ClinicalTrials.gov Protocol and Results Registration System (PRS) Receipt
Release Date: 09/30/2014

A Study to Assess the Safety and Efficacy of 7 Days Treatment With a Novel Analgesic in Subjects With Peripheral Neuropathic Pain

This study has been terminated.
(The trial was early terminated after it was concluded that there was no added benefit from exposing further participants after an unblinded interim analysis.)

Sponsor:	Grünenthal GmbH
Collaborators:	
Information provided by (Responsible Party):	Grünenthal GmbH
ClinicalTrials.gov Identifier:	NCT01485094

Purpose

The purpose of this trial is to determine whether a novel analgesic is effective in treating of neuropathic pain caused by herpetic infection, surgery, or trauma.

Condition	Intervention	Phase
Neuralgia	Drug: GRT6010 Drug: Pregabalin Drug: Matching Placebo	Phase 2

Study Type: Interventional
Study Design: Treatment, Parallel Assignment, Double Blind (Subject, Caregiver, Investigator, Outcomes Assessor), Randomized, Safety/Efficacy Study
Official Title: Evaluation of the Efficacy, Tolerability, and Safety of 7 Days of Treatment With GRT6010 or Pregabalin in Comparison to Placebo in Subjects With Peripheral Neuropathic Pain.

Further study details as provided by Grünenthal GmbH:

Primary Outcome Measure:

- Difference Between Baseline and End-of-double-blind Treatment Ongoing Pain Intensity Scores [Time Frame: Baseline; Day 7 (end of double blind treatment)] [Designated as safety issue: No]

The baseline pain intensity score was calculated as a mean of pain intensity scores during the Baseline Period (from Day -3 to Day -1). The ongoing pain intensity data from Day-3 to Day 7 was used. For the analysis, only pain scores on days where participants received study drug were considered. The primary efficacy analysis of the ongoing pain intensity score were analyzed in a Bayesian framework, via a mono exponential decay model, with the baseline Numeric Rating Score (NRS) as intercept. Considering the inclusion criteria of baseline pain intensity being in the range from 4 to 9, the range in ongoing pain intensity difference between baseline and end-of-double-blind treatment can be from 6 (worst possible value) to -9 (best possible value). A negative value indicates improvement whilst on the treatment.

- The Difference Between Baseline and End-of-double-blind Treatment Brush-evoked Pain Intensity Scores [Time Frame: Baseline and day 7 (end of double blind treatment)] [Designated as safety issue: No]

  The difference between baseline and end-of-double-blind treatment brush-evoked pain intensity scores compared to placebo on a 0-100 point NRS (measured as part of the dynamic mechanical allodynia assessments). Each participant rated each brush-evoked pain intensity on a 0 to 100 point Numerical Pain Rating Scale, with 0 indicating 'No Pain' and 100 indicating 'most intense pain imaginable'. Lower values compared to an individual subject's baseline are an improvement in symptoms. The baseline brush-evoked pain intensity score was defined as the average of the geometric mean of all of the values obtained on Day -2 and Day -1, and compared with the scores obtained on day 6 and 7. For the analysis, only pain scores on days where participants received study drug were considered. A negative change indicates a decrease in brush-evoked pain intensity from baseline.

Secondary Outcome Measures:

- Assessment of Responder Rates [Time Frame: Day 7 (end of double blind treatment)] [Designated as safety issue: No]

  The assessment was performed on Day 7. The percentage of change from baseline (Day -3 to Day -1, i.e. the 3 days in the days prior to first dose) in the daily ongoing pain intensity was calculated at Day 7. The percentage of change from baseline in the daily ongoing pain intensity was calculated at Day 7 as follows: % change = (Baseline Pain Intensity - Daily pain intensity at treatment visit) / Baseline Pain Intensity × 100 The threshold values represent an improvement in ongoing pain intensity greater than 20, 30, 40, 50, 60, 70, 80 or 90% as per calculation. Participants who showed a worsening in their daily pain intensity or who prematurely discontinued the trial were regarded as non-responders in terms of the respective treatment.
- Onset of Current Pain Relief [Time Frame: Day 1 to Day 7 (end of double blind treatment)] [Designated as safety issue: No]

  Onset of current pain relief defined as the first time-point at which the participant reports a decrease of a 1-point reduction in current pain relative to baseline (day -3 to day -1), after start of treatment with study drug on Day 1. Due to the early termination of the trial this analysis was not performed.
- Onset of Ongoing Pain Relief [Time Frame: Day 1 to Day 7 (end of double blind treatment)] [Designated as safety issue: No]

  Onset of ongoing pain relief defined as the first time-point at which the participant reports a decrease of more than 1-point reduction in ongoing pain relative to baseline (day -3 to day -1), after start of treatment with study drug on Day 1. Study drug intake started on Day 1. Due to the early termination of the trial this analysis was not performed.
- Change in Neuropathic Pain Symptom Inventory Scores on Day 7 From Baseline (Day -1) [Time Frame: Day -1; Day 7 (end of double blind treatment)] [Designated as safety issue: No]

  The Neuropathic Pain Symptom Inventory (NPSI) Score is an assessment of neuropathic pain symptoms. A participant answered 10 questions on an 11-point scale 0 (no pain) to 10 (most intense pain imaginable). The total NPSI score is the sum of all ten responses and ranges between 0 and 100. The baseline score and the mean NPSI change is reported over the double-blind treatment period. A negative mean change in score on Day 7 indicates an improvement on this 0 to 100 point scale from baseline for the total score. For pain descriptions burning, pressing, paroxysmal (pain like electric shocks or stabbing), evoked (due to touch) and paresthesia (sensation that is not unpleasant) or dysesthesia (unpleasant) subscores a negative mean change indicate an improvement on the 11 point scale. A participant will score 10 to indicates the worst imaginable symptom, e.g. worst burning imaginable. A participant will score 0 if there is no burning, i.e. the symptom is absent.
- Difference in Patient's Global Impression of Change [Time Frame: Day 7 (end of double blind treatment)] [Designated as safety issue: No]

  In the Patient Global Impression of Change (PGIC) the participant indicates the perceived change over the 7 day treatment period. The participant is requested to choose one of seven categories. Scores range from very much improved to very much worse.
- The Difference Between Baseline and End-of-double-blind Treatment Scores for Dynamic Mechanical Allodynia and Mechanical Pain Sensitivity Compared to Placebo [Time Frame: Day 7 (end of double blind treatment)] [Designated as safety issue: No]

  Allodynia is pain due to a stimulus that does not normally provoke pain. Dynamic mechanical allodynia was assessed using a set of 3 light tactile stimulators as moving innocuous stimuli. Each participant gave numerical pain ratings for each of 15 stimuli at the affected side. Mechanical pain

sensitivity was assessed using a set of 7 weighted pinprick stimuli to obtain the stimulus-response function for pinprick-evoked pain. The participant gave a numerical pain ratings for each of 35 pinprick stimuli at the affected site. Dynamic mechanical allodynia and mechanical pain sensitivity was calculated as the geometric mean of all numerical ratings. The values obtained on Day -2 and -1 were taken as the baseline and values on Day 6 and 7 were taken as the end of treatment. A negative change indicates an improvement on the 0 (no pain) to 100 point scale, where 100 indicates the worst imaginable pain.

- Change in Area of Static Allodynia and Dynamic Allodynia From Baseline [Time Frame: Baseline; Day 7 (end of double blind treatment)] [Designated as safety issue: No]
  Allodynia is pain due to a stimulus that does not normally provoke pain. To measure the areas of dynamic and static allodynia, a point lying in the center of the area of maximum pain was marked at baseline (Day -2 and -1). From the baseline point, 8 radii were drawn. The area of dynamic allodynia was determined by gently stroking the skin with a standardized brush along the lines. The participant was asked to report when the sensation became unpleasant. The area of static allodynia was determined by a 128 mN (millinewton) pinprick stimulus along the lines of the 8 radii while asking the subject to report when the sensation became unpleasant. The area was calculated from the summing of the 8 triangles that are generated from the points along each of the 8 radii at which unpleasantness was reported. The larger the area in square centimeters the more allodynia. A reduction in the area of allodynia indicates improvement.
- Difference in Leeds Sleep Evaluation Questionnaire After 7 Days of Treatment [Time Frame: Day 7] [Designated as safety issue: No]
  On the last day of the double-blind treatment period sleep was evaluated using the Leeds sleep evaluation questionnaire. This questionnaire has 10 self-rating 100 mm line analogue questions concerning sleep and early morning behavior. The higher the score, i.e. the closer the value is to 100 the worse the rating by the participant. The 10 responses are grouped into 4 subscores: • The ease of getting to sleep. • The perceived quality of sleep. • The ease of awakening from sleep. • The integrity of behavior following wakefulness.
- Change in painDETECT Grading From Baseline (Day -1) to End of Double-blind Treatment (Day 7) [Time Frame: Day 7 (end of double blind treatment)] [Designated as safety issue: No]
  The painDETECT questionnaire was used to determine the possibility of the presence of a neuropathic pain component. It is a participant completed questionnaire. A total score is calculated between 0 and 38 for each participant. Participants with a score between 0 and 12 are graded as "negative" and having "no neuropathic pain component". Scores between 19 and 38 result in a "positive" grading, in other words having "presence of neuropathic component". Values from 13 to 18 result in participants being graded as having an "unclear" neuropathic component to their pain. The painDETECT questionnaire was first administered on Day-1 (baseline). The data reported is for before treatment start (Day -1) and the change from baseline on Day 7 (end of the double-blind period).
- Daily Current Pain Intensity [Time Frame: Baseline; Day 10] [Designated as safety issue: No]
  Participants recorded their current pain intensity score 3 times a day, using a 0 -10 (11 point) Numeric Rating Scale where a rating of 0 corresponded to "No Pain" and a rating of 10 to "Pain as bad as you can imagine". The daily current pain intensity reported was derived as the mean of the 3 current pain intensity assessments taken on the day from all participants in the treatment group. The lower the value on the 11 point scale the less pain was reported on a treatment.

Enrollment: 114
Study Start Date: February 2012
Primary Completion Date: January 2013
Study Completion Date: January 2013

Arms	Assigned Interventions
Placebo Comparator: Matching placebo Oral administration. Pain not sufficiently controlled may be treated with acetaminophen.	Drug: Matching Placebo Matching Placebo capsules to the over-encapsulated Pregabalin capsules and Matching Placebo oral solution to the GRT6010 solution.

Arms	Assigned Interventions
	Capsules twice daily on Days 1 to 7. Solution once daily.
Experimental: GRT6010 Oral administration. Pain not sufficiently controlled may be treated with acetaminophen.	Drug: GRT6010 Oral solution given once daily.
Active Comparator: Pregabalin Oral administration. Pain not sufficiently controlled may be treated with acetaminophen.	Drug: Pregabalin Over-encapsulated pregabalin capsules 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7. Other Names: Lyrica®

Detailed Description:

This trial evaluates the effectiveness of a novel analgesic in peripheral neuropathic pain in a mixed patient population. Participants were treated for one week and randomly assigned to the novel analgesic, pregabalin, or placebo. Pain will be characterized before and at the end of this period. This trial required the participants to stay at the investigational site for 14 consecutive days.

The enrollment visit took place Day -28 to Day -16. Participants tapered down their existing medication from Visit 2 (Day -17 to Day -5) to Visit 3 and were given rescue medication (paracetamol/acetaminophen). At Visit 3 participants were hospitalized (Day -4). The baseline evaluation period took place from Day -3 to Day -1. Randomization to one of the three treatment arms was possible after the last assessment on Day - 1 alternatively randomization took place on Day 1. This was followed by the double-blind treatment period (Day 1 to Day 7). The participants were follow-up thereafter up to day 36 (Day 34 to 38). Participants were permitted to resume their previous medication.

Eligibility

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

Criteria

Inclusion Criteria:

- Age 18 years to 75 years
- Presence of persistent neuropathic pain for at least 6 months at the time of the Enrollment Visit. Allowed reasons for neuropathic pain are: modified radical mastectomy, breast conserving surgery, or cosmetic breast surgery. [Germany: subjects after cosmetic breast surgery may not be enrolled.]
- Presence of "probable" or "definite" neuropathic pain.
- Presence of dynamic mechanical allodynia on the affected side, or alternatively, the mechanical pain sensitivity for any of the pinprick stimuli is higher on the affected compared to the contralateral side.

- At either Visit 5 or Visit 6: Presence of an average evoked pain intensity score of >20 on the 0 100 point numeric rating scale (NRS) for at least 1 of the 3 clinical sub-tests for dynamic mechanical allodynia (i.e., standardized brush, cotton wool tip or cotton wisp). The average will be calculated as the arithmetic mean of all measurements per sub test. Alternatively, the arithmetic mean of the 5 test replicates for any of the pinprick stimuli for mechanical pain sensitivity is at least 3 times higher for the affected side compared to the contralateral side.
- Presence of an average ongoing pain intensity score of >4 to <9 on the 0-10 point numerical rating scale (NRS) without the use of rescue medication within the 3 day Baseline pain intensity evaluation Period with at least 7 of 9 assessments being present.
- Dissatisfaction with the current treatment (i.e., lack of efficacy or intolerable side effects) if taking an opioid or non opioid analgesic medication for the painful neuropathy before enrollment.

Exclusion Criteria:

- Any kind of hepatic impairment at Visit 1 or at Visit 3.
- Either active hepatitis within the past 3 months or presence of chronic hepatitis irrespective of its activity status.
- Estimated creatinine clearance of less than 60 mL/minute x 1.73 m2 at either Visit 1 or at Visit 3.
- Clinically relevant cardiac disease (e.g., unstable angina pectoris, angina pectoris Canadian Cardiovascular Society [CCS] Grade III to IV, acute myocardial infarction within the last 3 months, cardiac insufficiency New York Heart Association [NYHA] Class III to IV).
- Electrocardiogram (ECG) with clinically relevant findings at either Visit 1 or at Visit 3, including but not limited to repeated prolongation of QTc > 450 ms (Fridericia correction), or a history of additional risk factors for torsade de pointes (e.g., family history of Long QT Syndrome).
- Clinically relevant pulmonary disease (e.g., Medical Research Council breathlessness scale of 2 or above).
- Specific antitumor therapy within the last 6 months, e.g., adjuvant radiotherapy or chemotherapy, biologics, or angiogenesis inhibitors.
- CYP2D6 poor metabolizer phenotype as predicted by CYP2D6 genotyping.
- Presence of confounding pain conditions (e.g., ulnar nerve entrapment, radial nerve injury associated with major soft-tissue or bone damage, cervico-thoracic radiculopathy, carpal tunnel syndrome, chemotherapy-induced peripheral neuropathy, or complex regional pain syndrome type I or type II).
- Phantom breast or phantom limb pain.
- Presence of exclusively negative symptoms of neuropathic pain (e.g., hypoesthesia or total anesthesia) in the affected area.

Contacts and Locations

Locations

Germany

DEU001
Mainz, Germany, D-55131

DEU004
Marburg, Germany, D-03504

DEU005a
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Investigators

Study Director:	Director Clinical Trials	Grünenthal GmbH

More Information

Responsible Party:	Grünenthal GmbH
Study ID Numbers:	967165 2011-002092-42 [EudraCT Number]
Health Authority:	Hungary: National Institute of Pharmacy Germany: Federal Institute for Drugs and Medical Devices United Kingdom: Medicines and Healthcare Products Regulatory Agency

Study Results

Participant Flow

Recruitment Details	The first participant was enrolled on the 23 Feb 2012 and the last participant completed the trial on the 18 Jan 2013. A decision to terminate the trial was taken on 18 Dec 2012 after the results of an interim analysis.
Pre-Assignment Details	114 participants signed informed consent to participate in the trial. 59 participants of the planned 90 were randomized and 57 received study drug (investigational medicinal product).

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo: Matching Placebo capsules to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Overall Study

	Matching Placebo	GRT6010	Pregabalin
Started	20	20	19
Completed	17	18	18
Not Completed	3	2	1
Adverse Event	1	1	1
Lost to Follow-up	1	0	0
Withdrawal by Subject	1	1	0

Baseline Characteristics

Analysis Population Description
Intention-to-treat

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Baseline Measures

	Matching Placebo	GRT6010	Pregabalin	Total
Number of Participants	19	19	19	57
Age, Categorical [units: participants]				
<=18 years	0	0	0	0
Between 18 and 65 years	18	16	15	49
>=65 years	1	3	4	8
Age, Continuous [units: years] Mean (Standard Deviation)	46.53 (14.83)	54.00 (9.93)	50.53 (14.55)	50.35 (13.41)
Gender, Male/Female [units: participants]				
Female	12	11	12	35
Male	7	8	7	22
Region of Enrollment [units: participants]				

	Matching Placebo	GRT6010	Pregabalin	Total
Hungary	3	2	2	7
Poland	0	1	0	1
Germany	1	1	1	3
United Kingdom	15	15	16	46
Body mass index [units: kg/m2] Mean (Standard Deviation)	27.56 (3.80)	27.37 (3.03)	27.27 (3.32)	27.40 (3.34)
Time since diagnosis of neuropathic pain [units: months] Mean (Standard Deviation)	32.95 (27.84)	83.26 (49.86)	63.32 (54.79)	59.84 (49.49)

Outcome Measures

1. Primary Outcome Measure:

Measure Title	Difference Between Baseline and End-of-double-blind Treatment Ongoing Pain Intensity Scores
Measure Description	The baseline pain intensity score was calculated as a mean of pain intensity scores during the Baseline Period (from Day -3 to Day -1). The ongoing pain intensity data from Day-3 to Day 7 was used. For the analysis, only pain scores on days where participants received study drug were considered. The primary efficacy analysis of the ongoing pain intensity score were analyzed in a Bayesian framework, via a mono exponential decay model, with the baseline Numeric Rating Score (NRS) as intercept. Considering the inclusion criteria of baseline pain intensity being in the range from 4 to 9, the range in ongoing pain intensity difference between baseline and end-of-double-blind treatment can be from 6 (worst possible value) to -9 (best possible value). A negative value indicates improvement whilst on the treatment.
Time Frame	Baseline; Day 7 (end of double blind treatment)
Safety Issue?	No

Analysis Population Description

Intention-to-treat

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19
Difference Between Baseline and End-of-double-blind Treatment Ongoing Pain Intensity Scores [units: units on a scale] Mean (Standard Deviation)	-2.55 (2.15)	-2.30 (1.73)	-2.33 (1.58)

2. Primary Outcome Measure:

Measure Title	The Difference Between Baseline and End-of-double-blind Treatment Brush-evoked Pain Intensity Scores
Measure Description	The difference between baseline and end-of-double-blind treatment brush-evoked pain intensity scores compared to placebo on a 0-100 point NRS (measured as part of the dynamic mechanical allodynia assessments). Each participant rated each brush-evoked pain intensity on a 0 to 100 point Numerical Pain Rating Scale, with 0 indicating 'No Pain' and 100 indicating 'most intense pain imaginable'. Lower values compared to an individual subject's baseline are an improvement in symptoms. The baseline brush-evoked pain intensity score was defined as the average of the geometric mean of all of the values obtained on Day -2 and Day -1, and compared with the scores obtained on day 6 and 7. For the analysis, only pain scores on days where participants received study drug were considered. A negative change indicates a decrease in brush-evoked pain intensity from baseline.
Time Frame	Baseline and day 7 (end of double blind treatment)

Safety Issue?	No

Analysis Population Description
[Not Specified]

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19
The Difference Between Baseline and End-of-double-blind Treatment Brush-evoked Pain Intensity Scores [units: units on a scale] Mean (Standard Deviation)	-11.17 (15.88)	-14.31 (20.90)	-9.79 (13.69)

3. Secondary Outcome Measure:

Measure Title	Assessment of Responder Rates

Measure Description	The assessment was performed on Day 7. The percentage of change from baseline (Day -3 to Day -1, i.e. the 3 days in the days prior to first dose) in the daily ongoing pain intensity was calculated at Day 7. The percentage of change from baseline in the daily ongoing pain intensity was calculated at Day 7 as follows: % change = (Baseline Pain Intensity - Daily pain intensity at treatment visit) / Baseline Pain Intensity × 100 The threshold values represent an improvement in ongoing pain intensity greater than 20, 30, 40, 50, 60, 70, 80 or 90% as per calculation. Participants who showed a worsening in their daily pain intensity or who prematurely discontinued the trial were regarded as non-responders in terms of the respective treatment.
Time Frame	Day 7 (end of double blind treatment)
Safety Issue?	No

Analysis Population Description
[Not Specified]

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19
Assessment of Responder Rates [units: participants]			
20% Threshold	12	14	13

	Matching Placebo	GRT6010	Pregabalin
30% Threshold	11	10	8
40% Threshold	8	9	6
50% Threshold	5	7	4
60% Threshold	4	4	4
70% Threshold	4	1	2
80% Threshold	3	0	2
90% Threshold	1	0	2

4. Secondary Outcome Measure:

Measure Title	Onset of Current Pain Relief
Measure Description	Onset of current pain relief defined as the first time-point at which the participant reports a decrease of a 1-point reduction in current pain relative to baseline (day -3 to day -1), after start of treatment with study drug on Day 1. Due to the early termination of the trial this analysis was not performed.
Time Frame	Day 1 to Day 7 (end of double blind treatment)
Safety Issue?	No

Analysis Population Description

[Not Specified]

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.

	Description
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	0	0	0

No data displayed because Outcome Measure has zero total participants analyzed.

5. Secondary Outcome Measure:

Measure Title	Onset of Ongoing Pain Relief
Measure Description	Onset of ongoing pain relief defined as the first time-point at which the participant reports a decrease of more than 1-point reduction in ongoing pain relative to baseline (day -3 to day -1), after start of treatment with study drug on Day 1. Study drug intake started on Day 1. Due to the early termination of the trial this analysis was not performed.
Time Frame	Day 1 to Day 7 (end of double blind treatment)
Safety Issue?	No

Analysis Population Description

[Not Specified]

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	0	0	0

No data displayed because Outcome Measure has zero total participants analyzed.

6. Secondary Outcome Measure:

Measure Title	Change in Neuropathic Pain Symptom Inventory Scores on Day 7 From Baseline (Day -1)
Measure Description	The Neuropathic Pain Symptom Inventory (NPSI) Score is an assessment of neuropathic pain symptoms. A participant answered 10 questions on an 11-point scale 0 (no pain) to 10 (most intense pain imaginable). The total NPSI score is the sum of all ten responses and ranges between 0 and 100. The baseline score and the mean NPSI change is reported over the double-blind treatment period. A negative mean change in score on Day 7 indicates an improvement on this 0 to 100 point scale from baseline for the total score. For pain descriptions burning, pressing, paroxysmal (pain like electric shocks or stabbing), evoked (due to touch) and paresthesia (sensation that is not unpleasant) or dysesthesia (unpleasant) subscores a negative mean change indicate an improvement on the 11 point scale. A participant will score 10 to indicates the worst imaginable symptom, e.g. worst burning imaginable. A participant will score 0 if there is no burning, i.e. the symptom is absent.
Time Frame	Day -1; Day 7 (end of double blind treatment)
Safety Issue?	No

Analysis Population Description
intent-to-treat

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.

	Description
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19
Change in Neuropathic Pain Symptom Inventory Scores on Day 7 From Baseline (Day -1) [units: units on a scale] Mean (Standard Deviation)			
Day -1 Baseline NPSI total score	59.11 (16.47)	58.05 (16.75)	55.84 (22.97)
Day 7 Change in NPSI total score	-23.89 (18.81)	-18.95 (19.56)	-16.79 (25.31)
Day -1 Baseline Burning spontaneous pain	5.79 (1.87)	5.68 (2.36)	5.63 (3.06)
Day 7 Change in burning spontaneous pain	-2.53 (2.34)	-1.58 (2.32)	-2.0 (2.03)
Day -1 Baseline pressing spontaneous pain	4.47 (2.54)	4.97 (3.07)	4.45 (2.91)
Day 7 Change in pressing spontaneous pain	-1.74 (2.31)	-1.68 (1.88)	-0.58 (2.58)
Day -1 Baseline paroxysmal pain	6.39 (2.07)	6.03 (2.2)	6.76 (2.39)
Day 7 Change in paroxysmal pain	-2.92 (2.21)	-1.82 (2.7)	-2.26 (2.84)
Day -1 Baseline evoked pain	6.02 (2.06)	5.83 (1.94)	5.67 (2.31)
Day 7 Change in evoked pain	-2.16 (2.30)	-2.03 (2.22)	-2.05 (2.89)
Day -1 Baseline paresthesia or dysesthesia	6.76 (2.12)	6.45 (1.79)	5.39 (3.18)
Day 7 Change in paresthesia or dysesthesia	-2.79 (2.28)	-2.13 (1.94)	-1.47 (3.25)

7. Secondary Outcome Measure:

Measure Title	Difference in Patient's Global Impression of Change
Measure Description	In the Patient Global Impression of Change (PGIC) the participant indicates the perceived change over the 7 day treatment period. The participant is requested to choose one of seven categories. Scores range from very much improved to very much worse.

Time Frame	Day 7 (end of double blind treatment)
Safety Issue?	No

Analysis Population Description
Intention-to-treat

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19
Difference in Patient's Global Impression of Change [units: participants]			
Very much improved	5	2	5
Much improved	4	6	4
Minimally improved	5	8	8
No change	5	2	1
Minimally worse	0	1	0
Much worse	0	0	1
Very much worse	0	0	0

8. Secondary Outcome Measure:

Measure Title	The Difference Between Baseline and End-of-double-blind Treatment Scores for Dynamic Mechanical Allodynia and Mechanical Pain Sensitivity Compared to Placebo
Measure Description	Allodynia is pain due to a stimulus that does not normally provoke pain. Dynamic mechanical allodynia was assessed using a set of 3 light tactile stimulators as moving innocuous stimuli. Each participant gave numerical pain ratings for each of 15 stimuli at the affected side. Mechanical pain sensitivity was assessed using a set of 7 weighted pinprick stimuli to obtain the stimulus–response function for pinprick-evoked pain. The participant gave a numerical pain ratings for each of 35 pinprick stimuli at the affected site. Dynamic mechanical allodynia and mechanical pain sensitivity was calculated as the geometric mean of all numerical ratings. The values obtained on Day -2 and -1 were taken as the baseline and values on Day 6 and 7 were taken as the end of treatment. A negative change indicates an improvement on the 0 (no pain) to 100 point scale, where 100 indicates the worst imaginable pain.
Time Frame	Day 7 (end of double blind treatment)
Safety Issue?	No

Analysis Population Description
Intention-to-treat

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19

	Matching Placebo	GRT6010	Pregabalin
The Difference Between Baseline and End-of-double-blind Treatment Scores for Dynamic Mechanical Allodynia and Mechanical Pain Sensitivity Compared to Placebo [units: units on a scale] Mean (Standard Deviation)			
Mechanical pain sensitivity (Affected side)	-12.26 (23.28)	-14.60 (17.79)	-13.86 (15.32)
Dynamic mechanical allodynia (Affected side)	-11.12 (17.49)	-13.81 (19.81)	-9.63 (13.00)

9. Secondary Outcome Measure:

Measure Title	Change in Area of Static Allodynia and Dynamic Allodynia From Baseline
Measure Description	Allodynia is pain due to a stimulus that does not normally provoke pain. To measure the areas of dynamic and static allodynia, a point lying in the center of the area of maximum pain was marked at baseline (Day -2 and -1). From the baseline point, 8 radii were drawn. The area of dynamic allodynia was determined by gently stroking the skin with a standardized brush along the lines. The participant was asked to report when the sensation became unpleasant. The area of static allodynia was determined by a 128 mN (millinewton) pinprick stimulus along the lines of the 8 radii while asking the subject to report when the sensation became unpleasant. The area was calculated from the summing of the 8 triangles that are generated from the points along each of the 8 radii at which unpleasantness was reported. The larger the area in square centimeters the more allodynia. A reduction in the area of allodynia indicates improvement.
Time Frame	Baseline; Day 7 (end of double blind treatment)
Safety Issue?	No

Analysis Population Description
Intent-to-treat

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.

	Description
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19
Change in Area of Static Allodynia and Dynamic Allodynia From Baseline [units: square centimeters] Mean (Standard Deviation)			
Dynamic allodynia area at baseline	154.79 (190.33)	152.11 (178.43)	98.4 (99.20)
Change in area of dynamic allodynia	11.36 (153.96)	-73.98 (149.54)	-32.78 (75.96)
Static allodynia area at baseline	352.97 (443.83)	286.21 (264.05)	244.75 (250.03)
Change in area of static allodynia	-58.01 (415.29)	-137.47 (234.46)	-95.16 (108.04)

10. Secondary Outcome Measure:

Measure Title	Difference in Leeds Sleep Evaluation Questionnaire After 7 Days of Treatment
Measure Description	On the last day of the double-blind treatment period sleep was evaluated using the Leeds sleep evaluation questionnaire. This questionnaire has 10 self-rating 100 mm line analogue questions concerning sleep and early morning behavior. The higher the score, i.e. the closer the value is to 100 the worse the rating by the participant. The 10 responses are grouped into 4 subscores: • The ease of getting to sleep. • The perceived quality of sleep. • The ease of awakening from sleep. • The integrity of behavior following wakefulness.
Time Frame	Day 7
Safety Issue?	No

Analysis Population Description

Intention-to-treat. No responses were obtained from 2 participants, one in the placebo and one in the pregabalin treatment arm.

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19
Difference in Leeds Sleep Evaluation Questionnaire After 7 Days of Treatment [units: units on a scale] Mean (Standard Deviation)			
Day 7 ease of getting to sleep	36.37 (14.77)	41.25 (14.77)	32.57 (22.81)
Day 7 perceived quality of sleep	42.69 (19.73)	42.33 (23.01)	37.06 (24.86)
Day 7 ease of awakening from sleep	44.94 (21.04)	48.29 (17.51)	46.56 (21.29)
Day 7 integrity of behavior following wakefulness	46.91 (22.55)	44.88 (23.97)	44.35 (17.35)

11. Secondary Outcome Measure:

Measure Title	Change in painDETECT Grading From Baseline (Day -1) to End of Double-blind Treatment (Day 7)

Measure Description	The painDETECT questionnaire was used to determine the possibility of the presence of a neuropathic pain component. It is a participant completed questionnaire. A total score is calculated between 0 and 38 for each participant. Participants with a score between 0 and 12 are graded as "negative" and having "no neuropathic pain component". Scores between 19 and 38 result in a "positive" grading, in other words having "presence of neuropathic component". Values from 13 to 18 result in participants being graded as having an "unclear" neuropathic component to their pain. The painDETECT questionnaire was first administered on Day-1 (baseline). The data reported is for before treatment start (Day -1) and the change from baseline on Day 7 (end of the double-blind period).
Time Frame	Day 7 (end of double blind treatment)
Safety Issue?	No

Analysis Population Description

Intent-to-treat. 5 participants did not complete the painDETECT questionnaire on Day 7. Two participants in both the placebo and pregabalin treatment arm and 1 in the GRT6010 treatment arm.

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19
Change in painDETECT Grading From Baseline (Day -1) to End of Double-blind Treatment (Day 7) [units: participants]			
Day -1 no neuropathic pain component	0	0	0
Day 7 no neuropathic pain component	1	2	2
Day -1 Unclear neuropathic component	2	1	5

	Matching Placebo	GRT6010	Pregabalin
Day 7 Unclear neuropathic component	4	4	3
Day -1 Presence of neuropathic component	17	18	14
Day 7 Presence of neuropathic component	12	12	12

12. Secondary Outcome Measure:

Measure Title	Daily Current Pain Intensity
Measure Description	Participants recorded their current pain intensity score 3 times a day, using a 0 -10 (11 point) Numeric Rating Scale where a rating of 0 corresponded to "No Pain" and a rating of 10 to "Pain as bad as you can imagine". The daily current pain intensity reported was derived as the mean of the 3 current pain intensity assessments taken on the day from all participants in the treatment group. The lower the value on the 11 point scale the less pain was reported on a treatment.
Time Frame	Baseline; Day 10
Safety Issue?	No

Analysis Population Description

Intent-to-Treat.

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Matching Placebo to the over-encapsulated pregabalin tablets and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be treated with acetaminophen. Pregabalin: Over-encapsulated Pregabalin tablets 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Measured Values

	Matching Placebo	GRT6010	Pregabalin
Number of Participants Analyzed	19	19	19
Daily Current Pain Intensity [units: units on a scale] Mean (Standard Deviation)			
Baseline	6.32 (1.72)	6.52 (0.98)	6.13 (1.49)
Day 1	4.82 (2.17)	5.74 (1.47)	5.37 (1.86)
Day 2	4.49 (2.34)	5.19 (2.02)	4.58 (1.97)
Day 3	4.46 (2.19)	4.68 (1.77)	4.61 (1.93)
Day 4	4.09 (2.50)	4.75 (1.92)	4.47 (1.93)
Day 5	3.82 (2.36)	4.61 (2.04)	3.95 (1.78)
Day 6	4.13 (2.43)	4.16 (1.81)	4.08 (1.85)
Day 7	3.64 (2.41)	3.84 (1.82)	3.63 (2.06)
Day 8	3.68 (2.09)	3.76 (1.81)	3.85 (2.14)
Day 9	4.21 (2.30)	4.28 (1.88)	4.05 (2.32)
Day 10	4.06 (2.35)	4.35 (1.88)	4.15 (2.47)

Reported Adverse Events

Time Frame	[Not specified]
Additional Description	[Not specified]

Reporting Groups

	Description
Matching Placebo	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. Matching Placebo: Matching Placebo capsules to the Pregabalin capsules and Matching Placebo oral solution to the GRT6010 solution. Capsules twice daily on Days 1 to 7. Solution once daily.

	Description
GRT6010	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. GRT6010: Oral solution given once daily.
Pregabalin	Oral administration. Pain not sufficiently controlled may be dosed with acetaminophen. Pregabalin: Pregabalin capsules 75mg twice daily on Days 1 to 3, and 150mg twice daily on Days 4 to 7.

Serious Adverse Events

	Matching Placebo	GRT6010	Pregabalin
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
Total	0/19 (0%)	0/19 (0%)	0/19 (0%)

Other Adverse Events

Frequency Threshold Above Which Other Adverse Events are Reported: 0%

	Matching Placebo	GRT6010	Pregabalin
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
Total	16/19 (84.21%)	16/19 (84.21%)	17/19 (89.47%)
Ear and labyrinth disorders			
Ear discomfort [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Vertigo [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Eye disorders			
Conjunctivitis [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Eye pruritus [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Lacrimation increased [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Vision blurred [A]	1/19 (5.26%)	1/19 (5.26%)	0/19 (0%)
Vitreous floaters [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Gastrointestinal disorders			
Abdominal discomfort [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Abdominal distension [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)

	Matching Placebo	GRT6010	Pregabalin
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
Abdominal pain [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Abdominal pain upper [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Constipation [A]	2/19 (10.53%)	0/19 (0%)	0/19 (0%)
Diarrhoea [A]	2/19 (10.53%)	2/19 (10.53%)	3/19 (15.79%)
Dry mouth [A]	1/19 (5.26%)	2/19 (10.53%)	1/19 (5.26%)
Dyspepsia [A]	2/19 (10.53%)	3/19 (15.79%)	4/19 (21.05%)
Flatulence [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Gastrooesophageal reflux disease [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Haemorrhoids [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Mouth ulceration [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Nausea [A]	2/19 (10.53%)	1/19 (5.26%)	3/19 (15.79%)
Paraesthesia oral [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Toothache [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Vomiting [A]	1/19 (5.26%)	0/19 (0%)	1/19 (5.26%)
General disorders			
Catheter site pain [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Chest discomfort [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Chest pain [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Fatigue [A]	5/19 (26.32%)	3/19 (15.79%)	3/19 (15.79%)
Feeling abnormal [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Feeling drunk [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Influenza like illness [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)

	Matching Placebo	GRT6010	Pregabalin
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
Infusion Site Pain [A] *	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Local reaction [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Malaise [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Puncture site reaction [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Pyrexia [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Infections and infestations			
Ear infection [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Nasopharyngitis [A]	3/19 (15.79%)	1/19 (5.26%)	0/19 (0%)
Pharyngitis [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Sinusitis [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Tooth abscess [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Tooth infection [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Injury, poisoning and procedural complications			
Contusion [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Procedural dizziness [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Investigations			
Alanine aminotransferase increased [A]	0/19 (0%)	1/19 (5.26%)	1/19 (5.26%)
Aspartate aminotransferase increased [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Gamma-glutamyltransferase increased [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Lipase increased [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Liver function test abnormal [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Oxygen saturation decreased [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Metabolism and nutrition disorders			

	Matching Placebo	GRT6010	Pregabalin
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
Increased appetite [A]	1/19 (5.26%)	1/19 (5.26%)	2/19 (10.53%)
Musculoskeletal and connective tissue disorders			
Arthralgia [A]	0/19 (0%)	1/19 (5.26%)	1/19 (5.26%)
Back pain [A]	0/19 (0%)	1/19 (5.26%)	1/19 (5.26%)
Joint swelling [A]	0/19 (0%)	1/19 (5.26%)	1/19 (5.26%)
Muscle tightness [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Myalgia [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Pain in extremity [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
Infected naevus [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Nervous system disorders			
Balance disorder [A]	1/19 (5.26%)	1/19 (5.26%)	0/19 (0%)
Dizziness [A]	7/19 (36.84%)	3/19 (15.79%)	5/19 (26.32%)
Dysgeusia [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Headache [A]	8/19 (42.11%)	4/19 (21.05%)	9/19 (47.37%)
Hypersomnia [A]	1/19 (5.26%)	1/19 (5.26%)	0/19 (0%)
Hypoaesthesia [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Paraesthesia [A]	1/19 (5.26%)	1/19 (5.26%)	0/19 (0%)
Restless legs syndrome [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Somnolence [A]	3/19 (15.79%)	0/19 (0%)	3/19 (15.79%)
Tremor [A]	0/19 (0%)	0/19 (0%)	2/19 (10.53%)
Psychiatric disorders			
Abnormal dreams [A]	1/19 (5.26%)	0/19 (0%)	1/19 (5.26%)

	Matching Placebo	GRT6010	Pregabalin
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
Affect lability [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Agitation [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Anxiety [A] *	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Depersonalisation [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Depressed mood [A]	1/19 (5.26%)	0/19 (0%)	1/19 (5.26%)
Insomnia [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Nightmare [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Restlessness [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Sleep talking [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Renal and urinary disorders			
Dysuria [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Urine odour abnormal [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Respiratory, thoracic and mediastinal disorders			
Cough [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Epistaxis [A]	0/19 (0%)	1/19 (5.26%)	0/19 (0%)
Nasal congestion [A]	1/19 (5.26%)	0/19 (0%)	1/19 (5.26%)
Nasal obstruction [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Oropharyngeal pain [A]	0/19 (0%)	3/19 (15.79%)	0/19 (0%)
Productive cough [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Skin and subcutaneous tissue disorders			
Dry skin [A]	1/19 (5.26%)	0/19 (0%)	1/19 (5.26%)
Eczema [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)

	Matching Placebo	GRT6010	Pregabalin
	Affected/At Risk (%)	Affected/At Risk (%)	Affected/At Risk (%)
Hyperhidrosis [A]	1/19 (5.26%)	3/19 (15.79%)	1/19 (5.26%)
Night sweats [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Pruritus [A]	0/19 (0%)	2/19 (10.53%)	0/19 (0%)
Pruritus generalised [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Psoriasis [A]	0/19 (0%)	0/19 (0%)	1/19 (5.26%)
Rash [A]	0/19 (0%)	0/19 (0%)	3/19 (15.79%)
Skin reaction [A]	0/19 (0%)	2/19 (10.53%)	4/19 (21.05%)
Surgical and medical procedures			
Mole excision [A]	1/19 (5.26%)	0/19 (0%)	0/19 (0%)
Vascular disorders			
Hot flush [A]	0/19 (0%)	2/19 (10.53%)	1/19 (5.26%)

* Indicates events were collected by non-systematic methods.
A Term from vocabulary, MedDRA 15.1

Limitations and Caveats

[Not specified]

More Information

Certain Agreements:

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

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

Joint publications are only possible if both parties agree. All editorial decisions will be jointly taken by the sponsor and the international coordinating investigator. The sponsor reserves the right to review any publication pertaining to the trial before it is submitted for publication. Neither party has the right to prohibit publication unless publication can be shown to affect possible patent rights.

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