Clinical trial results:
An exploratory, single centre, open label, pilot study investigating the efficacy and safety of OBE2109 200 mg daily for 12 weeks followed by 100 mg daily for 12 weeks in rectovaginal endometriosis.

Summary

EudraCT number	2017-004043-21
Trial protocol	FR
Global end of trial date	24 June 2021

Results information

Result version number	v1 (current)
This version publication date	14 July 2022
First version publication date	14 July 2022

Trial information

Trial identification

Sponsor protocol code	16-OBE2109-016

Additional study identifiers

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

Notes:

Sponsors

Sponsor organisation name	ObsEva SA
Sponsor organisation address	12, Chemin des Aulx, Geneva, Switzerland,
Public contact	Clinical Trials Information, ObsEva SA, +41 (0)225523840, clinicaltrials@obseva.ch
Scientific contact	Clinical Trials Information, ObsEva SA, +41 (0)225523840, clinicaltrials@obseva.ch

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	29 November 2021
Is this the analysis of the primary completion data?	Yes
Primary completion date	24 June 2021
Global end of trial reached?	Yes
Global end of trial date	24 June 2021
Was the trial ended prematurely?	Yes

Notes:

General information about the trial

Main objective of the trial:

To assess the efficacy of 200 mg linzagolix (OBE2109) daily for 12 weeks followed by 100 mg linzagolix daily for 12 weeks on reduction of the volume of rectovaginal endometriosis node. In addition, the overall safety of 24 weeks of daily administration of linzagolix in patients with rectovaginal endometriosis was assessed.

Protection of trial subjects:

The study was conducted in accordance with the ethical principles that have their origins in the Declaration of Helsinki and with Good Clinical Practice (GCP) rules and in line with local regulatory requirements.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	28 October 2019
Long term follow-up planned	Yes
Long term follow-up rationale	Safety
Long term follow-up duration	3 Months
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	France: 3
Worldwide total number of subjects	3
EEA total number of subjects	3

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)	3

From 65 to 84 years	0
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

The study was conducted at one clinical site in France.

Pre-assignment

Screening details:

A total of 3 patients were screened and enrolled in the study. Nine subjects were planned to be included, but due to difficulties in recruitment, recruitment was stopped.

Period 1

Period 1 title	Baseline
Is this the baseline period?	Yes
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Arm title	Baseline

Arm description:

Patients received linzagolix 200 mg daily for 12 weeks followed by 100 mg daily for 12 weeks.

Arm type	Experimental
Investigational medicinal product name	linzagolix
Investigational medicinal product code	OBE2109
Other name	
Pharmaceutical forms	Film-coated tablet
Routes of administration	Oral use

Dosage and administration details:

Once daily oral administration of linzagolix 200 mg for 12 weeks followed by 100 mg for 12 weeks.

Number of subjects in period 1	Baseline
Started	3
Completed	3

Period 2

Period 2 title	Week 24
Is this the baseline period?	No
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Arm title	Week 24

Arm description:

Patients received linzagolix 200 mg daily for 12 weeks followed by 100 mg daily for 12 weeks.

Arm type	Experimental
Investigational medicinal product name	linzagolix
Investigational medicinal product code	OBE2109
Other name	
Pharmaceutical forms	Film-coated tablet
Routes of administration	Oral use

Dosage and administration details:

Once daily oral administration of linzagolix 200 mg for 12 weeks followed by 100 mg for 12 weeks.

Number of subjects in period 2	Week 24
Started	3
Completed	3

Period 3

Period 3 title	Follow-up
Is this the baseline period?	No
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Arm title	Follow-up

Arm description:

At week 24, the patients entered a 12-week follow-up period without any active treatment.

Arm type	No intervention

No investigational medicinal product assigned in this arm

Number of subjects in period 3	Follow-up
Started	3
Completed	3

Baseline characteristics

Reporting groups	
Reporting group title	Baseline

Reporting group description: -

Reporting group values	Baseline	Total	
Number of subjects	3	3	
Age categorical Units: Subjects			
In utero	0	0	
Preterm newborn infants (gestational age < 37 wks)	0	0	
Newborns (0-27 days)	0	0	
Infants and toddlers (28 days-23 months)	0	0	
Children (2-11 years)	0	0	
Adolescents (12-17 years)	0	0	
Adults (18-64 years)	3	3	
From 65-84 years	0	0	
85 years and over	0	0	
Age continuous Units: years			
arithmetic mean	38.33		
full range (min-max)	38 to 39	-	
Gender categorical Units: Subjects			
Female	3	3	
Male	0	0	
Body mass index Units: kg/m2			
arithmetic mean	26.0		
full range (min-max)	24.0 to 27.7	-	
Rectovaginal node volume			
The volume of rectovaginal nodes volumes as measured by MRI at baseline.			
Units: cm3			
arithmetic mean	4.1		
full range (min-max)	1.9 to 5.4	-	

End points

End points reporting groups

Reporting group title	Baseline
Reporting group description:	
Patients received linzagolix 200 mg daily for 12 weeks followed by 100 mg daily for 12 weeks.	
Reporting group title	Week 24
Reporting group description:	
Patients received linzagolix 200 mg daily for 12 weeks followed by 100 mg daily for 12 weeks.	
Reporting group title	Follow-up
Reporting group description:	
At week 24, the patients entered a 12-week follow-up period without any active treatment.	

Primary: Changes from baseline to Week 24 in volume of rectovaginal nodes measured by MRI measuring central lesion and the entire invasion front, i.e. including the specula.

End point title	Changes from baseline to Week 24 in volume of rectovaginal nodes measured by MRI measuring central lesion and the entire invasion front, i.e. including the specula.[1]
End point description:	
End point type	Primary
End point timeframe:	
Week 24	

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.
Justification: The statistical analyses described in the protocol were not performed due to the low number of participants.

End point values	Week 24			
Subject group type	Reporting group			
Number of subjects analysed	3			
Units: cm3				
arithmetic mean (full range (min-max))	-1.1 (-2.7 to 0.3)			

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

Adverse event (AE) data were collected continuously during the study.

Adverse event reporting additional description:

AE data were obtained at scheduled study visits based on physical examination, vital signs and biological laboratory assessments. In addition, the patients reported AEs spontaneously and/or through questioning. Only treatment emergent AEs (TEAEs) are reported here.

Assessment type	Systematic

Dictionary used

Dictionary name	MedDRA
Dictionary version	22.0

Reporting groups

Reporting group title	Enrolled analysis set

Reporting group description:

The enrolled analysis set (EAS) is defined for this study as all enrolled patients.

Serious adverse events	Enrolled analysis set		
Total subjects affected by serious adverse events			
subjects affected / exposed	0 / 3 (0.00%)		
number of deaths (all causes)	0		
number of deaths resulting from adverse events	0		

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

Non-serious adverse events	Enrolled analysis set		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	3 / 3 (100.00%)		
Investigations			
Haematocrit decreased			
subjects affected / exposed	1 / 3 (33.33%)		
occurrences (all)	1		
Mean cell volume increased			
subjects affected / exposed	1 / 3 (33.33%)		
occurrences (all)	1		
Vascular disorders			
Hot flush			

subjects affected / exposed occurrences (all)	2 / 3 (66.67%) 2		
Surgical and medical procedures Pleural decortication subjects affected / exposed occurrences (all)	 1 / 3 (33.33%) 1		
Nervous system disorders Migraine subjects affected / exposed occurrences (all) Headache subjects affected / exposed occurrences (all)	 1 / 3 (33.33%) 7 2 / 3 (66.67%) 5		
General disorders and administration site conditions Pain subjects affected / exposed occurrences (all)	 2 / 3 (66.67%) 2		
Blood and lymphatic system disorders Haemoglobinaemia subjects affected / exposed occurrences (all)	 1 / 3 (33.33%) 1		
Gastrointestinal disorders Abdominal pain upper subjects affected / exposed occurrences (all) Constipation subjects affected / exposed occurrences (all) Diarrhoea subjects affected / exposed occurrences (all) Haemorrhagic ascites subjects affected / exposed occurrences (all) Nausea	 1 / 3 (33.33%) 1 1 / 3 (33.33%) 1 1 / 3 (33.33%) 1 1 / 3 (33.33%) 1 		

subjects affected / exposed occurrences (all)	1 / 3 (33.33%) 1		
Psychiatric disorders Sleep disorder subjects affected / exposed occurrences (all)	 1 / 3 (33.33%) 1		
Musculoskeletal and connective tissue disorders Groin pain subjects affected / exposed occurrences (all) Neck pain subjects affected / exposed occurrences (all)	 1 / 3 (33.33%) 1 1 / 3 (33.33%) 1		

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
20 August 2018	• Addition of ECG monitoring • Clarification of the fasting requirements • Change of urine pregnancy test to serum pregnancy test • Add possibility to perform Screening, Week 12, 24 and 36 visits over 2 days • More accurate wording about IMP administration and packaging • Change in the visit window at the Week 12 and 24 visits • Added wording in case the result of the endometrium biopsy of Day 1 is not available

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? Yes

Date	Interruption	Restart date
30 June 2020	Due to difficulty in recruitment and upcoming expiry of the investigational medical product the recruitment was stopped after inclusion of 3 patients.	-

Notes:

Limitations and caveats

Limitations of the trial such as small numbers of subjects analysed or technical problems leading to unreliable data.

Only 3 participants were enrolled, whereas 9 were initially planned and judged suitable for an exploratory assessment of linzagolix in patients with rectovaginal endometriosis, so that the results of this study must be interpreted with caution.

Notes: