

The study listed may include approved and non-approved uses, formulations or treatment regimens. The results reported in any single study may not reflect the overall results obtained on studies of a product. Before prescribing any product mentioned in this Register, healthcare professionals should consult prescribing information for the product approved in their country.

Study No.: NKT102553			
Title: A Phase III, Multicenter, Randomized, Double-blind, Parallel Group Study to Evaluate the Safety and Efficacy of 50mg Oral Dosing with the Neurokinin-1 Receptor Antagonist GW679769 for the Prevention of Postoperative Nausea and Vomiting in Female Subjects at High Risk for Emesis.			
Rationale: Post-operative nausea and vomiting (PONV) often occurs following local, regional, or general anesthesia and is the most frequently-reported patient complaint following anesthesia. The nucleus tractus solitarius (NTS) is presumed to be the primary site of action of emetic activity. Neurokinin, subtype 1 (NK-1) receptor occupancy in the striatal region is taken as a surrogate for assessing activity in the NTS. The purpose of this study was to investigate the safety and efficacy of the NK-1 receptor antagonist casopitant in combination with a single standard intravenous (IV) dose of ondansetron hydrochloride (Ond) in female subjects undergoing surgery who were at high risk of PONV.			
Phase: III			
Study Period: 20 March 2006 – 31 August 2006			
Study Design: Multicenter, randomized, double-blind, active controlled, single dose, two-arm parallel group study.			
Centers: Forty-three centers in North America, Europe and Asia.			
Indication: PONV.			
Treatment: GW679769 (casopitant) 50mg tablet or matching placebo tablet, administered as a single oral dose approximately 60 minutes prior to induction of anesthesia; and single dose Ond 4mg administered immediately prior to induction of anesthesia.			
Objectives: The primary objective was to demonstrate the superiority of 50mg oral casopitant in combination with a single 4mg IV dose of Ond, over a single 4mg IV dose of Ond alone in the control of emesis during the first 24 hours following the placement of last suture/last staple (as measured by complete response [CR]) in surgical subjects who were predicted to have a high risk of emesis.			
Primary Outcome/Efficacy Variable: The proportion of subjects who achieved CR (defined as no vomiting, no retching and no rescue therapy for nausea and/or emesis during the first 24 hours following the placement of last suture/last staple).			
Secondary Outcome/Efficacy Variables: Vomiting, complete protection (CR with no significant nausea), nausea, total control (CR with no nausea), rescue medication use, time to first emetic event, time to first rescue medication, health outcomes, safety and tolerability.			
Statistical Methods: The primary efficacy analysis compared the treatment groups for CR (0–24 hours) in the Modified ITT (MITT) population, defined as randomized subjects who received any investigational product and had surgery. Testing was conducted at the 5% level of significance using the Cochran-Mantel-Haenszel test (stratified by anticipated intra-operative nitrous oxide use). P values, odds ratios and 95% confidence intervals (CIs) were reported. The ITT population, defined as all subjects who were randomized to treatment, was a supportive population for the primary efficacy endpoint. Secondary endpoints (0–24 hours) were tested hierarchically in the following order: no vomiting; complete protection; maximum nausea score; and total control. Once a hypothesis failed to meet statistical significance, all subsequent hypotheses were not tested. Secondary efficacy analyses: 1) The Cochran-Mantel-Haenszel test was used for CR, complete protection, total control, vomiting, significant nausea, and nausea. 2) Time to emesis and time to rescue were summarized using Kaplan-Meier estimates. 3) Maximum nausea score was analyzed using a Wilcoxon Rank Sum test. 4) Categorical nausea score was analyzed using a non-zero correlation test. Summary statistics for safety and tolerability data were tabulated for the Safety population, defined as a subset of the ITT population that received investigational product (either casopitant or placebo).			
Study Population: Female subjects aged ≥ 18 years, at high risk for developing PONV, scheduled to undergo one of the following procedures: breast surgery, orthopedic shoulder surgery, or thyroid surgery. The following laparoscopic or laparotomic procedures were also permitted: cholecystectomy, hysterectomy, or other gynecologic surgery. All surgeries were anticipated to involve general anesthesia of at least 1 hour duration. All subjects had the following Apfel significant risk factors: female gender; history of PONV and/or motion sickness; had not smoked or used tobacco for at least the previous 6 months; anticipated to receive postoperative opioids.			
Number of Subjects:	Ond Alone	Casopitant (+ Ond)	Total
Planned, N	231	231	462
Randomized, N	242	242	484

Completed, n (%)	229 (95)	227 (94)	456 (94)
Total Number Subjects Withdrawn, N (%)	13 (5)	15 (6)	28 (6)
Withdrawn due to Adverse Events n (%)	0	0	0
Lost to Follow-Up, n (%)	3 (1)	4 (2)	7 (1)
Protocol Violation, n (%)	2 (<1)	1 (<1)	3 (<1)
Subject decided to withdraw, n (%)	1 (<1)	4 (2)	5 (1)
Withdrawn for other reasons n (%)	7 (3)	6 (2)	13 (3)
Demographics	Ond Alone	Casopitant (+Ond)	Total
N (ITT)	242	242	484
Females: Males	All female	All female	All female
Mean Age, years (range)	44.8 (18–79)	44.4 (18–83)	44.6 (18–83)
Race, n (%)			
White – White/Caucasian/European heritage	165 (68)	166 (69)	331 (68)
Asian	50 (21)	46 (19)	96 (20)
African American/African heritage	20 (8)	19 (8)	39 (8)
American Indian or Alaskan Native & White	1 (<1)	1 (<1)	2 (<1)
Native Hawaiian or other Pacific Islander	0	1 (<1)	1 (<1)
Primary Efficacy Results (MITT Population):			
	Ond Alone	Casopitant (+Ond)	
	N=235	N=233	
Complete response 0–24 hours, n/N (%)	138/235 (59)	160/233 (69)	
Cochran-Mantel-Haenszel test p value	0.0268		
Odds ratio (95% confidence interval)	1.54 (1.05, 2.25)		
Complete response by stratification			
Nitrous oxide anticipated, n/N (%)	75/123 (61)	95/125 (76)	
No nitrous oxide anticipated, n/N (%)	63/112 (56)	65/108 (60)	
Secondary Outcome Variables (MITT Population):			
	Ond Alone	Casopitant (+Ond)	
0–24 hour Time Period	N=235	N=233	
No vomiting, n (%)	176 (75)	209 (90)	
Odds ratio (95% confidence interval)		0.34 (0.20, 0.57)	
Complete protection, n (%)	102 (43)	120 (52)	
Odds ratio (95% confidence interval)		1.39 (0.96, 2.01)	
Maximum nausea score (Likert scale), mean (SD)	3.2 (3.4)	2.6 (3.2)	
Total control, n (%)	94 (40)	107 (46)	
Nausea (categorical scale), n (%)			
None	107 (46)	124 (53)	
Mild	42 (18)	38 (16)	
Moderate	48 (20)	51 (22)	
Severe	38 (16)	20 (9)	
24–48 hour Time Period	Ond Alone	Casopitant (+Ond)	
Complete response, n (%)	149 (63)	163 (70)	
No vomiting, n (%)	223 (95)	228 (98)	
Complete protection, n (%)	142 (60)	152 (65)	
Maximum nausea score (Likert scale), mean (SD)	0.8 (2.1)	0.9 (2.0)	
Total control, n (%)	140 (60)	148 (64)	
Nausea (categorical scale), n (%)			
None	201 (86)	193 (83)	
Mild	14 (6)	18 (8)	
Moderate	13 (6)	19 (8)	
Severe	7 (3)	3 (1)	
0–48 hour Time Period	Ond Alone	Casopitant (+Ond)	
Complete response, n (%)	134 (57)	152 (65)	
No vomiting, n (%)	172 (73)	205 (88)	

Complete protection, n (%)	97 (41)	110 (47)
Maximum nausea score (Likert scale), mean (SD)	3.3 (3.4)	2.9 (3.2)
Total control, n (%)	88 (37)	99 (42)
Nausea (categorical scale), n (%)		
None	101 (43)	114 (49)
Mild	42 (18)	39 (17)
Moderate	51 (22)	57 (24)
Severe	41 (17)	23 (10)
Time to first emetic episode	Ond Alone	Casopitant (+Ond)
Number of subjects with event, n (%)	63 (27)	28 (12)
Censored subjects, n (%)	172 (73)	205 (88)
Kaplan-Meier estimate, hours		
1 st Quartile (95% CI)	23.8 (15.0, NE)	NE (NE, NE)
Median hours (95% CI)	NE (NE, NE)	NE (NE, NE)
3 rd Quartile (95% CI)	NE (NE, NE)	NE (NE, NE)
NE=not estimable		
Time to first rescue medication use	Ond Alone	Casopitant (+Ond)
Number of subjects with event, n (%)	77 (33)	67 (29)
Censored subjects, n (%)	158 (67)	166 (71)
Kaplan-Meier estimate, hours		
1 st Quartile (95% CI)	9.1 (5.5, 22)	20.4 (7.5, NE)
Median hours (95% CI)	NE (NE, NE)	NE (NE, NE)
3 rd Quartile (95% CI)	NE (NE, NE)	NE (NE, NE)
NE=not estimable		
Health outcomes 0-48 hours	Ond Alone	Casopitant (+Ond)
Subject satisfaction with antiemetic regimen, n (%)		
Very satisfied	147 (63)	158 (68)
Somewhat satisfied	44 (19)	41 (18)
Neither satisfied nor dissatisfied	19 (8)	14 (6)
Somewhat dissatisfied	6 (3)	3 (1)
Very dissatisfied	8 (3)	7 (3)
Subject willingness to use regimen for future surgical procedures, n (%)		
Definitely would be willing	134 (57)	136 (58)
Probably would be willing	59 (25)	63 (27)
Not certain	14 (6)	13 (6)
Probably would not be willing	9 (4)	4 (2)
Definitely would not be willing	8 (3)	7 (3)
Safety Results: All AEs occurring after administration of the first dose of investigational product and on or before the final visit were reported, irrespective of whether they were considered drug related. SAEs that were related to study participation (e.g., procedures, invasive tests, etc.) or were related to a concurrent medication were collected and recorded from the time the subject consented to participate in the study until the subject was discharged.		
	Ond Alone	Casopitant (+Ond)
Most Frequent Adverse Events – On-Therapy	N=235	N=233
Subjects with any AE(s), n(%)	87 (37)	95 (40)
Most Frequent AEs (≥3% of subjects in either group), n (%)		
Constipation	8 (3)	17 (7)
Flatulence	12 (5)	11 (5)
Hypotension	8 (3)	15 (6)
Headache	11 (5)	8 (3)
Anemia	5 (2)	6 (3)
Insomnia	4 (2)	6 (3)
Nausea	4 (2)	6 (3)
Serious Adverse Events – On-Therapy	Ond Alone	Casopitant (+Ond)
Any non-fatal SAE, n (%) [n related to investigational product]	7 (3) [0]	4 (2) [0]
Chest pain	0	1 (<1) [0]

Colon injury	1 (<1) [0]	0
Constipation	0	1 (<1) [0]
Deep vein thrombosis	1 (<1) [0]	0
Dysfunctional uterine bleeding	1 (<1) [0]	0
Dyspnea	0	1 (<1) [0]
Ileus paralytic	1 (<1) [0]	0
Musculoskeletal pain	0	1 (<1) [0]
Ovarian adenoma	1 (<1) [0]	0
Pain in jaw	0	1 (<1) [0]
Pulmonary embolism	1 (<1) [0]	1 (<1) [0]
Spondylolisthesis	0	1 (<1) [0]
Ureteric obstruction	1 (<1) [0]	0
Urinary tract infection	1 (<1) [0]	0
Subjects with fatal SAEs, n (%)	0	0

Conclusion: This study showed that 138 (59%) subjects achieved CR (0–24 hours) in the placebo + Ond group and 160 (69%) in the casopitant + Ond group. In total, 87 (37%) subjects reported AEs in the placebo + Ond group and 95 (40%) in the casopitant + Ond group, with the most frequently reported AEs being constipation and flatulence. Eleven subjects (2%) reported SAEs, none of which was considered by the investigator to be drug-related. There were no deaths in this study.