SYNOPSIS

Final Clinical Study Report for Study CV203010

TITLE OF STUDY: Randomized, Double-Blind, Placebo-Controlled, 4-Way Crossover Study to Evaluate the Safety, Tolerability and Effect on Atrial Fibrillation Burden of BMS-914392 in Patients with Paroxysmal Atrial Fibrillation and Permanent Pacemaker.

PURPOSE: The purpose of this study is to evaluate the pharmacodynamic effect of BMS-914392 on atrial fibrillation (AF) burden in pacemaker subjects with paroxysmal AF when administered orally at doses of 10 mg QD, 10 mg TID or 20 mg TID for 21 days at each dose level. It is hypothesized that treatment with BMS-914392 will lead to a reduction in AF burden as compared to placebo.

NUMBER OF SUBJECTS: Twenty (20) subjects were planned, enrolled and received study drug. Of these, 19 subjects completed the study as planned and 1 subject was lost to follow-up.

DISPOSITION, DEMOGRAPHICS AND OTHER PERTINENT BASELINE CHARACTERISTICS:

All 20 (100%) subjects were white and 10 (50%) were males, with a median age of 70.5 years. A summary of subject demographics and physical measurements for this study is provided in Table 1.

Table 1: Baseline Demographic and Physical Characteristics

	ADBC N=5	BACD N=5	CBDA N=5	DCAB N=5	All Subjects N=20
Age (years)					
Median	71.0	70.0	70.0	72.0	70.5
Race (%)					
White	5 (100)	5 (100)	5 (100)	5 (100)	20 (100)
Gender (%)					
Male	2 (40.0)	2 (40.0)	4 (80.0)	2 (40.0)	10 (50.0)
Female	3 (60.0)	3 (60.0)	1 (20.0)	3 (60.0)	10 (50.0)
Mean Height (cm)	167.00	176.70	179.50	166.33	171.74
Mean Weight (kg)	77.70	95.27	93.30	73.37	84.15

SUMMARY OF SAFETY RESULTS:

There were no deaths, serious adverse events (SAEs) or discontinuations due to adverse events (AEs) in this study. There were no AEs that were considered related to study drug by the Investigator. The most frequently occurring AE in all subjects was dyspnoea, which occurred in 8 (40.0%) subjects. Other AEs occurring in 3 or more subjects included: dizziness (n=7), headache (n=5), lethargy (n=3), tremor (n=3), chest pain (n=3), and nasopharyngitis (n=3). All of the AEs were considered mild to moderate in intensity with the exception of one AE of dyspnoea, which was considered severe by the Investigator. The AE of dyspnoea occurred on Day 22 of Period 2 of Treatment B (BMS-914392 10 mg TID) and resolved without treatment Day 43 of the study.

Of the laboratory assessments measured in this study, a clinically relevant change was noted in INR. These elevations were not considered to be related to study drug. There were no clinically significant changes in any other laboratory assessments.

There were no clinically relevant changes in vital signs, electrocardiogram (ECG) or physical examination in this study.

DATE OF REPORT: 30-Jan-2013