

**Clinical trial results:****A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of Oteseconazole Oral Capsules in the Treatment of Subjects with Recurrent Vulvovaginal Candidiasis****Summary**

EudraCT number	2018-001269-18
Trial protocol	BG PL GB
Global end of trial date	21 October 2020

Results information

Result version number	v1 (current)
This version publication date	23 September 2021
First version publication date	23 September 2021

Trial information**Trial identification**

Sponsor protocol code	VMT-VT-1161-CL-011
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Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT03562156
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	Mycovia Pharmaceuticals, Inc.
Sponsor organisation address	4721 Emperor Blvd., Suite 220, Durham, United States, 27703
Public contact	Clinical Trial Administration, Mycovia Pharmaceuticals, Inc., +011 9194678539, adminops@mycovia.com
Scientific contact	Chief Development Officer, Mycovia Pharmaceuticals, Inc., +011 9194678539,

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	Yes
EMA paediatric investigation plan number(s)	EMA-002392-PIP01-18
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	21 October 2020
Is this the analysis of the primary completion data?	No
Global end of trial reached?	Yes
Global end of trial date	21 October 2020
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

To evaluate the efficacy of oral oteseconazole in the treatment of recurrent vulvovaginal candidiasis (RVVC) through Week 48 of the study.

Protection of trial subjects:

The study was conducted in accordance with International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use - Good Clinical Practice (GCP), all applicable subject privacy requirements, the guiding principles of the current version of the Declaration of Helsinki, and applicable country-specific regulatory requirements.

Background therapy:

Prior to randomization, subjects completed an Induction Phase where all subjects received 3 sequential 150 milligram (mg) doses of fluconazole that were administered 72 hours apart. After the Induction Phase, if subjects were still eligible for randomization, fluconazole was used as a rescue medication to treat an acute vulvovaginal candidiasis (VVC) infection during the remainder of the study.

Evidence for comparator: -

Actual start date of recruitment	20 August 2018
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	United States: 124
Country: Number of subjects enrolled	Bulgaria: 73
Country: Number of subjects enrolled	Canada: 16
Country: Number of subjects enrolled	Japan: 44
Country: Number of subjects enrolled	Poland: 57
Country: Number of subjects enrolled	United Kingdom: 12
Worldwide total number of subjects	326
EEA total number of subjects	130

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)	1
Adults (18-64 years)	323
From 65 to 84 years	2
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

The study was conducted in generally healthy non-pregnant females aged ≥ 12 years with a history of RVVC and with a clinical diagnosis of symptomatic acute VVC. Subjects were randomized in a 2:1 ratio to receive either oteseconazole or a matching placebo regimen.

Pre-assignment

Screening details:

The study consisted of a 2-week Induction Phase (screening to Day 1 pre-randomization) and 48-week Maintenance Phase (comprising a 12-week treatment period and 36 weeks follow up). All randomized subjects were included in the Intent-to-Treat (ITT) population.

Period 1

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

Arms

Are arms mutually exclusive?	Yes
Arm title	Oteseconazole

Arm description:

Subjects received loading doses of 150 mg oteseconazole once daily on Days 1 to 7, followed by maintenance doses of 150 mg oteseconazole once weekly starting at Week 2 (7 days after the completion of daily dosing) through Week 12 of the study.

Arm type	Experimental
Investigational medicinal product name	Oteseconazole
Investigational medicinal product code	
Other name	VT-1161
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

Oteseconazole was administered as 150 mg oral capsules. Subjects were instructed to take the doses of investigational product (IP) within 30 minutes after ingestion of their main meal, at approximately the same time of the day consistently throughout the study.

Arm title	Placebo
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Arm description:

Subjects received matching placebo regimen once daily on Days 1 to 7, followed by placebo once weekly starting at Week 2 (7 days after the completion of daily dosing) through Week 12 of the study.

Arm type	Placebo
Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

Placebo was administered as oral capsules to match oteseconazole. Subjects were instructed to take the doses of IP within 30 minutes after ingestion of their main meal, at approximately the same time of the day consistently throughout the study.

Number of subjects in period 1	Oteseconazole	Placebo
Started	217	109
Completed	182	91
Not completed	35	18
Consent withdrawn by subject	18	9
Physician decision	1	1
Missed study visit(s)	1	1
Adverse event, non-fatal	1	-
Subject decision	-	1
Sponsor request	2	-
Pregnancy	2	1
Non-compliance	1	-
Subject relocated	1	-
Lab assessment; clinically significant changes	-	1
Lost to follow-up	8	4

Baseline characteristics

Reporting groups

Reporting group title	Oteseconazole
Reporting group description:	
Subjects received loading doses of 150 mg oteseconazole once daily on Days 1 to 7, followed by maintenance doses of 150 mg oteseconazole once weekly starting at Week 2 (7 days after the completion of daily dosing) through Week 12 of the study.	
Reporting group title	Placebo
Reporting group description:	
Subjects received matching placebo regimen once daily on Days 1 to 7, followed by placebo once weekly starting at Week 2 (7 days after the completion of daily dosing) through Week 12 of the study.	

Reporting group values	Oteseconazole	Placebo	Total
Number of subjects	217	109	326
Age categorical			
Units: Subjects			
In utero	0	0	0
Preterm newborn infants (gestational age < 37 wks)	0	0	0
Newborns (0-27 days)	0	0	0
Infants and toddlers (28 days-23 months)	0	0	0
Children (2-11 years)	0	0	0
Adolescents (12-17 years)	1	0	1
Adults (18-64 years)	214	109	323
From 65-84 years	2	0	2
85 years and over	0	0	0
Age continuous			
Units: years			
arithmetic mean	34	34	-
standard deviation	± 10.3	± 9.9	-
Gender categorical			
Units: Subjects			
Female	217	109	326
Male	0	0	0
Race			
Units: Subjects			
White	156	80	236
Black or African American	26	17	43
Asian	33	12	45
American Indian or Alaska Native	1	0	1
Native Hawaiian or Other Pacific Islander	0	0	0
Other	1	0	1
Ethnicity			
Units: Subjects			
Hispanic or Latino	19	6	25
Not Hispanic or Latino	198	103	301
Unknown/Not Reported	0	0	0

End points

End points reporting groups

Reporting group title	Oteseconazole
Reporting group description: Subjects received loading doses of 150 mg oteseconazole once daily on Days 1 to 7, followed by maintenance doses of 150 mg oteseconazole once weekly starting at Week 2 (7 days after the completion of daily dosing) through Week 12 of the study.	
Reporting group title	Placebo
Reporting group description: Subjects received matching placebo regimen once daily on Days 1 to 7, followed by placebo once weekly starting at Week 2 (7 days after the completion of daily dosing) through Week 12 of the study.	

Primary: Percentage of Subjects with 1 or More Culture-verified Acute VVC Episodes during the Maintenance Phase

End point title	Percentage of Subjects with 1 or More Culture-verified Acute VVC Episodes during the Maintenance Phase
End point description: The primary efficacy outcome measure was the proportion of subjects with 1 or more culture-verified acute VVC episodes during the Maintenance Phase in the ITT population. The Maintenance Phase was defined as post-randomization through Week 48 of the study. An acute VVC episode during the Maintenance Phase (considered a recurrent episode) was defined as a positive culture for Candida species and a clinical signs and symptoms score of ≥ 3 . Missing values were imputed with multiple imputation using the following auxiliary information: region, treatment, baseline body mass index, baseline age, ethnicity, and visit. Analysis was performed on the ITT population which included all randomized subjects.	
End point type	Primary
End point timeframe: 48 weeks	

End point values	Oteseconazole	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	217	109		
Units: percentage of subjects				
number (not applicable)	6.7	42.8		

Statistical analyses

Statistical analysis title	Comparison of oteseconazole to placebo
Comparison groups	Oteseconazole v Placebo

Number of subjects included in analysis	326
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	Chi-squared

Secondary: Time to First Recurrence of a Culture-verified Acute VVC Episode during the Maintenance Phase

End point title	Time to First Recurrence of a Culture-verified Acute VVC Episode during the Maintenance Phase
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End point description:

The Maintenance Phase was defined as post-randomization through Week 48 of the study. An acute VVC episode during the Maintenance Phase was defined as a positive culture for Candida species and a clinical signs and symptoms score of ≥ 3 . Time to recurrence of acute VVC was estimated using the method of Kaplan-Meier and was calculated as:

Date of first culture-verified acute VVC episode – date of randomization+1

Subjects with no recurrence were censored at their last non-missing assessment. Analysis was performed on the ITT population which included all randomized subjects.

End point type	Secondary
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End point timeframe:

48 weeks

End point values	Oteseconazole	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	217 ^[1]	109 ^[2]		
Units: weeks				
median (confidence interval 95%)	999999 (999999 to 999999)	999999 (32.6 to 999999)		

Notes:

[1] - 999999 denotes that the value was not estimable

[2] - 999999 denotes that the value was not estimable

Statistical analyses

Statistical analysis title	Comparison of oteseconazole to placebo
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Statistical analysis description:

The Cox regression model included factors for treatment, region, baseline body mass index, baseline age, ethnicity and screening signs and symptoms score.

Comparison groups	Oteseconazole v Placebo
Number of subjects included in analysis	326
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.11

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.06
upper limit	0.21

Secondary: Percentage of Subjects with at Least 1 Positive Culture for Candida Species during the Maintenance Phase

End point title	Percentage of Subjects with at Least 1 Positive Culture for Candida Species during the Maintenance Phase
End point description: The percentage of subjects with ≥ 1 positive culture for Candida species during the Maintenance Phase is reported. Missing values were imputed with multiple imputation using the following auxiliary information: region, treatment, baseline body mass index, baseline age, ethnicity, and visit. Analysis was performed on the ITT population which included all randomized subjects.	
End point type	Secondary
End point timeframe: 48 weeks	

End point values	Oteseconazole	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	217	109		
Units: percentage of subjects				
number (not applicable)	29.4	84.2		

Statistical analyses

Statistical analysis title	Comparison of oteseconazole to placebo
Comparison groups	Oteseconazole v Placebo
Number of subjects included in analysis	326
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	Chi-squared

Secondary: Percentage of Subjects with at Least 1 Culture-verified Acute VVC Episode through Week 24

End point title	Percentage of Subjects with at Least 1 Culture-verified Acute VVC Episode through Week 24
End point description: The percentage of subjects with ≥ 1 positive culture for Candida species during post-randomization through Week 24 is reported. Missing values were imputed with multiple imputation using the following auxiliary information: region, treatment, baseline body mass index, baseline age, ethnicity, and visit. Analysis was performed on the ITT population which included all randomized subjects.	

End point type	Secondary
End point timeframe:	
24 weeks	

End point values	Oteseconazole	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	217	109		
Units: percentage of subjects				
number (not applicable)	3.3	37.4		

Statistical analyses

Statistical analysis title	Comparison of oteseconazole to placebo
Comparison groups	Oteseconazole v Placebo
Number of subjects included in analysis	326
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	Chi-squared

Secondary: Change from Screening through Week 48 in the 36-item Short Form Survey (SF-36) Mental Component Score (MCS)

End point title	Change from Screening through Week 48 in the 36-item Short Form Survey (SF-36) Mental Component Score (MCS)
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End point description:

The least squares (LS) mean change from Screening through Week 48 for SF-36 MCS is reported. The SF-36 questionnaire consists of 36 items which are used to calculate 8 scaled scores for the following domains: physical functioning, physical role functioning, bodily pain, general health perceptions, vitality, social role functioning, emotional role functioning, and mental health. Scores for the SF-36 scales range from 0 to 100, with higher scores denoting less disability. The MCS was derived as the average of the following 4 domain scores: vitality, social role functioning, emotional role functioning, and mental health. If 2 or more of the domain scores were missing, the MCS was missing. Missing values after applying the imputations according to the SF-36 scoring algorithm were imputed using last observation carried forward (LOCF). Analysis was performed on the ITT population which included all randomized subjects.

End point type	Secondary
End point timeframe:	
48 weeks	

End point values	Oteseconazole	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	199	100		
Units: scores on a scale				
least squares mean (confidence interval 95%)	4.66 (2.61 to 6.70)	2.61 (-0.27 to 5.49)		

Statistical analyses

Statistical analysis title	Comparison of oteseconazole to placebo
Statistical analysis description:	
The LS mean, 95% confidence interval (CI) for LS mean, difference in LS mean, 95% CI for the difference, and the p-value for the difference came from a repeated measures analysis of covariance (ANCOVA) model with a random effect for subject and fixed effects for treatment group, time point, treatment by time point interaction, and baseline value. A compound symmetry covariance structure was used.	
Comparison groups	Oteseconazole v Placebo
Number of subjects included in analysis	299
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.255
Method	ANCOVA
Parameter estimate	LS Mean Difference
Point estimate	2.05
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.49
upper limit	5.58

Secondary: Change from Screening through Week 48 in the SF-36 Total Score

End point title	Change from Screening through Week 48 in the SF-36 Total Score
End point description:	
The LS mean change from Screening through Week 48 for SF-36 total score is reported. The SF-36 questionnaire consists of 36 items which are used to calculate 8 scaled scores for the following domains: physical functioning, physical role functioning, bodily pain, general health perceptions, vitality, social role functioning, emotional role functioning, and mental health. Scores for the SF-36 scales range between 0 and 100, with higher scores denoting less disability. The SF-36 total score was derived as the average of the 8 domain scores. If 3 or more of the domain scores were missing, the total score was missing. Missing values after applying the imputations according to the SF-36 scoring algorithm were imputed using LOCF. Analysis was performed on the ITT population which included all randomized subjects.	
End point type	Secondary
End point timeframe:	
48 weeks	

End point values	Oteseconazole	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	199	100		
Units: scores on a scale				
least squares mean (confidence interval 95%)	4.59 (2.80 to 6.38)	2.57 (0.06 to 5.09)		

Statistical analyses

Statistical analysis title	Comparison of oteseconazole to placebo
Statistical analysis description:	
The LS mean, 95% CI for LS mean, difference in LS mean, 95% CI for the difference, and the p-value for the difference came from a repeated measures ANCOVA model with a random effect for subject and fixed effects for treatment group, time point, treatment by time point interaction, and baseline value. A compound symmetry covariance structure was used.	
Comparison groups	Oteseconazole v Placebo
Number of subjects included in analysis	299
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.2
Method	ANCOVA
Parameter estimate	LS Mean Difference
Point estimate	2.01
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.07
upper limit	5.1

Adverse events

Adverse events information

Timeframe for reporting adverse events:

Day 1 through Week 48 of the study.

Adverse event reporting additional description:

Treatment-emergent adverse events were defined as adverse events that occurred on or after the initiation of IP. The safety population was defined as all randomized subjects who received at least 1 dose of the IP.

Assessment type	Systematic
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Dictionary used

Dictionary name	MedDRA
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Dictionary version	21
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Reporting groups

Reporting group title	Oteseconazole
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Reporting group description:

Subjects received loading doses of 150 mg oteseconazole once daily on Days 1 to 7, followed by maintenance doses of 150 mg oteseconazole once weekly starting at Week 2 (7 days after the completion of daily dosing) through Week 12 of the study.

Reporting group title	Placebo
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Reporting group description:

Subjects received matching placebo regimen once daily on Days 1 to 7, followed by placebo once weekly starting at Week 2 (7 days after the completion of daily dosing) through Week 12 of the study.

Serious adverse events	Oteseconazole	Placebo	
Total subjects affected by serious adverse events			
subjects affected / exposed	3 / 217 (1.38%)	3 / 109 (2.75%)	
number of deaths (all causes)	0	0	
number of deaths resulting from adverse events	0	0	
Injury, poisoning and procedural complications			
Limb traumatic amputation			
subjects affected / exposed	1 / 217 (0.46%)	0 / 109 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Reproductive system and breast disorders			
Endometriosis			
subjects affected / exposed	1 / 217 (0.46%)	0 / 109 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Vaginal haemorrhage			

subjects affected / exposed	0 / 217 (0.00%)	1 / 109 (0.92%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Respiratory, thoracic and mediastinal disorders			
Acute respiratory failure			
subjects affected / exposed	0 / 217 (0.00%)	1 / 109 (0.92%)	
occurrences causally related to treatment / all	0 / 0	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Asthma			
subjects affected / exposed	0 / 217 (0.00%)	1 / 109 (0.92%)	
occurrences causally related to treatment / all	0 / 0	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Infections and infestations			
Appendicitis			
subjects affected / exposed	0 / 217 (0.00%)	1 / 109 (0.92%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Bronchitis			
subjects affected / exposed	0 / 217 (0.00%)	1 / 109 (0.92%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Pneumonia			
subjects affected / exposed	0 / 217 (0.00%)	1 / 109 (0.92%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Postoperative wound infection			
subjects affected / exposed	1 / 217 (0.46%)	0 / 109 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Tubo-ovarian abscess			
subjects affected / exposed	1 / 217 (0.46%)	0 / 109 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	

Frequency threshold for reporting non-serious adverse events: 2 %

Non-serious adverse events	Oteseconazole	Placebo	
Total subjects affected by non-serious adverse events			
subjects affected / exposed	99 / 217 (45.62%)	51 / 109 (46.79%)	
Investigations			
Blood creatine phosphokinase increased			
subjects affected / exposed	7 / 217 (3.23%)	3 / 109 (2.75%)	
occurrences (all)	8	3	
Nervous system disorders			
Headache			
subjects affected / exposed	8 / 217 (3.69%)	8 / 109 (7.34%)	
occurrences (all)	8	10	
General disorders and administration site conditions			
Pyrexia			
subjects affected / exposed	5 / 217 (2.30%)	4 / 109 (3.67%)	
occurrences (all)	5	4	
Gastrointestinal disorders			
Nausea			
subjects affected / exposed	8 / 217 (3.69%)	3 / 109 (2.75%)	
occurrences (all)	10	3	
Diarrhoea			
subjects affected / exposed	8 / 217 (3.69%)	2 / 109 (1.83%)	
occurrences (all)	8	2	
Abdominal pain			
subjects affected / exposed	5 / 217 (2.30%)	3 / 109 (2.75%)	
occurrences (all)	6	4	
Reproductive system and breast disorders			
Vulvovaginal pruritus			
subjects affected / exposed	7 / 217 (3.23%)	2 / 109 (1.83%)	
occurrences (all)	7	4	
Metrorrhagia			

subjects affected / exposed occurrences (all)	5 / 217 (2.30%) 7	3 / 109 (2.75%) 3	
Vaginal discharge subjects affected / exposed occurrences (all)	0 / 217 (0.00%) 0	4 / 109 (3.67%) 5	
Skin and subcutaneous tissue disorders Acne subjects affected / exposed occurrences (all)	5 / 217 (2.30%) 5	1 / 109 (0.92%) 1	
Musculoskeletal and connective tissue disorders Back pain subjects affected / exposed occurrences (all)	3 / 217 (1.38%) 3	5 / 109 (4.59%) 6	
Infections and infestations Nasopharyngitis subjects affected / exposed occurrences (all)	26 / 217 (11.98%) 37	7 / 109 (6.42%) 10	
Bacterial vaginosis subjects affected / exposed occurrences (all)	14 / 217 (6.45%) 19	11 / 109 (10.09%) 15	
Urinary tract infection subjects affected / exposed occurrences (all)	12 / 217 (5.53%) 14	7 / 109 (6.42%) 9	
Upper respiratory tract infection subjects affected / exposed occurrences (all)	9 / 217 (4.15%) 9	7 / 109 (6.42%) 7	
Sinusitis subjects affected / exposed occurrences (all)	12 / 217 (5.53%) 13	3 / 109 (2.75%) 3	
Cystitis subjects affected / exposed occurrences (all)	4 / 217 (1.84%) 6	8 / 109 (7.34%) 13	
Influenza subjects affected / exposed occurrences (all)	7 / 217 (3.23%) 7	1 / 109 (0.92%) 1	
Genital herpes			

subjects affected / exposed	7 / 217 (3.23%)	0 / 109 (0.00%)	
occurrences (all)	8	0	
Pharyngitis			
subjects affected / exposed	6 / 217 (2.76%)	0 / 109 (0.00%)	
occurrences (all)	6	0	

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
25 February 2019	<p>Changes included the following:</p> <ul style="list-style-type: none">• Expanded description to prevent confusion of dosing regimen.• Clarified subject population eligible for enrollment (post-menarcheal was previously assumed).• Established RVVC history based on locally approved testing, as outlined in the study design.• Improved clarity on timelines for Papanicolaou test requirement.• Improved clarity on collunarium/nasal steroid use.• Reduced potentially confounding factors for efficacy assessments.• Clarified complete list of narrow therapeutic index drugs metabolized by or sensitive to cytochrome P450 3A4.• Allowed flexibility for scheduling Screening visit with respect to Day 1 without impact to assessments.• Provided clarification on capsule formulation of oteseconazole.• Clarified Informed Consent Form and included assent for subjects aged 12 to 17 years.• Prevented confusion on which laboratory testing was being performed locally and centrally.• Additional discontinuation criteria added.• Defined study completion.• Provided additional information on plans for primary and secondary analyses and handling of missing data.• Provided explanation for how sample size was determined.• Provided additional information on the analysis and how missing data were to be handled for the primary endpoint.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported