
<b>Placebo/ Pioglitazone</b>	The Placebo group includes data from patients randomized to receive treatment with placebo to sitagliptin oral tablets q.d. with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).

### Measured Values

	Sitagliptin	Placebo/ Pioglitazone
<b>Number of Participants Analyzed</b> [units: participants]	217	208
<b>Change From Baseline in A1C at Week 24</b> [units: Percent] Least Squares Mean (95% Confidence Interval)	-0.45 (-0.57 to -0.34)	0.28 (0.17 to 0.40)

### Statistical Analysis 1 for Change From Baseline in A1C at Week 24

<b>Groups</b> [1]	All groups
<b>Method</b> [2]	ANCOVA
<b>P Value</b> [3]	<0.001
<b>Mean Difference (Net)</b> [4]	-0.74
<b>Standard Error of the mean</b>	(0.08)
<b>95% Confidence Interval</b>	-90.0 to -0.57

[1] Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

[2] Other relevant method information, such as adjustments or degrees of freedom:

Model terms: treatment, stratum (on metformin or not), baseline A1C

[3] Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

No text entered.

[4] Other relevant estimation information:

No text entered.

### 2. Secondary: Change From Baseline in FPG at Week 24 [ Time Frame: Baseline and 24 Weeks ]

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change From Baseline in FPG at Week 24

<b>Measure Description</b>	The change from baseline is the Week 24 Fasting Plasma Glucose (FPG) minus the Week 0 FPG.
<b>Time Frame</b>	Baseline and 24 Weeks
<b>Safety Issue</b>	No

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

All Patients Treated included patients who received at least 1 dose of study therapy, and had a baseline value and  $\geq 1$  post-baseline value for this outcome. The last post-baseline observed measurement was carried forward to Week 24 for patients with no data at Week 24. Data after rescue were considered missing.

#### Reporting Groups

	Description
<b>Sitagliptin</b>	The Sitagliptin group includes data from patients randomized to receive treatment with oral tablets of sitagliptin 100 mg q.d. (once daily) with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).
<b>Placebo/ Pioglitazone</b>	The Placebo group includes data from patients randomized to receive treatment with placebo to sitagliptin oral tablets q.d. with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).

#### Measured Values

	Sitagliptin	Placebo/ Pioglitazone
<b>Number of Participants Analyzed</b> [units: participants]	219	213
<b>Change From Baseline in FPG at Week 24</b> [units: mg/dL] Least Squares Mean (95% Confidence Interval)	-4.4 (-10.2 to 1.4)	15.7 (9.8 to 21.6)

#### Statistical Analysis 1 for Change From Baseline in FPG at Week 24

<b>Groups</b> <sup>[1]</sup>	All groups
<b>Method</b> <sup>[2]</sup>	ANCOVA
<b>P Value</b> <sup>[3]</sup>	<0.001
<b>Mean Difference (Net)</b> <sup>[4]</sup>	-20.1
<b>Standard Error of the mean</b>	(4.2)
<b>95% Confidence Interval</b>	-28.4 to -11.8

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

No text entered.

**[2]** Other relevant method information, such as adjustments or degrees of freedom:

Model terms: treatment, stratum (on metformin or not at Visit 3), baseline A1C

**[3]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

No text entered.

[4] Other relevant estimation information:

No text entered.

## ► Serious Adverse Events

 Hide Serious Adverse Events

<b>Time Frame</b>	Weeks 0 to 54
<b>Additional Description</b>	Patients received glycemic rescue medication if they met specific glycemic goals. SAEs includes events that occurred either before or after receiving rescue medication. Other AEs only includes those AEs that occurred prior to a patient receiving rescue medication.

### Reporting Groups

	Description
<b>Sitagliptin</b>	The Sitagliptin group includes data from patients randomized to receive treatment with oral tablets of sitagliptin 100 mg q.d. (once daily) with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).
<b>Placebo/ Pioglitazone</b>	The Placebo group includes data from patients randomized to receive treatment with placebo to sitagliptin oral tablets q.d. with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).

### Serious Adverse Events

	Sitagliptin	Placebo/ Pioglitazone
<b>Total, serious adverse events</b>		
<b># participants affected / at risk</b>	<b>17/222 (7.66%)</b>	<b>13/219 (5.94%)</b>
<b>Cardiac disorders</b>		
<b>Angina Pectoris <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>2/222 (0.90%)</b>	<b>0/219 (0.00%)</b>
<b>Cardio-Respiratory Arrest <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>0/222 (0.00%)</b>	<b>1/219 (0.46%)</b>
<b>Coronary Artery Disease <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>2/222 (0.90%)</b>	<b>1/219 (0.46%)</b>
<b>Coronary Artery Occlusion <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>1/222 (0.45%)</b>	<b>0/219 (0.00%)</b>
<b>Ischaemic Cardiomyopathy <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>1/222 (0.45%)</b>	<b>0/219 (0.00%)</b>
<b>Myocardial Infarction <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>0/222 (0.00%)</b>	<b>1/219 (0.46%)</b>
<b>Myocardial Ischaemia <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>0/222 (0.00%)</b>	<b>1/219 (0.46%)</b>
<b>Gastrointestinal disorders</b>		
<b>Abdominal Pain <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>0/222 (0.00%)</b>	<b>1/219 (0.46%)</b>

<b>General disorders</b>		
<b>Drowning * 1</b>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Multi-Organ Failure * 1</b>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Non-Cardiac Chest Pain * 1</b>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Immune system disorders</b>		
<b>Hypersensitivity * 1</b>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Infections and infestations</b>		
<b>Diabetic Foot Infection * 1</b>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Meningitis * 1</b>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Pneumonia * 1</b>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Sepsis * 1</b>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Injury, poisoning and procedural complications</b>		
<b>Fall * 1</b>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Polytraumatism * 1</b>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Musculoskeletal and connective tissue disorders</b>		
<b>Lumbar Spinal Stenosis * 1</b>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Neoplasms benign, malignant and unspecified (incl cysts and polyps)</b>		
<b>Glioblastoma Multiforme * 1</b>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Keratoacanthoma * 1</b>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Small Cell Lung Cancer Stage Unspecified * 1</b>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Squamous Cell Carcinoma Of Skin * 1</b>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Nervous system disorders</b>		
<b>Cerebellar Infarction * 1</b>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Cerebral Infarction * 1</b>		

# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Cerebrovascular Accident</b> <sup>* 1</sup>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Convulsion</b> <sup>* 1</sup>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Pregnancy, puerperium and perinatal conditions</b>		
<b>Abortion Spontaneous</b> <sup>* 1</sup>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Psychiatric disorders</b>		
<b>Completed Suicide</b> <sup>* 1</sup>		
# participants affected / at risk	1/222 (0.45%)	1/219 (0.46%)
<b>Renal and urinary disorders</b>		
<b>Nephrolithiasis</b> <sup>* 1</sup>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Reproductive system and breast disorders</b>		
<b>Endometriosis</b> <sup>* 1</sup>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Ovarian Cyst</b> <sup>* 1</sup>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Respiratory, thoracic and mediastinal disorders</b>		
<b>Interstitial Lung Disease</b> <sup>* 1</sup>		
# participants affected / at risk	1/222 (0.45%)	0/219 (0.00%)
<b>Pulmonary Embolism</b> <sup>* 1</sup>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)
<b>Vascular disorders</b>		
<b>Deep Vein Thrombosis</b> <sup>* 1</sup>		
# participants affected / at risk	0/222 (0.00%)	1/219 (0.46%)

\* Events were collected by non-systematic assessment

<sup>1</sup> Term from vocabulary, MedDRA (9.0)

## Other Adverse Events

 Hide Other Adverse Events

<b>Time Frame</b>	Weeks 0 to 54
<b>Additional Description</b>	Patients received glycemic rescue medication if they met specific glycemic goals. SAEs includes events that occurred either before or after receiving rescue medication. Other AEs only includes those AEs that occurred prior to a patient receiving rescue medication.

### Frequency Threshold

<b>Threshold above which other adverse events are reported</b>	5%
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## Reporting Groups

	Description
<b>Sitagliptin</b>	The Sitagliptin group includes data from patients randomized to receive treatment with oral tablets of sitagliptin 100 mg q.d. (once daily) with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).
<b>Placebo/ Pioglitazone</b>	The Placebo group includes data from patients randomized to receive treatment with placebo to sitagliptin oral tablets q.d. with glimepiride ( $\geq 4$ mg/day) alone or in combination with metformin ( $\geq 1500$ mg/day).

## Other Adverse Events

	Sitagliptin	Placebo/ Pioglitazone
<b>Total, other (not including serious) adverse events</b>		
<b># participants affected / at risk</b>	<b>66/222 (29.73%)</b>	<b>57/219 (26.03%)</b>
<b>Infections and infestations</b>		
<b>Nasopharyngitis <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>19/222 (8.56%)</b>	<b>12/219 (5.48%)</b>
<b>Upper Respiratory Tract Infection <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>17/222 (7.66%)</b>	<b>20/219 (9.13%)</b>
<b>Urinary Tract Infection <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>12/222 (5.41%)</b>	<b>6/219 (2.74%)</b>
<b>Investigations</b>		
<b>Blood Glucose Increased <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>6/222 (2.70%)</b>	<b>11/219 (5.02%)</b>
<b>Metabolism and nutrition disorders</b>		
<b>Hypoglycaemia <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>30/222 (13.51%)</b>	<b>13/219 (5.94%)</b>
<b>Nervous system disorders</b>		
<b>Headache <sup>* 1</sup></b>		
<b># participants affected / at risk</b>	<b>14/222 (6.31%)</b>	<b>5/219 (2.28%)</b>

\* Events were collected by non-systematic assessment

<sup>1</sup> Term from vocabulary, MedDRA (9.0)

### ▶ Limitations and Caveats

☰ Hide Limitations and Caveats

Limitations of the study, such as early termination leading to small numbers of participants analyzed and technical problems with measurement leading to unreliable or uninterpretable data

No text entered.

### ▶ More Information

☰ Hide More Information

Certain Agreements:

Principal Investigators are **NOT** employed by the organization sponsoring the study.

There **IS** an agreement between Principal Investigators and the Sponsor (or its agents) that restricts the PI's rights to discuss or publish trial results after the trial is completed.

The agreement is:

- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **less than or equal to 60 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.
- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **more than 60 days but less than or equal to 180 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.

Other disclosure agreement that restricts the right of the PI to discuss or publish trial results after the trial is completed.

- Restriction Description:** Merck agreements may vary with individual investigators, but will not prohibit any investigator from publishing. Merck supports the publication of results from all centers of a multi-center trial but requests that reports based on single-site data not precede the primary publication of the entire clinical trial.

#### Results Point of Contact:

Name/Title: Senior Vice President, Global Clinical Development

Organization: Merck Sharp & Dohme Corp.

phone: 1-800-672-6372

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#### Publications:

Hermansen K, Kipnes M, Luo E, Fanurik D, Khatami H, Stein P; Sitagliptin Study 035 Group. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor, sitagliptin, in patients with type 2 diabetes mellitus inadequately controlled on glimepiride alone or on glimepiride and metformin. *Diabetes Obes Metab.* 2007 Sep;9(5):733-45. Epub 2007 Jun 26.

Responsible Party: Merck Sharp & Dohme Corp.  
 ClinicalTrials.gov Identifier: [NCT00106704](#) [History of Changes](#)  
 Other Study ID Numbers: 0431-035  
 2005\_009  
 Study First Received: March 29, 2005  
 Results First Received: November 19, 2010  
 Last Updated: June 4, 2015  
 Health Authority: United States: Food and Drug Administration

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