



## Clinical trial results:

**A double-blind, controlled, parallel-group, randomized, multicenter clinical trial to assess the efficacy and safety of a herbal drug containing centaury, lovage root, and rosemary leaf (CLR) in comparison to fosfomycin trometamol for the treatment of acute lower uncomplicated urinary tract infections (uUTIs) in women**

### Summary

|                          |                |
|--------------------------|----------------|
| EudraCT number           | 2013-004529-99 |
| Trial protocol           | DE             |
| Global end of trial date | 29 June 2017   |

### Results information

|                                |                 |
|--------------------------------|-----------------|
| Result version number          | v1 (current)    |
| This version publication date  | 06 January 2023 |
| First version publication date | 06 January 2023 |

### Trial information

#### Trial identification

|                       |          |
|-----------------------|----------|
| Sponsor protocol code | CanUTI-7 |
|-----------------------|----------|

#### Additional study identifiers

|                                    |   |
|------------------------------------|---|
| ISRCTN number                      | - |
| ClinicalTrials.gov id (NCT number) | - |
| WHO universal trial number (UTN)   | - |

Notes:

### Sponsors

|                              |  |
|------------------------------|--|
| Sponsor organisation name    | Bionorica SE   |
| Sponsor organisation address | Kerschensteinerstraße 11-15, Neumarkt, Germany, 92318                                |
| Public contact               | Head of cooperate communication, Bionorica SE,<br>info@bionorica.de                  |
| Scientific contact           | Head of Research and Development, Bionorica SE,<br>research.development@bionorica.de |

Notes:

### Paediatric regulatory details

|  |    |
|--|----|
| Is trial part of an agreed paediatric investigation plan (PIP)       | No |
| Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial? | No |
| Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial? | No |

Notes:

## Results analysis stage

|  |                  |
|--|------------------|
| Analysis stage                                       | Final            |
| Date of interim/final analysis                       | 15 February 2018 |
| Is this the analysis of the primary completion data? | Yes              |
| Primary completion date                              | 29 June 2017     |
| Global end of trial reached?                         | Yes              |
| Global end of trial date                             | 29 June 2017     |
| Was the trial ended prematurely?                     | No               |

Notes:

## General information about the trial

Main objective of the trial:

To demonstrate non-inferiority of a non-antibiotic therapy with CLR versus an antibiotic treatment with fosfomycin trometamol in women suffering from acute lower uUTIs as measured by the proportion of patients who received an additional antibiotic treatment for acute lower uUTIs during the trial.

Protection of trial subjects:

This study was conducted in compliance with the International Council for Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use Good Clinical Practice, including the archiving of essential documents.

Background therapy: -

Evidence for comparator:

The trial was designed as a comparison of two different versus AB - in order to look for alternatives to AB treatment of uncomplicated UTIs. Thus, the aim was to reduce AB use and furthermore to demonstrate the advantage of using CLR therapy for decreasing the pressure of developing bacterial resistance against ABs due to widespread use, which is an additional advantage of the CLR therapy. Besides, and in accordance with the EAU guidelines 2015, uncomplicated UTIs could be considered a benign infection not leading to more serious outcome and requiring additional attention. Hence, from medical point of view there was no enhanced risk for the patient when not treating with ABs.

|   |                  |
|---|------------------|
| Actual start date of recruitment                          | 20 February 2016 |
| Long term follow-up planned                               | No               |
| Independent data monitoring committee (IDMC) involvement? | No               |

Notes:

## Population of trial subjects

### Subjects enrolled per country

|                                      |              |
|--------------------------------------|--------------|
| Country: Number of subjects enrolled | Poland: 135  |
| Country: Number of subjects enrolled | Germany: 117 |
| Country: Number of subjects enrolled | Ukraine: 416 |
| Worldwide total number of subjects   | 668          |
| EEA total number of subjects         | 252          |

Notes:

### Subjects enrolled per age group

|   |   |
|---|---|
| In utero                                  | 0 |
| Preterm newborn - gestational age < 37 wk | 0 |
| Newborns (0-27 days)                      | 0 |

|  |     |
|--|-----|
| Infants and toddlers (28 days-23 months) | 0   |
| Children (2-11 years)                    | 0   |
| Adolescents (12-17 years)                | 0   |
| Adults (18-64 years)                     | 568 |
| From 65 to 84 years                      | 100 |
| 85 years and over                        | 0   |

## Subject disposition

### Recruitment

Recruitment details:

A total of 668 patients were enrolled; of these, 9 were not randomized and not treated. In total, 659 (98.7% of the enrolled population) patients were randomized, 325 to treatment with CLR (test IMP) and 334 to treatment with FT (reference IMP). All randomized patients were treated with the IMP they were allocated to.

### Pre-assignment

Screening details:

This trial does not include a screening phase. Only patients who had symptoms of lower uUTIs developed within not more than 6 days prior to screening at Visit 1 were eligible for this trial.

### Period 1

|                              |  |
|------------------------------|--|
| Period 1 title               | Period 1 (overall period)                    |
| Is this the baseline period? | Yes  |
| Allocation method            | Randomised - controlled                      |
| Blinding used                | Double blind                                 |
| Roles blinded                | Subject, Investigator, Monitor, Data analyst |

### Arms

|                              |           |
|------------------------------|-----------|
| Are arms mutually exclusive? | Yes       |
| <b>Arm title</b>             | CLR_group |

Arm description:

CLR coated tablets and FT-matched placebo

|  |                    |
|--|--------------------|
| Arm type                               | Experimental       |
| Investigational medicinal product name | Canephron® N (CLR) |
| Investigational medicinal product code |                    |
| Other name                             |                    |
| Pharmaceutical forms                   | Coated tablet      |
| Routes of administration               | Oral use           |

Dosage and administration details:

2 coated tablets t.i.d. for 7 days

|  |                                      |
|--|--------------------------------------|
| Investigational medicinal product name | FT-matched placebo                   |
| Investigational medicinal product code |                                      |
| Other name                             |                                      |
| Pharmaceutical forms                   | Granules for oral solution in sachet |
| Routes of administration               | Oral use                             |

Dosage and administration details:

1 sachet of granules; single dose (Day 1)

|                  |          |
|------------------|----------|
| <b>Arm title</b> | FT_group |
|------------------|----------|

Arm description:

FT granulates 3 g and CLR-matched placebo

|  |                                      |
|--|--------------------------------------|
| Arm type                               | Active comparator                    |
| Investigational medicinal product name | Monuril® 3000 mg granules            |
| Investigational medicinal product code |                                      |
| Other name                             |                                      |
| Pharmaceutical forms                   | Granules for oral solution in sachet |
| Routes of administration               | Oral use                             |

Dosage and administration details:

1 sachet of 8 g of granules; single dose (Day 1)

|  |                     |
|--|---------------------|
| Investigational medicinal product name | CLR-matched placebo |
| Investigational medicinal product code |                     |
| Other name                             |                     |
| Pharmaceutical forms                   | Coated tablet       |
| Routes of administration               | Oral use            |

Dosage and administration details:

2 coated tablets t.i.d. for 7 days

| <b>Number of subjects in period 1<sup>[1]</sup></b> | CLR_group | FT_group |
|---|-----------|----------|
| Started   | 325       | 334      |
| End of treatment                                    | 325       | 334      |
| End of observation                                  | 313       | 329      |
| Completed   | 313       | 329      |
| Not completed                                       | 12        | 5        |
| Consent withdrawn by subject                        | 4         | -        |
| Lost to follow-up                                   | 6         | 4        |
| not specified                                       | 2         | 1        |

Notes:

[1] - The number of subjects reported to be in the baseline period are not the same as the worldwide number enrolled in the trial. It is expected that these numbers will be the same.

Justification: A total of 668 patients were enrolled; of these, 9 were not randomized and not treated. In total, 659 (98.7% of the enrolled population) patients were randomized, 325 to treatment with CLR (test IMP) and 334 to treatment with FT (reference IMP). All randomized patients were treated with the IMP they were allocated to.

## Baseline characteristics

### Reporting groups

|   |           |
|---|-----------|
| Reporting group title   | CLR_group |
| Reporting group description:<br>CLR coated tablets and FT-matched placebo |           |
| Reporting group title   | FT_group  |
| Reporting group description:<br>FT granulates 3 g and CLR-matched placebo |           |

| Reporting group values                                | CLR_group | FT_group | Total |
|---|-----------|----------|-------|
| Number of subjects                                    | 325       | 334      | 659   |
| Age categorical<br>Units: Subjects                    |           |          |       |
| In utero  |           |          | 0     |
| Preterm newborn infants<br>(gestational age < 37 wks) |           |          | 0     |
| Newborns (0-27 days)                                  |           |          | 0     |
| Infants and toddlers (28 days-23<br>months)           |           |          | 0     |
| Children (2-11 years)                                 |           |          | 0     |
| Adolescents (12-17 years)                             |           |          | 0     |
| Adults (18-64 years)                                  |           |          | 0     |
| From 65-84 years                                      |           |          | 0     |
| 85 years and over                                     |           |          | 0     |
| Age continuous<br>Units: years                        |           |          |       |
| arithmetic mean                                       | 43.9      | 45.2     |       |
| standard deviation                                    | ± 15.60   | ± 16.24  | -     |
| Gender categorical<br>Units: Subjects                 |           |          |       |
| Female  | 325       | 334      | 659   |

### Subject analysis sets

|   |                 |
|---|-----------------|
| Subject analysis set title  | CLR - FAS       |
| Subject analysis set type   | Full analysis   |
| Subject analysis set description:<br>All patients randomized and treated at least once with IMP after randomization. Following the intent-to-treat principle all patients were analyzed according to the treatment group they were randomized to. |                 |
| Subject analysis set title  | FT - FAS        |
| Subject analysis set type   | Full analysis   |
| Subject analysis set description:<br>All patients randomized and treated at least once with IMP after randomization. Following the intent-to-treat principle all patients were analyzed according to the treatment group they were randomized to. |                 |
| Subject analysis set title  | CLR - SAF       |
| Subject analysis set type   | Safety analysis |
| Subject analysis set description:<br>All patients treated at least once with IMP. The assignment of patients to the treatment groups was as actually treated. Patients treated with more than one type of IMP by mistake were to be analyzed      |                 |

according to the IMP they received the longest.

|                            |                 |
|----------------------------|-----------------|
| Subject analysis set title | FT - SAF        |
| Subject analysis set type  | Safety analysis |

Subject analysis set description:

All patients treated at least once with IMP. The assignment of patients to the treatment groups was as actually treated. Patients treated with more than one type of IMP by mistake were to be analyzed according to the IMP they received the longest.

|                            |              |
|----------------------------|--------------|
| Subject analysis set title | CLR - PPS    |
| Subject analysis set type  | Per protocol |

Subject analysis set description:

All patients from the FAS who had no major protocol deviations.

|                            |              |
|----------------------------|--------------|
| Subject analysis set title | FT - PPS     |
| Subject analysis set type  | Per protocol |

Subject analysis set description:

All patients from the FAS who had no major protocol deviations.

| Reporting group values  | CLR - FAS | FT - FAS | CLR - SAF |
|---|-----------|----------|-----------|
| Number of subjects  | 325       | 332      | 325       |
| Age categorical<br>Units: Subjects  |           |          |           |
| In utero<br>Preterm newborn infants (gestational age < 37 wks)<br>Newborns (0-27 days)<br>Infants and toddlers (28 days-23 months)<br>Children (2-11 years)<br>Adolescents (12-17 years)<br>Adults (18-64 years)<br>From 65-84 years<br>85 years and over |           |          |           |
| Age continuous<br>Units: years  |           |          |           |
| arithmetic mean   | 43.9      | 45.1     | 43.9      |
| standard deviation  | ± 15.60   | ± 16.26  | ± 15.60   |
| Gender categorical<br>Units: Subjects   |           |          |           |
| Female  | 325       | 332      | 325       |

| Reporting group values   | FT - SAF | CLR - PPS | FT - PPS |
|--|----------|-----------|----------|
| Number of subjects   | 334      | 285       | 303      |
| Age categorical<br>Units: Subjects   |          |           |          |
| In utero<br>Preterm newborn infants (gestational age < 37 wks)<br>Newborns (0-27 days)<br>Infants and toddlers (28 days-23 months)<br>Children (2-11 years)<br>Adolescents (12-17 years)<br>Adults (18-64 years) |          |           |          |

|   |                 |                 |                 |
|---|-----------------|-----------------|-----------------|
| From 65-84 years<br>85 years and over                                   |                 |                 |                 |
| Age continuous<br>Units: years<br>arithmetic mean<br>standard deviation | 45.2<br>± 16.24 | 43.7<br>± 15.57 | 45.0<br>± 16.41 |
| Gender categorical<br>Units: Subjects                                   |                 |                 |                 |
| Female  | 334             | 285             | 303             |

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## End points

### End points reporting groups

|  |                 |
|--|-----------------|
| Reporting group title  | CLR_group       |
| Reporting group description:<br>CLR coated tablets and FT-matched placebo  |                 |
| Reporting group title  | FT_group        |
| Reporting group description:<br>FT granulates 3 g and CLR-matched placebo  |                 |
| Subject analysis set title   | CLR - FAS       |
| Subject analysis set type  | Full analysis   |
| Subject analysis set description:<br>All patients randomized and treated at least once with IMP after randomization. Following the intent-to-treat principle all patients were analyzed according to the treatment group they were randomized to.  |                 |
| Subject analysis set title   | FT - FAS        |
| Subject analysis set type  | Full analysis   |
| Subject analysis set description:<br>All patients randomized and treated at least once with IMP after randomization. Following the intent-to-treat principle all patients were analyzed according to the treatment group they were randomized to.  |                 |
| Subject analysis set title   | CLR - SAF       |
| Subject analysis set type  | Safety analysis |
| Subject analysis set description:<br>All patients treated at least once with IMP. The assignment of patients to the treatment groups was as actually treated. Patients treated with more than one type of IMP by mistake were to be analyzed according to the IMP they received the longest. |                 |
| Subject analysis set title   | FT - SAF        |
| Subject analysis set type  | Safety analysis |
| Subject analysis set description:<br>All patients treated at least once with IMP. The assignment of patients to the treatment groups was as actually treated. Patients treated with more than one type of IMP by mistake were to be analyzed according to the IMP they received the longest. |                 |
| Subject analysis set title   | CLR - PPS       |
| Subject analysis set type  | Per protocol    |
| Subject analysis set description:<br>All patients from the FAS who had no major protocol deviations.   |                 |
| Subject analysis set title   | FT - PPS        |
| Subject analysis set type  | Per protocol    |
| Subject analysis set description:<br>All patients from the FAS who had no major protocol deviations.   |                 |

### Primary: Non-AB rate

|  |             |
|--|-------------|
| End point title  | Non-AB rate |
| End point description:<br>Non-AB rate as proportion of patients who did not receive additional antibiotic treatment for acute lower uUTI between Visit 1 and Visit 4 |             |
| End point type   | Primary     |
| End point timeframe:<br>Between day 1 (visit 1) and day 38 +/- 3 (visit 4) after start of treatment  |             |

| <b>End point values</b>     | CLR - PPS            | FT - PPS             |  |  |
|-----------------------------|----------------------|----------------------|--|--|
| Subject group type          | Subject analysis set | Subject analysis set |  |  |
| Number of subjects analysed | 285                  | 303                  |  |  |
| Units: number of patients   | 238                  | 272                  |  |  |

## Statistical analyses

| <b>Statistical analysis title</b>       | Non-inferiority                 |
|---|---------------------------------|
| Comparison groups                       | CLR - PPS v FT - PPS            |
| Number of subjects included in analysis | 588                             |
| Analysis specification                  | Pre-specified                   |
| Analysis type                           | non-inferiority                 |
| P-value                                 | = 0.0014                        |
| Method                                  | Farrington's and Manning's test |
| Parameter estimate                      | Risk difference (RD)            |
| Point estimate                          | -0.0626                         |
| Confidence interval                     |                                 |
| level                                   | 95 %                            |
| sides                                   | 2-sided                         |
| lower limit                             | -0.1199                         |
| upper limit                             | -0.0053                         |

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

All AEs occurring between V1 (randomisation) and V4 (end of observation) are reported.

|                 |            |
|-----------------|------------|
| Assessment type | Systematic |
|-----------------|------------|

### Dictionary used

|                 |        |
|-----------------|--------|
| Dictionary name | MedDRA |
|-----------------|--------|

|                    |      |
|--------------------|------|
| Dictionary version | 20.0 |
|--------------------|------|

### Reporting groups

|                       |          |
|-----------------------|----------|
| Reporting group title | FT_group |
|-----------------------|----------|

Reporting group description: -

|                       |           |
|-----------------------|-----------|
| Reporting group title | CLR_group |
|-----------------------|-----------|

Reporting group description: -

| <b>Serious adverse events</b>                     | FT_group        | CLR_group       |  |
|---|-----------------|-----------------|--|
| Total subjects affected by serious adverse events |                 |                 |  |
| subjects affected / exposed                       | 1 / 334 (0.30%) | 1 / 325 (0.31%) |  |
| number of deaths (all causes)                     | 0               | 0               |  |
| number of deaths resulting from adverse events    | 0               | 0               |  |
| Injury, poisoning and procedural complications    |                 |                 |  |
| Femoral neck fracture                             |                 |                 |  |
| alternative assessment type: Non-systematic       |                 |                 |  |
| subjects affected / exposed                       | 1 / 334 (0.30%) | 0 / 325 (0.00%) |  |
| occurrences causally related to treatment / all   | 0 / 1           | 0 / 0           |  |
| deaths causally related to treatment / all        | 0 / 0           | 0 / 0           |  |
| Gastrointestinal disorders                        |                 |                 |  |
| Pancreatitis chronic                              |                 |                 |  |
| alternative assessment type: Non-systematic       |                 |                 |  |
| subjects affected / exposed                       | 1 / 334 (0.30%) | 0 / 325 (0.00%) |  |
| occurrences causally related to treatment / all   | 0 / 1           | 0 / 0           |  |
| deaths causally related to treatment / all        | 0 / 0           | 0 / 0           |  |
| Infections and infestations                       |                 |                 |  |
| Pyelonephritis                                    |                 |                 |  |
| alternative assessment type: Non-systematic       |                 |                 |  |

|   |                 |                 |  |
|---|-----------------|-----------------|--|
| subjects affected / exposed                     | 0 / 334 (0.00%) | 1 / 325 (0.31%) |  |
| occurrences causally related to treatment / all | 0 / 0           | 0 / 1           |  |
| deaths causally related to treatment / all      | 0 / 0           | 0 / 0           |  |

Frequency threshold for reporting non-serious adverse events: 0 %

| <b>Non-serious adverse events</b>                     | FT_group          | CLR_group         |  |
|---|-------------------|-------------------|--|
| Total subjects affected by non-serious adverse events |                   |                   |  |
| subjects affected / exposed                           | 42 / 334 (12.57%) | 48 / 325 (14.77%) |  |
| General disorders and administration site conditions  |                   |                   |  |
| Asthenia  |                   |                   |  |
| alternative assessment type: Non-systematic           |                   |                   |  |
| subjects affected / exposed                           | 0 / 334 (0.00%)   | 1 / 325 (0.31%)   |  |
| occurrences (all)                                     | 0                 | 1                 |  |
| Drug intolerance                                      |                   |                   |  |
| alternative assessment type: Non-systematic           |                   |                   |  |
| subjects affected / exposed                           | 0 / 334 (0.00%)   | 1 / 325 (0.31%)   |  |
| occurrences (all)                                     | 0                 | 1                 |  |
| Localised oedema                                      |                   |                   |  |
| alternative assessment type: Non-systematic           |                   |                   |  |
| subjects affected / exposed                           | 1 / 334 (0.30%)   | 0 / 325 (0.00%)   |  |
| occurrences (all)                                     | 1                 | 0                 |  |
| Reproductive system and breast disorders              |                   |                   |  |
| Menorrhagia   |                   |                   |  |
| alternative assessment type: Non-systematic           |                   |                   |  |
| subjects affected / exposed                           | 1 / 334 (0.30%)   | 0 / 325 (0.00%)   |  |
| occurrences (all)                                     | 1                 | 0                 |  |
| Ovarian cyst  |                   |                   |  |
| alternative assessment type: Non-systematic           |                   |                   |  |
| subjects affected / exposed                           | 0 / 334 (0.00%)   | 1 / 325 (0.31%)   |  |
| occurrences (all)                                     | 0                 | 1                 |  |
| Pruritus genital                                      |                   |                   |  |
| alternative assessment type: Non-systematic           |                   |                   |  |

|   |   |   |  |
|---|---|---|--|
| <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Vaginal discharge</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Vaginal haemorrhage</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>   | <p>0 / 334 (0.00%)</p> <p>0</p> <p>0 / 334 (0.00%)</p> <p>0</p> <p>0 / 334 (0.00%)</p> <p>0</p> | <p>1 / 325 (0.31%)</p> <p>1</p> <p>2 / 325 (0.62%)</p> <p>2</p> <p>1 / 325 (0.31%)</p> <p>1</p> |  |
| <p>Respiratory, thoracic and mediastinal disorders</p> <p>Oropharyngeal pain</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Rhinorrhoea</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>   | <p>0 / 334 (0.00%)</p> <p>0</p> <p>1 / 334 (0.30%)</p> <p>1</p>                                 | <p>1 / 325 (0.31%)</p> <p>1</p> <p>0 / 325 (0.00%)</p> <p>0</p>                                 |  |
| <p>Investigations</p> <p>Alanine aminotransferase increased</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Aspartate aminotransferase increased</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Blood alkaline phosphatase increased</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Blood pressure increased</p> <p>alternative assessment type: Non-systematic</p> | <p>1 / 334 (0.30%)</p> <p>1</p> <p>1 / 334 (0.30%)</p> <p>1</p> <p>0 / 334 (0.00%)</p> <p>0</p> | <p>1 / 325 (0.31%)</p> <p>1</p> <p>0 / 325 (0.00%)</p> <p>0</p> <p>1 / 325 (0.31%)</p> <p>1</p> |  |

|   |   |   |  |
|---|---|---|--|
| <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>C-reactive protein increased</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Gamma-glutamyltransferase increased</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>  | <p>0 / 334 (0.00%)</p> <p>0</p> <p>0 / 334 (0.00%)</p> <p>0</p> <p>1 / 334 (0.30%)</p> <p>1</p>                                 | <p>1 / 325 (0.31%)</p> <p>1</p> <p>3 / 325 (0.92%)</p> <p>3</p> <p>2 / 325 (0.62%)</p> <p>2</p>                                 |  |
| <p>Nervous system disorders</p> <p>Dizziness</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Dysgeusia</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Headache</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Somnolence</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> | <p>1 / 334 (0.30%)</p> <p>1</p> <p>0 / 334 (0.00%)</p> <p>0</p> <p>2 / 334 (0.60%)</p> <p>2</p> <p>0 / 334 (0.00%)</p> <p>0</p> | <p>0 / 325 (0.00%)</p> <p>0</p> <p>2 / 325 (0.62%)</p> <p>2</p> <p>4 / 325 (1.23%)</p> <p>5</p> <p>1 / 325 (0.31%)</p> <p>1</p> |  |
| <p>Blood and lymphatic system disorders</p> <p>Leukopenia</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Splenomegaly</p> <p>alternative assessment type: Non-systematic</p>   | <p>0 / 334 (0.00%)</p> <p>0</p>   | <p>1 / 325 (0.31%)</p> <p>1</p>   |  |

|   |  |  |  |
|---|--|--|--|
| <p>subjects affected / exposed</p> <p>0 / 334 (0.00%)</p> <p>1 / 325 (0.31%)</p> <p>occurrences (all)</p> <p>0</p> <p>1</p> <p>Thrombocytopenia</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>0 / 334 (0.00%)</p> <p>1 / 325 (0.31%)</p> <p>occurrences (all)</p> <p>0</p> <p>1</p>  |  |  |  |
| <p>Ear and labyrinth disorders</p> <p>Ear pain</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>1 / 334 (0.30%)</p> <p>0 / 325 (0.00%)</p> <p>occurrences (all)</p> <p>1</p> <p>0</p> <p>Tinnitus</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>1 / 334 (0.30%)</p> <p>0 / 325 (0.00%)</p> <p>occurrences (all)</p> <p>1</p> <p>0</p>  |  |  |  |
| <p>Eye disorders</p> <p>Eye irritation</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>0 / 334 (0.00%)</p> <p>1 / 325 (0.31%)</p> <p>occurrences (all)</p> <p>0</p> <p>1</p>   |  |  |  |
| <p>Gastrointestinal disorders</p> <p>Abdominal distension</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>0 / 334 (0.00%)</p> <p>1 / 325 (0.31%)</p> <p>occurrences (all)</p> <p>0</p> <p>1</p> <p>Abdominal pain</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>4 / 334 (1.20%)</p> <p>0 / 325 (0.00%)</p> <p>occurrences (all)</p> <p>4</p> <p>0</p> <p>Abdominal pain lower</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>0 / 334 (0.00%)</p> <p>2 / 325 (0.62%)</p> <p>occurrences (all)</p> <p>0</p> <p>2</p> <p>Abdominal pain upper</p> <p>alternative assessment type: Non-systematic</p> |  |  |  |

|   |                  |                 |
|---|------------------|-----------------|
| subjects affected / exposed                 | 2 / 334 (0.60%)  | 1 / 325 (0.31%) |
| occurrences (all)                           | 2                | 1               |
| Constipation                                |                  |                 |
| alternative assessment type: Non-systematic |                  |                 |
| subjects affected / exposed                 | 0 / 334 (0.00%)  | 1 / 325 (0.31%) |
| occurrences (all)                           | 0                | 1               |
| Diarrhoea                                   |                  |                 |
| alternative assessment type: Non-systematic |                  |                 |
| subjects affected / exposed                 | 10 / 334 (2.99%) | 3 / 325 (0.92%) |
| occurrences (all)                           | 11               | 3               |
| Dyspepsia                                   |                  |                 |
| alternative assessment type: Non-systematic |                  |                 |
| subjects affected / exposed                 | 1 / 334 (0.30%)  | 1 / 325 (0.31%) |
| occurrences (all)                           | 1                | 1               |
| Enteritis                                   |                  |                 |
| alternative assessment type: Non-systematic |                  |                 |
| subjects affected / exposed                 | 1 / 334 (0.30%)  | 0 / 325 (0.00%) |
| occurrences (all)                           | 1                | 0               |
| Epigastric discomfort                       |                  |                 |
| alternative assessment type: Non-systematic |                  |                 |
| subjects affected / exposed                 | 1 / 334 (0.30%)  | 0 / 325 (0.00%) |
| occurrences (all)                           | 1                | 0               |
| Gastrointestinal pain                       |                  |                 |
| alternative assessment type: Non-systematic |                  |                 |
| subjects affected / exposed                 | 1 / 334 (0.30%)  | 0 / 325 (0.00%) |
| occurrences (all)                           | 1                | 0               |
| Nausea                                      |                  |                 |
| alternative assessment type: Non-systematic |                  |                 |
| subjects affected / exposed                 | 4 / 334 (1.20%)  | 2 / 325 (0.62%) |
| occurrences (all)                           | 4                | 2               |
| Oral discomfort                             |                  |                 |
| alternative assessment type: Non-systematic |                  |                 |
| subjects affected / exposed                 | 0 / 334 (0.00%)  | 1 / 325 (0.31%) |
| occurrences (all)                           | 0                | 1               |



|   |  |  |  |
|---|--|--|--|
| Vomiting<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)   | 1 / 334 (0.30%)<br>1   | 2 / 325 (0.62%)<br>2   |  |
| Skin and subcutaneous tissue disorders<br>Pruritus<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)   | 1 / 334 (0.30%)<br>1   | 0 / 325 (0.00%)<br>0   |  |
| Renal and urinary disorders<br>Dysuria<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)<br><br>Glycosuria<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)<br><br>Nephrolithiasis<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)<br><br>Pyelocaliectasis<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all) | 1 / 334 (0.30%)<br>1<br><br>0 / 334 (0.00%)<br>0<br><br>1 / 334 (0.30%)<br>1<br><br>0 / 334 (0.00%)<br>0 | 0 / 325 (0.00%)<br>0<br><br>2 / 325 (0.62%)<br>2<br><br>0 / 325 (0.00%)<br>0<br><br>1 / 325 (0.31%)<br>1 |  |
| Musculoskeletal and connective tissue disorders<br>Arthralgia<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)<br><br>Back pain<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)  | 0 / 334 (0.00%)<br>0<br><br>1 / 334 (0.30%)<br>1   | 1 / 325 (0.31%)<br>1<br><br>1 / 325 (0.31%)<br>1   |  |

|  |   |  |  |
|--|---|--|--|
| <p>Joint range of motion decreased</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>  | <p>0 / 334 (0.00%)</p> <p>0</p>   | <p>1 / 325 (0.31%)</p> <p>1</p>  |  |
| <p>Muscle spasms</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>  | <p>0 / 334 (0.00%)</p> <p>0</p>   | <p>1 / 325 (0.31%)</p> <p>1</p>  |  |
| <p>Osteoarthritis</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>   | <p>1 / 334 (0.30%)</p> <p>1</p>   | <p>0 / 325 (0.00%)</p> <p>0</p>  |  |
| <p>Spinal pain</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>  | <p>1 / 334 (0.30%)</p> <p>1</p>   | <p>0 / 325 (0.00%)</p> <p>0</p>  |  |
| <p>Infections and infestations</p> <p>Gastroenteritis viral</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Hepatitis viral</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Influenza</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Laryngitis</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Otitis media</p> <p>alternative assessment type: Non-systematic</p> | <p>1 / 334 (0.30%)</p> <p>1</p> <p>0 / 334 (0.00%)</p> <p>0</p> <p>0 / 334 (0.00%)</p> <p>0</p> <p>2 / 334 (0.60%)</p> <p>2</p> | <p>0 / 325 (0.00%)</p> <p>0</p> <p>1 / 325 (0.31%)</p> <p>1</p> <p>1 / 325 (0.31%)</p> <p>0 / 325 (0.00%)</p> <p>0</p> |  |

|   |                 |                 |
|---|-----------------|-----------------|
| subjects affected / exposed                 | 1 / 334 (0.30%) | 0 / 325 (0.00%) |
| occurrences (all)                           | 1               | 0               |
| Periodontitis                               |                 |                 |
| alternative assessment type: Non-systematic |                 |                 |
| subjects affected / exposed                 | 1 / 334 (0.30%) | 0 / 325 (0.00%) |
| occurrences (all)                           | 1               | 0               |
| Pharyngitis                                 |                 |                 |
| alternative assessment type: Non-systematic |                 |                 |
| subjects affected / exposed                 | 0 / 334 (0.00%) | 1 / 325 (0.31%) |
| occurrences (all)                           | 0               | 1               |
| Pneumonia                                   |                 |                 |
| alternative assessment type: Non-systematic |                 |                 |
| subjects affected / exposed                 | 1 / 334 (0.30%) | 0 / 325 (0.00%) |
| occurrences (all)                           | 1               | 0               |
| Pyelonephritis acute                        |                 |                 |
| alternative assessment type: Non-systematic |                 |                 |
| subjects affected / exposed                 | 0 / 334 (0.00%) | 2 / 325 (0.62%) |
| occurrences (all)                           | 0               | 2               |
| Pyelonephritis                              |                 |                 |
| alternative assessment type: Non-systematic |                 |                 |
| subjects affected / exposed                 | 1 / 334 (0.30%) | 2 / 325 (0.62%) |
| occurrences (all)                           | 1               | 2               |
| Respiratory tract infection                 |                 |                 |
| alternative assessment type: Non-systematic |                 |                 |
| subjects affected / exposed                 | 0 / 334 (0.00%) | 2 / 325 (0.62%) |
| occurrences (all)                           | 0               | 2               |
| Respiratory tract infection viral           |                 |                 |
| alternative assessment type: Non-systematic |                 |                 |
| subjects affected / exposed                 | 2 / 334 (0.60%) | 1 / 325 (0.31%) |
| occurrences (all)                           | 2               | 1               |
| Vaginal infection                           |                 |                 |
| alternative assessment type: Non-systematic |                 |                 |
| subjects affected / exposed                 | 0 / 334 (0.00%) | 1 / 325 (0.31%) |
| occurrences (all)                           | 0               | 1               |

|   |                      |                      |  |
|---|----------------------|----------------------|--|
| Viral upper respiratory tract infection<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)                          | 8 / 334 (2.40%)<br>8 | 5 / 325 (1.54%)<br>5 |  |
| Metabolism and nutrition disorders<br>Glucose tolerance impaired<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all) | 1 / 334 (0.30%)<br>1 | 0 / 325 (0.00%)<br>0 |  |
| Hyperglycaemia<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)   | 0 / 334 (0.00%)<br>0 | 2 / 325 (0.62%)<br>2 |  |
| Increased appetite<br>alternative assessment type: Non-systematic<br>subjects affected / exposed<br>occurrences (all)   | 1 / 334 (0.30%)<br>1 | 0 / 325 (0.00%)<br>0 |  |

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date            | Amendment  |
|-----------------|--|
| 11 March 2016   | <p>This amendment was implemented at the request of the sponsor and aimed to introduce the following changes in the conduct of the trial:</p> <ul style="list-style-type: none"><li>- An analysis of prostaglandins in urine samples collected at Visits 1 and 3 from patients at selected centers in Poland in Germany was added.</li><li>- Number and volume of urine samples were corrected due to the newly introduced analysis of prostaglandins in these samples.</li><li>- Inclusion criterion No. 3 was further specified for clarity as follows: Sum-score of the three main uUTI symptoms (dysuria ["feeling pain or burning when passing urine", No. 3], pollakisuria ["frequent urination of small volumes of urine", No. 1], and urgency ["Urgent urination", No. 2]) reported on the ACSS-Typical domain at Visit 1 is <math>\geq 6</math>.</li><li>- Inclusion criterion No. 3 was further specified as follows: Patients who took anti-inflammatory or analgesic drugs (eg, ibuprofen, paracetamol, acetylsalicylic acid) or spasmolytics for any reason within 24 hours prior to Visit 1, and/or are not willing to stop the intake of any of the following medication not permitted for use during the trial: Rosmarini folium, Levistici radix, and Centaurii herba supplements other than the CLR (IMP), antiinflammatory or analgesic drugs (eg, ibuprofen, acetylsalicylic acid, with exception of paracetamol), spasmolytics, herbal drugs or supplements, cranberry juice, and kidney or bladder teas.</li><li>- The analgesic drugs added to exclusion criterion 10 were included in the list of prohibited concomitant medications.</li></ul>                    |
| 10 January 2017 | <p>The main objective of this amendment was to introduce changes in CTP Version 4, 11-MAR-2016, following from the sponsor's decision to cancel the planned interim analysis.</p> <p>The decision for withdrawal of the interim analysis was justified with the markedly increased recruitment rates over the last 4 months of the trial conduct (up to 2 patients per trial site per month) and the expectation of a further increasing recruitment rate due to additionally initiated sites (see below).</p> <p>Other relevant changes implemented in CTP Version 5 with Amendment No. 2 included:</p> <ul style="list-style-type: none"><li>- Prolongation of recruitment period by 4 months and of overall trial duration by 6 months accordingly.</li><li>- Romania was excluded from the list of participating countries, because the conduct of- the trial in this country was disapproved by the local competent authority; consequently, the sponsor decided to increase the number of trial sites in Germany, Ukraine and Poland.</li><li>- The list of concomitant medications not permitted during the trial was further specified by including an exception rule for spasmolytics, anti-inflammatory or analgesic drugs, and any additional AB therapy for other than acute lower uUTI indications.</li><li>- The range of kit-No was updated since new IMP had been produced (the IMP for Ukraine had expired and not enough IMP was available for all countries).</li><li>- Benefit-risk information with regard to the use of fosfomycin in the trial was updated in accordance with the latest version of the Summary of Product Characteristics of fosfomycin.</li></ul> |

Notes:

### Interruptions (globally)

Were there any global interruptions to the trial? No

### Limitations and caveats

None reported