2 SYNOPSIS

Sponsor: INNOTECH International	
Name of the investigational medicinal product: Polygynax® capsule	
Names of the active substances: Neomycin sulphate / Polymyxin B / Nystatin	
Full title of the study: Multicentre open-label study of the efficacy and safety of topical treatment with POLYGYNAX® in fungal and/or bacterial vaginitis	
Investigator(s): Gynaecologists and specialists in infectious diseases working in private practice	
Location of the study and centres: Gynaecology practice and centre for infectious diseases in metropolitan France	
Publications: No publication has been submitted during the preparation of this report.	
Duration of the study: - date of inclusion of the first patient: 03/04/2009 - date the last patient completed participation: 14/11/2009	Phase of clinical research: IV
Primary objective and secondary objectives of the study: The primary objective of the study was to evaluate the efficacy of the treatment on symptoms of fungal and/or bacterial vaginitis. The secondary objectives of the study were the following: - To evaluate the bacteriological efficacy of Polygynax® - To evaluate the concordance between efficacy against clinical symptoms and microbiological efficacy. - To evaluate the safety of Polygynax®	
Study methodology: Prospective, multicentre, open-label study.	
Number of patients: - planned number of patients: 200 patients included for 100 eligible patients - number of patients analysed: 169 patients were included into the study (SAF population) and 100 patients were eligible. 93 patients were analysed in ITT and 87 patients in PP	
Principal inclusion and non-inclusion criteria: Inclusion criteria: • Woman • Aged 18 to 65 years • Having given informed consent in writing • Presenting with symptoms of vaginitis: unusual leucorrhoea, pruritus, burning during urination, dyspareunia. Non-inclusion criteria: • Menstruating patient, • Virgin patient, • Sexually transmitted infection (STI) that is clinically detectable: genital lesion, suggestive leucorrhoea, recent history of STI (less than 3 months ago), partner is known to have STI, • Sexually transmitted disease including HIV, • Pregnancy, • Lactation,	

- Known allergy or hypersensitivity to the treatment or to one of the components of the treatment and in particular hypersensitivity to soya oil,
- Use of male or female condoms,
- Use of spermicide,
- Use of a diaphragm,
- Clinical symptoms of non-sensitive bacterial vaginosis: fluid and malodorous leucorrhoea suggestive of vaginitis due to *Gardnerella vaginalis*
- Concomitant topical or systemic anti-infectious treatment,
- Topical or systemic anti-infectious treatment during the 14 days preceding the study,
- Immunosuppression or other serious disease which would cause difficulties in implementation of the protocol or interpretation of the study results.
- Immunosuppressive treatment
- Chemotherapy
- Patient who has participated in a clinical study in the month preceding the study

Investigational medicinal product [name, dose, route of administration and batch number(s)]:

Polygynax® (Neomycin sulphate / Polymyxin B / Nystatin) / 1 capsule per day in the evening administered by the vaginal route
Batch number: 08097
Expiry date: 03/2010

Duration of treatment:
The treatment duration was 12 days.

Reference medicinal product [name, dose, route of administration and batch number]: Not applicable.

Endpoint(s):
- Efficacy:
  - Primary:
    Evaluation of clinical efficacy on the basis of a physical examination by the investigator
  - Secondary:
    Evaluation by the patient of efficacy against clinical signs and symptoms
    Bacteriological evaluation
    The relationship between the results of clinical and bacteriological evaluations
- Safety:
    Recording of adverse events

Statistical analyses:
The primary endpoint was analysed in the ITT and PP populations.
The secondary endpoints were analysed in the ITT and PP populations.
The efficacy variables were summarised using the following statistical descriptors: the total population, the number and percentage of missing values, the frequencies and percentages for each level of the variable.
The concordance between the efficacy of the treatment against clinical symptoms and the microbiological efficacy was descriptive and was established using a contingency table for data at the final visit.
The safety analysis was performed on the SAF population.
The safety of the treatment was evaluated by recording adverse events.
The adverse events were coded using the MedDRA 11.0 terminology.

Results:

169 patients were included into the study, 93 were included into the ITT population and 87 into the PP population.

The patients in the ITT population had a mean age of 33.1 (11.7) years.

The primary efficacy endpoint was based on the clinical success of the treatment, defined as a cure or improvement in clinical signs and symptoms of the disease as judged by the investigator.

The investigators considered the treatment to be successful in 91 of the 93 patients in the ITT population (cure in 70 patients and improvement in 21 patients), giving a success rate of 97.8%. In the PP population, the clinical success rate was 97.7%.

Objective evaluation of treatment efficacy by means of microbiological analysis demonstrated therapeutic success in 81.3% and 82.4% of patients in ITT and PP populations, respectively.

89 patients in the ITT population judged themselves to have been cured or improved at V3, giving a success rate of 95.7%. In the PP population, the success rate as judged by the patient was 95.4%, with 83 patients reporting cure or improvement.

In the ITT population, the incidence of leucorrhoea, pruritus, dyspareunia and burning during urination decreased by 72.7%, 90.1%, 76.7% and 85.7%, respectively, between V1 and V3.

The results were similar in the PP population with the respective decreases in the incidence of leucorrhoea, pruritus, dyspareunia and burning during urination being 73.2%, 90.9%, 80.5% and 84.6%.

63 patients in the ITT population (67.7%) and 58 in the PP population (66.7%) had pure fungal vaginitis, 5 patients each in the ITT population (5.4%) and PP population (5.7%) pure bacterial vaginitis, and 25 patients in the ITT population (26.9%) and 24 in the PP population (27.6%) had mixed vaginitis.

In patients with pure fungal vaginitis, therapeutic success was observed in 98.4% of patients in the ITT population as judged by the investigator (98.3% in the PP population) and in 87.3% according to the microbiological analysis (87.9% in the PP population).

Polygynax was very well tolerated.

During the course of this study, the benefits of Polygynax in the treatment of vaginitis were confirmed:

- maintenance of efficacy against *Candida albicans* and *Candida* non-albicans in contrast to azole derivatives.
- demonstrated efficacy against a wide spectrum of bacterial vaginitis.
- Excellent tolerability enabling the quality of life of treated patients to be respected.

Thus Polygynax offers a polyvalent first-line response to every clinical picture suggestive of infectious vaginitis, regardless of aetiology.

Date of the report: final version dated 31 August 2010

EudraCT Number: 2008-007874-39