Clinical Study Synopsis for Public Disclosure

This clinical study synopsis is provided in line with **Boehringer Ingelheim's *Policy on Transparency and Publication of Clinical Study Data***.

The synopsis - which is part of the clinical study report - had been prepared in accordance with best practice and applicable legal and regulatory requirements at the time of study completion.

The synopsis may include approved and non-approved uses, doses, formulations, treatment regimens and/or age groups; it has not necessarily been submitted to regulatory authorities.

A synopsis is not intended to provide a comprehensive analysis of all data currently available regarding a particular drug. More current information regarding a drug is available in the approved labeling information which may vary from country to country.

Additional information on this study and the drug concerned may be provided upon request based on **Boehringer Ingelheim's *Policy on Transparency and Publication of Clinical Study Data***.

Name of company: Boehringer Ingelheim		**Tabulated Study Report**		
Name of finished product: Tipranavir				
Name of active ingredient: Tipranavir		**Page:**	**Number:**	
Ref. to Documentation:	**Volume:**	**Page:**		**Addendum No.:**
Report date: 16 May 2007	**Number:** U07-3144	**Study period (dates):** 24 April 2006 to 24 July 2006		

Title of study:	A single-centre, open-label study to assess the effects of steady-state Efavirenz 600 mg QD (Sustiva®) on Tipranavir concentration when Tipranavir/Ritonavir are administered at doses 500 mg/200 mg BID to steady-state in healthy adult volunteers
Investigator:	[redacted]
Study center:	[redacted]
Publication (reference):	Data of this study has not been published
Clinical phase:	I
Objectives:	To investigate the effects of steady-state Efavirenz (600 mg QD) on the steady-state pharmacokinetics of Tipranavir (500 mg BID) co-administered with Ritonavir (200 mg BID)
Methodology:	Open-label, sequential dosing study in healthy adult male and female volunteers administered TPV/r (500 mg/200 mg BID) alone for 10 days and in combination with EFV (600 mg QD) for an additional 14 days.
No. of subjects:	
planned:	entered: 24
actual:	enrolled:34 Treatment A: entered: 34, treated: 34, analysed (for primary endpoint): 16 Treatment B: entered: N/A, treated: N/A, analysed (for primary endpoint): N/A
Diagnosis and main criteria for inclusion:	Males and females of any race, in good health and between the ages of 18 and 60 years, inclusive. Negative HIV, Hepatitis B and Hepatitis C serology.
Test product:	Tipranavir capsules co-administered with ritonavir capsules
dose:	500 mg bid
mode of admin.:	Oral

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batch no.:	Tipranavir: PD-2534 Ritonavir: PD-2761 Efavirenz: PD-2758
Duration of treatment:	24 days
Reference therapy:	N/A
dose:	N/A
mode of admin.:	N/A
batch no.:	N/A
Criteria for evaluation:	
PK/Efficacy:	The effect of steady-state EFV on the steady-state pharmacokinetics of TPV and RTV was assessed by comparing the steady-state pharmacokinetic parameters for TPV and RTV on Day 24 to Day 10 (calculating the geometric mean ratio and 90% CI for each of the three parameters). The primary pharmacokinetic parameters for TPV with RTV were Comparison of Cp12, AUC and Cmax of TPV at steady-state before and after steady-state efavirenz
Safety:	Adverse events monitoring; vital signs and safety laboratory assessments
Statistical methods:	Comparison between TPV geometric means before and after efavirenz administration was summarized using geometric mean ratios and confidence intervals
SUMMARY – CONCLUSIONS:	
Efficacy results:	N/A
Safety results:	The most frequently observed AEs were gastrointestinal disorders (88%), nervous system disorders (73%), psychiatric disorders (26%) and skin disorders (18%). Nervous system and psychiatric disorders occurred more frequently in the second treatment phase of the study with EFV added to the first phase treatment regimen TPV/RTV. In general, both treatments combinations TPV/r and TPV/r + EFV were well tolerated with the majority of AEs being mild in intensity.
Conclusions:	Co-administration of steady-state EFV 600 mg qd with steady-state TPV/r 500/200 mg bid had no effect on the steady-state pharmacokinetics of TPV or RTV in healthy volunteer subjects, with the notable exception of a 19.2% increase in TPV Cp12h.