Oral Posaconazole in High Risk Patients With Gastrointestinal Dysfunction (Study P05115)

This study has been completed.

Sponsor:
Merck Sharp & Dohme Corp.

Information provided by (Responsible Party):
Merck Sharp & Dohme Corp.

ClinicalTrials.gov Identifier:
NCT00686543

First received: May 27, 2008
Last updated: October 8, 2015
Last verified: October 2015
History of Changes

Purpose

The purpose of this study is: to explore the potential for different dosing strategies of posaconazole oral suspension (POS) to increase plasma levels and to profile the pharmacokinetics of these dosing strategies in patients with compromised gastrointestinal function and at high risk for Invasive Fungal Infection.

Condition	Intervention	Phase
Fungal Infection Acute Myelogenous Leukemia Neutropenia	Drug: Posaconazole	Phase 4

Study Type: Interventional
Study Design: Allocation: Randomized
Endpoint Classification: Pharmacokinetics Study
Intervention Model: Parallel Assignment
Masking: Open Label
Primary Purpose: Prevention

Official Title: A Phase 4 Study of the Pharmacokinetics of Oral Posaconazole (SCH 56592) Among Patients With Compromised Gastrointestinal Function and at High Risk for Invasive Fungal Infection

Resource links provided by NLM:

Genetics Home Reference related topics: core binding factor acute myeloid leukemia cyclic neutropenia cytogenetically normal acute myeloid leukemia familial acute myeloid leukemia with mutated CEBPA

MedlinePlus related topics: Fungal Infections Molds

Drug Information available for: Posaconazole

Genetic and Rare Diseases Information Center resources: Acute Myeloid Leukemia Acute Non Lymphoblastic Leukemia Granulocytopenia

Myeloid Leukemia

U.S. FDA Resources

Further study details as provided by Merck Sharp & Dohme Corp.:

Primary Outcome Measures:

- Mean POS Plasma Concentrations on Days 2, 3, and 8. [Time Frame: Predose (0 hour) and 5 hours postdose on Days 2, 3, and 8] [Designated as safety issue: No]

  Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.

- Mean POS Plasma Concentrations on Days 8 and 15 Stratified by Randomized Dosing Regimen [Time Frame: Predose (0 hour) and 5 hours postdose on Days 8 and 15] [Designated as safety issue: No]

  Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.

- Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 3 and ≥/<500 ng/mL on Day 8 [Time Frame: Predose (0 hour) and 5 hours postdose on Days 3 and 8] [Designated as safety issue: No]

  Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.

- Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 3 and ≥/<700 ng/mL on Day 8 [Time Frame: Predose (0 hour) and 5 hours postdose on Days 3 and 8] [Designated as safety issue: No]

  Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.

- Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 8 and ≥/<500 ng/mL on Day 15 [Time Frame: Predose (0 hour) and 5 hours postdose on Days 8 and 15] [Designated as safety issue: No]

  Individual mean concentrations calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.

- Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 8 and ≥/<700 ng/mL on Day 15 [Time Frame: Predose (0 hour) and 5 hours postdose on Days 8 and 15] [Designated as safety issue: No]

  Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.

Enrollment:	75
Study Start Date:	December 2007
Study Completion Date:	April 2009
Primary Completion Date:	April 2009 (Final data collection date for primary outcome measure)

Arms	Assigned Interventions
Experimental: POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15 POS 200 mg three times a day (TID) on Days 1-8 followed by continued randomized dosing regimen of POS 200 mg TID on Days 9-15, administered with food or oral nutritional supplements.	Drug: Posaconazole Posaconazole will be used for prophylaxis Other Name: SCH 056592 - NOXAFIL®
Experimental: POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15 POS 200 mg TID on Days 1-8 followed by randomized dosing regimen of POS 400 mg twice a day (BID) on Days 9-15, administered with food or oral nutritional supplements.	Drug: Posaconazole Posaconazole will be used for prophylaxis Other Name: SCH 056592 - NOXAFIL®
Experimental: POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15 POS 200 mg TID on Days 1-8 followed by randomized dosing regimen of POS 400 mg TID on Days 9-15,	Drug: Posaconazole Posaconazole will be

administered with food or oral nutritional supplements.	used for prophylaxis Other Name: SCH 056592 - NOXAFIL®

Eligibility

Ages Eligible for Study: 18 Years and older
Genders Eligible for Study: Both
Accepts Healthy Volunteers: No

Criteria

Inclusion Criteria:

- Subjects >=18 years of age
- High risk of poor enteral medication absorption, based on the effects of cytotoxic chemotherapy, as evidenced by, but not limited to, mucositis, nausea, vomiting, and diarrhea, at baseline.
- High risk of invasive fungal infection (IFI) based on anticipated or documented prolonged neutropenia (absolute neutrophil count [ANC] <500/mm^3 [0.5 x 10^9/L]).
- Clinical laboratory safety tests within normal limits or clinically acceptable to the investigator or sponsor.
- Free of any clinically significant disease (other than the primary hematologic disease) that would interfere with the study evaluations.
- Subjects must be willing to give written informed consent and able to adhere to dosing, study visit schedule, and mandatory procedures.

Exclusion Criteria:

- Female subjects who are pregnant, intend to become pregnant, or are nursing.
- Excluded prior treatments. Subjects receiving systemic antifungal therapy (oral, intravenous, or inhaled) for the treatment of proven or probable IFI within 30 days of Enrollment (ie, voriconazole, fluconazole [FLU], or itraconazole [ITZ]).
- Subjects receiving posaconazole for prophylaxis against IFI 10 days prior to enrollment. (Subjects who are receiving either voriconazole or micafungin for prophylaxis against IFI should discontinue those therapies upon enrollment.)
- Subjects with moderate or severe liver dysfunction at Baseline, defined as aspartate aminotransferase (AST) or alanine aminotransferase (ALT) levels greater than two times the upper limit of normal (ULN), or a total bilirubin level greater than two times the ULN.
- Subjects who have taken prohibited medications more recently than the indicated washout period prior to Enrollment.
- Subjects who must take prohibited medications during the study.
- Subjects who are in a situation or have any condition that, in the opinion of the investigator, may interfere with optimal participation in the study.
- Subjects who have used any investigational drugs or biologic agents other than their chemotherapy regimens within 30 days of study entry.
- Subjects who are part of the staff personnel directly involved with this study.
- Subjects who are a family member of the investigational study staff.
- Prior enrollment in this study.
- Subjects with a history of hypersensitivity or idiosyncratic reactions to azole agents.
- Subjects with Eastern Cooperative Oncology Group (ECOG) performance status >2 prior to induction chemotherapy for their underlying disease.
- Subjects with proven or probable invasive or systemic fungal infection at Baseline.
- Subjects with a history of acute lymphoblastic leukemia or chronic myelogenous leukemia without blast crisis.

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.

No Contacts or Locations Provided

More Information

Publications:

Cornely OA, Helfgott D, Langston A, Heinz W, Vehreschild JJ, Vehreschild MJ, Krishna G, Ma L, Huyck S, McCarthy MC. Pharmacokinetics of different dosing strategies of oral posaconazole in patients with compromised gastrointestinal function and who are at high risk for invasive fungal infection. Antimicrob Agents Chemother. 2012 May;56(5):2652-8. doi: 10.1128/AAC.05937-11. Epub 2012 Jan 30.

Responsible Party:	Merck Sharp & Dohme Corp.
ClinicalTrials.gov Identifier:	NCT00686543 History of Changes
Other Study ID Numbers:	P05115 EudraCT No. 2007-003148-31
Study First Received:	May 27, 2008
Results First Received:	April 15, 2010
Last Updated:	October 8, 2015
Health Authority:	United States: Food and Drug Administration

Keywords provided by Merck Sharp & Dohme Corp.:
Antifungal Agents
Anti-Infective Agents

Additional relevant MeSH terms:

Leukemia, Myeloid	Posaconazole
Leukemia, Myeloid, Acute	14-alpha Demethylase Inhibitors
Mycoses	Anti-Infective Agents
Neutropenia	Antifungal Agents
Agranulocytosis	Antiparasitic Agents
Hematologic Diseases	Antiprotozoal Agents
Leukemia	Enzyme Inhibitors
Leukocyte Disorders	Molecular Mechanisms of Pharmacological Action
Leukopenia	Pharmacologic Actions
Neoplasms	Therapeutic Uses
Neoplasms by Histologic Type	Trypanocidal Agents

ClinicalTrials.gov processed this record on May 08, 2016

TO TOP

For Patients and Families | For Researchers | For Study Record Managers

HOME RSS FEEDS SITE MAP TERMS AND CONDITIONS DISCLAIMER CONTACT NLM HELP DESK

Oral Posaconazole in High Risk Patients With Gastrointestinal Dysfunction (Study P05115)

This study has been completed.

Sponsor:
Merck Sharp & Dohme Corp.

Information provided by (Responsible Party):
Merck Sharp & Dohme Corp.

ClinicalTrials.gov Identifier:
NCT00686543

First received: May 27, 2008
Last updated: October 8, 2015
Last verified: October 2015
History of Changes

Results First Received: April 15, 2010

Study Type:	Interventional
Study Design:	Allocation: Randomized; Endpoint Classification: Pharmacokinetics Study; Intervention Model: Parallel Assignment; Masking: Open Label; Primary Purpose: Prevention
Conditions:	Fungal Infection Acute Myelogenous Leukemia Neutropenia
Intervention:	Drug: Posaconazole

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
No text entered.

Pre-Assignment Details

Significant events and approaches for the overall study following participant enrollment, but prior to group assignment
No text entered.

Reporting Groups

	Description

Not Randomized	Posaconazole oral suspension (POS) 200 mg Three Times a Day (TID) on Days 1-8, administered with food or oral nutritional supplements (participants who discontinued anytime before randomization on Day 8)
POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID on Days 1-8 Followed by POS 200 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to continue with POS 200 mg TID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg Twice a Day (BID) on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS 400 mg BID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS 400 mg TID on Days 9-15).

Participant Flow: Overall Study

	Not Randomized	POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15
STARTED	14	21	20	20
COMPLETED	0	20	15	17
NOT COMPLETED	14	1	5	3
Adverse Event	9	1	3	2
Withdrawal by Subject	2	0	0	0
Protocol Violation	3	0	2	1

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
Not Randomized	POS 200 mg TID on Days 1-8, administered with food or oral nutritional supplements (participants who discontinued anytime before randomization on Day 8).
POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID on Days 1-8 Followed by POS 200 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who

	received POS 200 mg TID on Days 1-8 and were then randomized to continue with POS 200 mg TID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg BID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS 400 mg BID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS 400 mg TID on Days 9-15).
Total	Total of all reporting groups

Baseline Measures

	Not Randomized	POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15	Total
Number of Participants [units: participants]	**14**	**21**	**20**	**20**	**75**
Age [units: participants]					
<=18 years	**0**	**0**	**0**	**0**	**0**
Between 18 and 65 years	**11**	**16**	**16**	**19**	**62**
>=65 years	**3**	**5**	**4**	**1**	**13**
Gender [units: participants]					
Female	**6**	**10**	**11**	**9**	**36**
Male	**8**	**11**	**9**	**11**	**39**

Outcome Measures

Hide All Outcome Measures

1. Primary: Mean POS Plasma Concentrations on Days 2, 3, and 8. [Time Frame: Predose (0 hour) and 5 hours postdose on Days 2, 3, and 8]

Measure Type	Primary
Measure Title	Mean POS Plasma Concentrations on Days 2, 3, and 8.
Measure Description	Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.
Time Frame	Predose (0 hour) and 5 hours postdose on Days 2, 3, and 8
Safety Issue	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.
Analysis of the primary outcome was done on the Balanced Data Set, defined as all participants with no missing pharmacokinetic data for Days 3, 8, and 15 (n=49). From Days 1 to 8, these 49 participants received 200 mg TID. From Days 9 to 15, these 49 participants were randomized to either 200 mg TID (n=19), 400 mg BID (n=14), or 400 mg TID (n=16).

Reporting Groups

	Description
POS 200 mg TID Days 1-8	POS 200 mg TID on Days 1-8, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to one of the three dosing regimens for Days 9-15).

Measured Values

	POS 200 mg TID Days 1-8
Number of Participants Analyzed [units: participants]	**49**
Mean POS Plasma Concentrations on Days 2, 3, and 8. **[units: ng/mL] Mean (90% Confidence Interval)**	
Day 2	**230 (194 to 266)**
Day 3	**346 (296 to 396)**
Day 8	**637 (521 to 753)**

No statistical analysis provided for Mean POS Plasma Concentrations on Days 2, 3, and 8.

2. Primary: Mean POS Plasma Concentrations on Days 8 and 15 Stratified by Randomized Dosing Regimen [Time Frame: Predose (0 hour) and 5 hours postdose on Days 8 and 15]

Measure Type	Primary
Measure Title	Mean POS Plasma Concentrations on Days 8 and 15 Stratified by Randomized Dosing Regimen
Measure Description	Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.
Time Frame	Predose (0 hour) and 5 hours postdose on Days 8 and 15
Safety Issue	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.
Analysis of the primary outcome was done on the Balanced Data Set, defined as all participants with no missing pharmacokinetic data for Days 3, 8, and 15 (n=49). From Days 1 to 8, these 49 participants received 200 mg TID. From Days 9 to 15, these 49 participants were randomized to either 200 mg TID (n=19), 400 mg BID (n=14), or 400 mg TID (n=16).

Reporting Groups

	Description

POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID on Days 1-8 Followed by POS 200 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to continue with POS 200 mg TID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg BID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS 400 mg BID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS 400 mg TID on Days 9-15).

Measured Values

	POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15
Number of Participants Analyzed [units: participants]	**19**	**14**	**16**
Mean POS Plasma Concentrations on Days 8 and 15 Stratified by Randomized Dosing Regimen [units: ng/mL] Mean (90% Confidence Interval)			
Day 8	**620 (439 to 800)**	**849 (541 to 1156)**	**473 (361 to 585)**
Day 15	**660 (487 to 834)**	**930 (617 to 1243)**	**671 (530 to 811)**

No statistical analysis provided for Mean POS Plasma Concentrations on Days 8 and 15 Stratified by Randomized Dosing Regimen

3. Primary: Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 3 and ≥/<500 ng/mL on Day 8 [Time Frame: Predose (0 hour) and 5 hours postdose on Days 3 and 8]

Measure Type	Primary
Measure Title	Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 3 and ≥/<500 ng/mL on Day 8
Measure Description	Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.
Time Frame	Predose (0 hour) and 5 hours postdose on Days 3 and 8
Safety Issue	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.
Analysis of the primary outcome was done on the Balanced Data Set, defined as all participants with no missing pharmacokinetic data for Days 3, 8, and 15 (n=49). From Days 1 to 8, these 49 participants received 200 mg TID. From Days 9 to 15, these 49 participants were randomized to either 200 mg TID (n=19), 400 mg BID (n=14), or 400 mg TID (n=16).

Reporting Groups

	Description
POS 200 mg TID Days 1-8	POS 200 mg TID on Days 1-8, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to one of the three dosing regimens for Days 9-15).

Measured Values

	POS 200 mg TID Days 1-8
Number of Participants Analyzed [units: participants]	**49**
Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 3 and ≥/<500 ng/mL on Day 8 [units: Participants]	
Day 3 <250 ng/mL and Day 8 <500 ng/mL	**17**
Day 3 <250 ng/mL and Day 8 ≥500 ng/mL	**2**
Total Day 3 <250 ng/mL	**19**
Day 3 ≥250 ng/mL and Day 8 <500 ng/mL	**8**
Day 3 ≥250 ng/mL and Day 8 ≥500 ng/mL	**22**
Total Day 3 ≥250 ng/mL	**30**

No statistical analysis provided for Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 3 and ≥/<500 ng/mL on Day 8

4. Primary: Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 3 and ≥/<700 ng/mL on Day 8 [Time Frame: Predose (0 hour) and 5 hours postdose on Days 3 and 8]

Measure Type	Primary
Measure Title	Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 3 and ≥/<700 ng/mL on Day 8
Measure Description	Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.
Time Frame	Predose (0 hour) and 5 hours postdose on Days 3 and 8
Safety Issue	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.
Analysis of the primary outcome was done on the Balanced Data Set, defined as all participants with no missing pharmacokinetic data for Days 3, 8, and 15 (n=49). From Days 1 to 8, these 49 participants received 200 mg TID. From Days 9 to 15, these 49 participants were randomized to either 200 mg TID (n=19), 400 mg BID (n=14), or 400 mg TID (n=16).

Reporting Groups

	Description
POS 200 mg TID Days 1-8	POS 200 mg TID on Days 1-8, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to one of the three dosing regimens for Days 9-15).

Measured Values

	POS 200 mg TID Days 1-8

Number of Participants Analyzed [units: participants]	**49**
Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 3 and ≥/<700 ng/mL on Day 8 [units: Participants]	
Day 3 <350 ng/mL and Day 8 <700 ng/mL	**25**
Day 3 <350 ng/mL and Day 8 ≥700 ng/mL	**3**
Total Day 3 <350 ng/mL	**28**
Day 3 ≥350 ng/mL and Day 8 <700 ng/mL	**7**
Day 3 ≥350 ng/mL and Day 8 ≥700 ng/mL	**14**
Total Day 3 ≥350 ng/mL	**21**

No statistical analysis provided for Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 3 and ≥/<700 ng/mL on Day 8

5. Primary: Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 8 and ≥/<500 ng/mL on Day 15 [Time Frame: Predose (0 hour) and 5 hours postdose on Days 8 and 15]

Measure Type	Primary
Measure Title	Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 8 and ≥/<500 ng/mL on Day 15
Measure Description	Individual mean concentrations calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.
Time Frame	Predose (0 hour) and 5 hours postdose on Days 8 and 15
Safety Issue	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.
Analysis of the primary outcome was done on the Balanced Data Set, defined as all participants with no missing pharmacokinetic data for Days 3, 8, and 15 (n=49). From Days 1 to 8, these 49 participants received 200 mg TID. From Days 9 to 15, these 49 participants were randomized to either 200 mg TID (n=19), 400 mg BID (n=14), or 400 mg TID (n=16).

Reporting Groups

	Description
POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID on Days 1-8 Followed by POS 200 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to continue with POS 200 mg TID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg BID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS 400 mg BID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS 400 mg TID on Days 9-15).

Measured Values

	POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15
Number of Participants Analyzed [units: participants]	19	14	16
Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 8 and ≥/<500 ng/mL on Day 15 [units: Participants]			
Day 8 <250 ng/mL and Day 15 <500 ng/mL	3	3	3
Day 8 <250 ng/mL and Day 15 ≥500 ng/mL	2	0	1
Total Day 8 <250 ng/mL	5	3	4
Day 8 ≥250 ng/mL and Day 15 <500 ng/mL	6	0	3
Day 8 ≥250 ng/mL and Day 15 ≥500 ng/mL	8	11	9
Total Day 8 ≥250 ng/mL	14	11	12

No statistical analysis provided for Participants With a Mean POS Plasma Concentration ≥/<250 ng/mL on Day 8 and ≥/<500 ng/mL on Day 15

6. Primary: Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 8 and ≥/<700 ng/mL on Day 15 [Time Frame: Predose (0 hour) and 5 hours postdose on Days 8 and 15]

Measure Type	Primary
Measure Title	Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 8 and ≥/<700 ng/mL on Day 15
Measure Description	Individual mean concentrations were calculated as the average of observed concentrations at 0 hour (before the morning dose) and 5 hours after the morning dose.
Time Frame	Predose (0 hour) and 5 hours postdose on Days 8 and 15
Safety Issue	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.
Analysis of the primary outcome was done on the Balanced Data Set, defined as all participants with no missing pharmacokinetic data for Days 3, 8, and 15 (n=49). From Days 1 to 8, these 49 participants received 200 mg TID. From Days 9 to 15, these 49 participants were randomized to either 200 mg TID (n=19), 400 mg BID (n=14), or 400 mg TID (n=16).

Reporting Groups

	Description
POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID on Days 1-8 Followed by POS 200 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to continue with POS 200 mg TID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg BID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS

	400 mg BID on Days 9-15).
POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15	POS 200 mg TID on Days 1-8 followed by POS 400 mg TID on Days 9-15, administered with food or oral nutritional supplements (participants who received POS 200 mg TID on Days 1-8 and were then randomized to POS 400 mg TID on Days 9-15).

Measured Values

	POS 200 mg TID Days 1-8 Followed by POS 200 mg TID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg BID Days 9-15	POS 200 mg TID Days 1-8 Followed by POS 400 mg TID Days 9-15
Number of Participants Analyzed [units: participants]	**19**	**14**	**16**
Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 8 and ≥/<700 ng/mL on Day 15 [units: Participants]			
Day 8 <350 ng/mL and Day 15 <700 ng/mL	**5**	**3**	**5**
Day 8 <350 ng/mL and Day 15 ≥700 ng/mL	**1**	**0**	**2**
Total Day 8 <350 ng/mL	**6**	**3**	**7**
Day 8 ≥350 ng/mL and Day 15 <700 ng/mL	**6**	**2**	**3**
Day 8 ≥350 ng/mL and Day 15 ≥700 ng/mL	**7**	**9**	**6**
Total Day 8 ≥350 ng/mL	**13**	**11**	**9**

No statistical analysis provided for Participants With a Mean POS Plasma Concentration ≥/<350 ng/mL on Day 8 and ≥/<700 ng/mL on Day 15

Serious Adverse Events

Hide Serious Adverse Events

Time Frame	No text entered.
Additional Description	No text entered.

Reporting Groups

	Description
POS 200 mg TID on Days 1-8	POS 200 mg TID on Days 1-8, administered with food or oral nutritional supplements.
POS 200 mg TID on Days 9-15	POS 200 mg TID on Days 9-15, administered with food or oral nutritional supplements.
POS 400 mg BID on Days 9-15	POS 400 mg on Days 9-15, administered with food or oral nutritional supplements.
POS 400 mg TID on Days 9-15	POS 400 mg TID on Days 9-15, administered with food or oral nutritional supplements.

Serious Adverse Events

	POS 200 mg TID	POS 200 mg TID on	POS 400 mg BID on	POS 400 mg TID on

	on Days 1-8	Days 9-15	Days 9-15	Days 9-15
Total, serious adverse events				
# participants affected / at risk	**16/75 (21.33%)**	**3/21 (14.29%)**	**4/20 (20.00%)**	**5/20 (25.00%)**
Blood and lymphatic system disorders				
Febrile neutropenia † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**1/20 (5.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**1**	**0**
Cardiac disorders				
Acute coronary syndrome † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**0**	**0**
Bradycardia † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**1/20 (5.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**1**	**0**
Cardiac arrest † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**0**	**0**
Cardiac failure congestive † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**1/20 (5.00%)**
# events	**1**	**0**	**0**	**1**
Cardiomyopathy † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**1/20 (5.00%)**
# events	**1**	**0**	**0**	**1**
Myocardial infarction † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**0**	**0**
Tachycardia † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**0**	**0**
General disorders				
Chills † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**1/20 (5.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**1**	**0**
Pyrexia † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**1/20 (5.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**1**	**0**
Hepatobiliary disorders				
Cholecystitis acute † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**1/20 (5.00%)**
# events	**1**	**0**	**0**	**1**
Immune system disorders				
Acute graft versus host disease in liver † [1]				
# participants affected / at risk	**1/75 (1.33%)**	**1/21 (4.76%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**1**	**0**	**0**

Infections and infestations				
Bacteraemia † 1				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**1/20 (5.00%)**
# events	**1**	**0**	**0**	**1**
Meningitis † 1				
# participants affected / at risk	**1/75 (1.33%)**	**1/21 (4.76%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**1**	**0**	**0**
Pneumonia † 1				
# participants affected / at risk	**4/75 (5.33%)**	**2/21 (9.52%)**	**1/20 (5.00%)**	**0/20 (0.00%)**
# events	**4**	**2**	**1**	**0**
Sepsis † 1				
# participants affected / at risk	**3/75 (4.00%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**1/20 (5.00%)**
# events	**3**	**0**	**0**	**1**
Systemic candida † 1				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**1/20 (5.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**1**	**0**
Injury, poisoning and procedural complications				
Drug toxicity † 1				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**0**	**0**	**0**
Investigations				
Transaminases increased † 1				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**1/20 (5.00%)**
# events	**1**	**0**	**0**	**1**
Metabolism and nutrition disorders				
Metabolic acidosis † 1				
# participants affected / at risk	**1/75 (1.33%)**	**1/21 (4.76%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**1**	**0**	**0**
Musculoskeletal and connective tissue disorders				
Rhabdomyolysis † 1				
# participants affected / at risk	**1/75 (1.33%)**	**1/21 (4.76%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**1**	**0**	**0**
Neoplasms benign, malignant and unspecified (incl cysts and polyps)				
Acute myeloid leukaemia † 1				
# participants affected / at risk	**1/75 (1.33%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**1/20 (5.00%)**
# events	**1**	**0**	**0**	**1**
Nervous system disorders				
Cranial neuropathy † 1				
# participants affected / at risk	**1/75 (1.33%)**	**1/21 (4.76%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**1**	**1**	**0**	**0**
Somnolence † 1				

# participants affected / at risk	1/75 (1.33%)	0/21 (0.00%)	0/20 (0.00%)	0/20 (0.00%)
# events	1	0	0	0
Psychiatric disorders				
Mental status changes † 1				
# participants affected / at risk	1/75 (1.33%)	0/21 (0.00%)	0/20 (0.00%)	1/20 (5.00%)
# events	1	0	0	1
Respiratory, thoracic and mediastinal disorders				
Dyspnoea † 1				
# participants affected / at risk	2/75 (2.67%)	0/21 (0.00%)	0/20 (0.00%)	1/20 (5.00%)
# events	2	0	0	1
Haemoptysis † 1				
# participants affected / at risk	1/75 (1.33%)	0/21 (0.00%)	0/20 (0.00%)	0/20 (0.00%)
# events	1	0	0	0
Oropharyngeal discomfort † 1				
# participants affected / at risk	1/75 (1.33%)	1/21 (4.76%)	0/20 (0.00%)	0/20 (0.00%)
# events	1	1	0	0
Respiratory arrest † 1				
# participants affected / at risk	1/75 (1.33%)	0/21 (0.00%)	0/20 (0.00%)	1/20 (5.00%)
# events	1	0	0	1
Respiratory failure † 1				
# participants affected / at risk	2/75 (2.67%)	1/21 (4.76%)	0/20 (0.00%)	0/20 (0.00%)
# events	2	1	0	0
Pharyngeal hypoaesthesia † 1				
# participants affected / at risk	1/75 (1.33%)	1/21 (4.76%)	0/20 (0.00%)	0/20 (0.00%)
# events	1	1	0	0
Vascular disorders				
Deep vein thrombosis † 1				
# participants affected / at risk	1/75 (1.33%)	0/21 (0.00%)	0/20 (0.00%)	1/20 (5.00%)
# events	1	0	0	1

† Events were collected by systematic assessment

1 Term from vocabulary, MedDRA (12.0)

Other Adverse Events

Hide Other Adverse Events

Time Frame	No text entered.
Additional Description	No text entered.

Frequency Threshold

Threshold above which other adverse events are reported	5%

Reporting Groups

	Description
POS 200 mg TID on Days 1-8	POS 200 mg TID on Days 1-8, administered with food or oral nutritional supplements.
POS 200 mg TID on Days 9-15	POS 200 mg TID on Days 9-15, administered with food or oral nutritional supplements.
POS 400 mg BID on Days 9-15	POS 400 mg on Days 9-15, administered with food or oral nutritional supplements.
POS 400 mg TID on Days 9-15	POS 400 mg TID on Days 9-15, administered with food or oral nutritional supplements.

Other Adverse Events

	POS 200 mg TID on Days 1-8	POS 200 mg TID on Days 9-15	POS 400 mg BID on Days 9-15	POS 400 mg TID on Days 9-15
Total, other (not including serious) adverse events				
# participants affected / at risk	**73/75 (97.33%)**	**20/21 (95.24%)**	**20/20 (100.00%)**	**20/20 (100.00%)**
Blood and lymphatic system disorders				
Anaemia † 1				
# participants affected / at risk	**2/75 (2.67%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**2/20 (10.00%)**
# events	**2**	**0**	**0**	**2**
Coagulopathy † 1				
# participants affected / at risk	**3/75 (4.00%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**2/20 (10.00%)**
# events	**4**	**0**	**0**	**2**
Febrile neutropenia † 1				
# participants affected / at risk	**16/75 (21.33%)**	**5/21 (23.81%)**	**5/20 (25.00%)**	**4/20 (20.00%)**
# events	**17**	**5**	**6**	**4**
Cardiac disorders				
Tachycardia † 1				
# participants affected / at risk	**4/75 (5.33%)**	**0/21 (0.00%)**	**3/20 (15.00%)**	**1/20 (5.00%)**
# events	**5**	**0**	**4**	**1**
Ear and labyrinth disorders				
Vertigo † 1				
# participants affected / at risk	**7/75 (9.33%)**	**3/21 (14.29%)**	**1/20 (5.00%)**	**3/20 (15.00%)**
# events	**9**	**4**	**1**	**4**
Gastrointestinal disorders				
Abdominal discomfort † 1				
# participants affected / at risk	**4/75 (5.33%)**	**0/21 (0.00%)**	**2/20 (10.00%)**	**1/20 (5.00%)**
# events	**6**	**0**	**4**	**1**
Abdominal distension † 1				
# participants affected / at risk	**4/75 (5.33%)**	**1/21 (4.76%)**	**0/20 (0.00%)**	**1/20 (5.00%)**
# events	**4**	**1**	**0**	**1**
Abdominal pain † 1				
# participants affected / at risk	**12/75 (16.00%)**	**4/21 (19.05%)**	**4/20 (20.00%)**	**3/20 (15.00%)**
# events	**16**	**7**	**5**	**3**
† 1				

Abdominal pain upper				
# participants affected / at risk	**5/75 (6.67%)**	**2/21 (9.52%)**	**0/20 (0.00%)**	**2/20 (10.00%)**
# events	**5**	**2**	**0**	**2**
Constipation † 1				
# participants affected / at risk	**15/75 (20.00%)**	**4/21 (19.05%)**	**6/20 (30.00%)**	**4/20 (20.00%)**
# events	**16**	**4**	**6**	**5**
Diarrhoea † 1				
# participants affected / at risk	**39/75 (52.00%)**	**10/21 (47.62%)**	**9/20 (45.00%)**	**13/20 (65.00%)**
# events	**83**	**27**	**20**	**23**
Dry mouth † 1				
# participants affected / at risk	**2/75 (2.67%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**2/20 (10.00%)**
# events	**2**	**0**	**0**	**2**
Dyspepsia † 1				
# participants affected / at risk	**8/75 (10.67%)**	**4/21 (19.05%)**	**2/20 (10.00%)**	**2/20 (10.00%)**
# events	**11**	**6**	**3**	**2**
Flatulence † 1				
# participants affected / at risk	**11/75 (14.67%)**	**2/21 (9.52%)**	**5/20 (25.00%)**	**2/20 (10.00%)**
# events	**15**	**4**	**7**	**2**
Gastrooesophageal reflux disease † 1				
# participants affected / at risk	**3/75 (4.00%)**	**0/21 (0.00%)**	**2/20 (10.00%)**	**1/20 (5.00%)**
# events	**3**	**0**	**2**	**1**
Haemorrhoids † 1				
# participants affected / at risk	**9/75 (12.00%)**	**4/21 (19.05%)**	**4/20 (20.00%)**	**1/20 (5.00%)**
# events	**12**	**4**	**7**	**1**
Nausea † 1				
# participants affected / at risk	**39/75 (52.00%)**	**11/21 (52.38%)**	**10/20 (50.00%)**	**12/20 (60.00%)**
# events	**67**	**17**	**14**	**27**
Odynophagia † 1				
# participants affected / at risk	**2/75 (2.67%)**	**0/21 (0.00%)**	**0/20 (0.00%)**	**2/20 (10.00%)**
# events	**2**	**0**	**0**	**2**
Oral pain † 1				
# participants affected / at risk	**5/75 (6.67%)**	**0/21 (0.00%)**	**1/20 (5.00%)**	**2/20 (10.00%)**
# events	**5**	**0**	**1**	**2**
Stomatitis † 1				
# participants affected / at risk	**14/75 (18.67%)**	**3/21 (14.29%)**	**3/20 (15.00%)**	**5/20 (25.00%)**
# events	**18**	**3**	**3**	**9**
Vomiting † 1				
# participants affected / at risk	**22/75 (29.33%)**	**6/21 (28.57%)**	**5/20 (25.00%)**	**7/20 (35.00%)**
# events	**29**	**10**	**5**	**9**
General disorders				
Catheter site erythema † 1				
# participants affected / at risk	**4/75 (5.33%)**	**1/21 (4.76%)**	**2/20 (10.00%)**	**1/20 (5.00%)**
# events	**4**	**1**	**2**	**1**
Chest pain † 1				
# participants affected / at risk	**5/75 (6.67%)**	**0/21 (0.00%)**	**2/20 (10.00%)**	**2/20 (10.00%)**

# events	5	0	2	2
Chills † 1				
# participants affected / at risk	14/75 (18.67%)	3/21 (14.29%)	3/20 (15.00%)	8/20 (40.00%)
# events	15	4	3	8
Mucosal inflammation † 1				
# participants affected / at risk	20/75 (26.67%)	7/21 (33.33%)	5/20 (25.00%)	4/20 (20.00%)
# events	30	9	6	10
Oedema peripheral † 1				
# participants affected / at risk	4/75 (5.33%)	1/21 (4.76%)	2/20 (10.00%)	1/20 (5.00%)
# events	4	1	2	1
Pyrexia † 1				
# participants affected / at risk	33/75 (44.00%)	10/21 (47.62%)	11/20 (55.00%)	10/20 (50.00%)
# events	40	13	13	12
Hepatobiliary disorders				
Hyperbilirubinaemia † 1				
# participants affected / at risk	4/75 (5.33%)	0/21 (0.00%)	1/20 (5.00%)	2/20 (10.00%)
# events	17	0	3	12
Immune system disorders				
Drug hypersensitivity † 1				
# participants affected / at risk	3/75 (4.00%)	1/21 (4.76%)	0/20 (0.00%)	2/20 (10.00%)
# events	3	1	0	2
Infections and infestations				
Clostridial infection † 1				
# participants affected / at risk	4/75 (5.33%)	1/21 (4.76%)	1/20 (5.00%)	2/20 (10.00%)
# events	4	1	1	2
Clostridium difficile colitis † 1				
# participants affected / at risk	2/75 (2.67%)	2/21 (9.52%)	0/20 (0.00%)	0/20 (0.00%)
# events	2	2	0	0
Escherichia bacteraemia † 1				
# participants affected / at risk	3/75 (4.00%)	2/21 (9.52%)	1/20 (5.00%)	0/20 (0.00%)
# events	3	2	1	0
Herpes simplex † 1				
# participants affected / at risk	4/75 (5.33%)	2/21 (9.52%)	1/20 (5.00%)	0/20 (0.00%)
# events	5	3	1	0
Infection † 1				
# participants affected / at risk	11/75 (14.67%)	4/21 (19.05%)	4/20 (20.00%)	3/20 (15.00%)
# events	11	4	4	3
Investigations				
C-reactive protein increased † 1				
# participants affected / at risk	2/75 (2.67%)	0/21 (0.00%)	0/20 (0.00%)	2/20 (10.00%)
# events	2	0	0	2
Transaminases increased † 1				
# participants affected / at risk	3/75 (4.00%)	0/21 (0.00%)	0/20 (0.00%)	3/20 (15.00%)
# events	4	0	0	4

Metabolism and nutrition disorders				
Anorexia † 1				
# participants affected / at risk	**12/75 (16.00%)**	**1/21 (4.76%)**	**4/20 (20.00%)**	**5/20 (25.00%)**
# events	**14**	**1**	**6**	**5**
Hypokalaemia † 1				
# participants affected / at risk	**19/75 (25.33%)**	**3/21 (14.29%)**	**5/20 (25.00%)**	**10/20 (50.00%)**
# events	**24**	**4**	**6**	**13**
Hypomagnesaemia † 1				
# participants affected / at risk	**6/75 (8.00%)**	**1/21 (4.76%)**	**1/20 (5.00%)**	**4/20 (20.00%)**
# events	**6**	**1**	**1**	**4**
Musculoskeletal and connective tissue disorders				
Back pain † 1				
# participants affected / at risk	**5/75 (6.67%)**	**1/21 (4.76%)**	**2/20 (10.00%)**	**1/20 (5.00%)**
# events	**5**	**1**	**2**	**1**
Nervous system disorders				
Dizziness † 1				
# participants affected / at risk	**9/75 (12.00%)**	**3/21 (14.29%)**	**2/20 (10.00%)**	**2/20 (10.00%)**
# events	**9**	**3**	**2**	**2**
Headache † 1				
# participants affected / at risk	**4/75 (5.33%)**	**0/21 (0.00%)**	**2/20 (10.00%)**	**2/20 (10.00%)**
# events	**7**	**0**	**3**	**4**
Paraesthesia † 1				
# participants affected / at risk	**2/75 (2.67%)**	**2/21 (9.52%)**	**0/20 (0.00%)**	**0/20 (0.00%)**
# events	**2**	**2**	**0**	**0**
Psychiatric disorders				
Agitation † 1				
# participants affected / at risk	**4/75 (5.33%)**	**0/21 (0.00%)**	**2/20 (10.00%)**	**1/20 (5.00%)**
# events	**5**	**0**	**2**	**1**
Anxiety † 1				
# participants affected / at risk	**3/75 (4.00%)**	**2/21 (9.52%)**	**0/20 (0.00%)**	**1/20 (5.00%)**
# events	**3**	**2**	**0**	**1**
Confusional state † 1				
# participants affected / at risk	**2/75 (2.67%)**	**0/21 (0.00%)**	**2/20 (10.00%)**	**0/20 (0.00%)**
# events	**2**	**0**	**2**	**0**
Insomnia † 1				
# participants affected / at risk	**6/75 (8.00%)**	**1/21 (4.76%)**	**3/20 (15.00%)**	**1/20 (5.00%)**
# events	**6**	**1**	**3**	**1**
Sleep disorder † 1				
# participants affected / at risk	**3/75 (4.00%)**	**1/21 (4.76%)**	**0/20 (0.00%)**	**2/20 (10.00%)**
# events	**3**	**1**	**0**	**2**
Respiratory, thoracic and mediastinal disorders				
Cough † 1				
# participants affected / at risk	**6/75 (8.00%)**	**3/21 (14.29%)**	**2/20 (10.00%)**	**1/20 (5.00%)**

# events	9	3	2	4
Dyspnoea † 1				
# participants affected / at risk	7/75 (9.33%)	2/21 (9.52%)	3/20 (15.00%)	2/20 (10.00%)
# events	7	2	3	2
Epistaxis † 1				
# participants affected / at risk	7/75 (9.33%)	1/21 (4.76%)	3/20 (15.00%)	2/20 (10.00%)
# events	10	1	3	5
Oropharyngeal pain † 1				
# participants affected / at risk	9/75 (12.00%)	2/21 (9.52%)	2/20 (10.00%)	5/20 (25.00%)
# events	11	3	2	6
Skin and subcutaneous tissue disorders				
Erythema † 1				
# participants affected / at risk	4/75 (5.33%)	1/21 (4.76%)	2/20 (10.00%)	1/20 (5.00%)
# events	4	1	2	1
Pruritus † 1				
# participants affected / at risk	7/75 (9.33%)	3/21 (14.29%)	3/20 (15.00%)	1/20 (5.00%)
# events	8	3	3	2
Rash † 1				
# participants affected / at risk	15/75 (20.00%)	5/21 (23.81%)	6/20 (30.00%)	3/20 (15.00%)
# events	15	5	6	3
Vascular disorders				
Hypertension † 1				
# participants affected / at risk	3/75 (4.00%)	0/21 (0.00%)	3/20 (15.00%)	0/20 (0.00%)
# events	3	0	3	0
Hypotension † 1				
# participants affected / at risk	9/75 (12.00%)	0/21 (0.00%)	4/20 (20.00%)	3/20 (15.00%)
# events	12	0	6	3

† Events were collected by systematic assessment

1 Term from vocabulary, MedDRA (12.0)

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:** The sponsor and investigator will publish/present study results together with other study sites, unless written permission is obtained. The investigator provides to the sponsor 45 days prior to submission for publication/presentation, copies of abstracts or manuscripts reporting any study results. The sponsor has the right to review/comment on the data analysis and presentation regarding proprietary information, accuracy and fair blance of the information, and compliance with FDA regulations.

Results Point of Contact:

Name/Title: Senior Vice President, Global Clinical Development
Organization: Merck Sharp & Dohme Corp.
e-mail: ClinicalTrialsDisclosure@merck.com

Publications of Results:

Cornely OA, Helfgott D, Langston A, Heinz W, Vehreschild JJ, Vehreschild MJ, Krishna G, Ma L, Huyck S, McCarthy MC. Pharmacokinetics of different dosing strategies of oral posaconazole in patients with compromised gastrointestinal function and who are at high risk for invasive fungal infection. Antimicrob Agents Chemother. 2012 May;56(5):2652-8. doi: 10.1128/AAC.05937-11. Epub 2012 Jan 30.

Responsible Party:	Merck Sharp & Dohme Corp.
ClinicalTrials.gov Identifier:	NCT00686543 History of Changes
Other Study ID Numbers:	P05115 EudraCT No. 2007-003148-31
Study First Received:	May 27, 2008
Results First Received:	April 15, 2010
Last Updated:	October 8, 2015
Health Authority:	United States: Food and Drug Administration

TO TOP

For Patients and Families | For Researchers | For Study Record Managers

HOME RSS FEEDS SITE MAP TERMS AND CONDITIONS DISCLAIMER CONTACT NLM HELP DESK