



Clinical Study Synopsis for Public Disclosure

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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.

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3. SYNOPSIS AND TRIAL ABSTRACT

3.1 SYNOPSIS

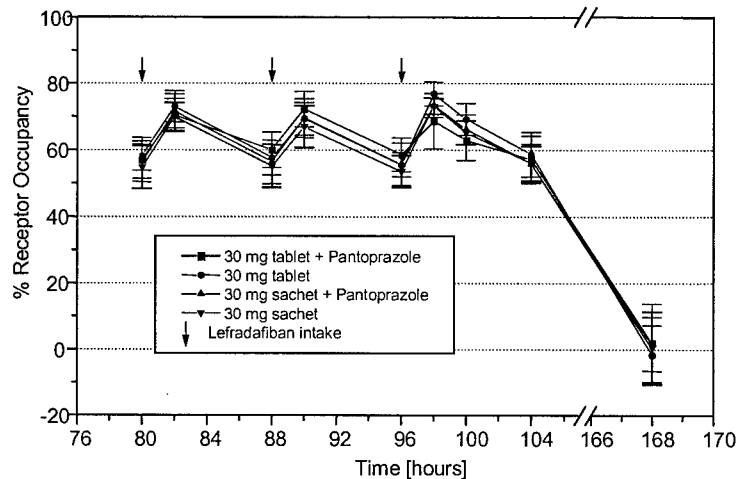
Name of company: BI Pharma KG		Tabulated Study Report		(For National Authority Use only)
Name of finished product: Lefradafiban				
Name of active ingredient: (3S,5S)-5-[(4'-methoxycarbonylamidino-4-biphenyl)oxymethyl]-3-[(methoxycarbonyl)methyl]-2-pyrrolidinone)		Page:	Number:	
Ref. to Documentation:	Volume:	Page: xx to xx		Addendum No.:
Report date: 13 January 1999	Number: 509.118	Study period (years): 4/1998 –6/1998		
Title of study:	Influence of 40 mg Pantoprazole per day on the pharmacokinetics of Fradafiban after multiple oral doses of 30 mg Lefradafiban tid as acid free tablet and sachet over 5 days in healthy subjects. A 4-way crossover randomized open trial.			
Investigator:	[REDACTED]			
Study centre(s):	Human Pharmacology Centre, Boehringer Ingelheim Pharma KG, Biberach			
Publication (reference):	n.a.			
Clinical phase:	I			
Objectives:	To assess the absorption of 30 mg Lefradafiban in two formulations, each under physiological conditions and with 40 mg Pantoprazole.			
Methodology:	4-way cross-over, randomized, open			
No. of subjects entered:				
Total:	12			
Each treatment:	12			
Diagnosis and main criteria for inclusion:	Healthy male subjects, age 18 to 60 years			
Test product:	Lefradafiban, acid free tablet/double chamber sachet	Pantoprazole, tablet		
Dose:	30 mg Lefradafiban tid	40 mg q.d.		
Mode of admin.:	p.o.	p.o.		
Batch no.:	B970903 / 9960287	197272		
Duration of treatment:	5 days per period (4 periods)			
Reference therapy:	Lefradafiban, acid free tablet / double chamber sachet			
Dose:	30 mg			
Mode of admin.:	p.o.			
Batch no.:	B970903 / 9960287			

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Criteria for evaluation:				
Efficacy: n.a.				
<p>Primary endpoints: $AUC_{ss,13}$, $C_{max,ss,13}$, $C_{pre,ss,13}$, $Ae\%_i$ ($i=1,\dots,13$).</p> <p>Secondary endpoints: $C_{pre,i}$ ($i=1,4,7,10,11,12$), $C_{2h,i}$ ($i=10,11,12$), $t_{1/2}$, $\%Swing_i = (C_{2h,i} - C_{pre,i}) / C_{pre,i} * 100\%$ ($i=10,11,12$), $\%PTF_{13} = (C_{max,ss,13} - C_{pre,ss,13}) * 8h / AUC_{ss,13} * 100\%$, $AUC_{fluc,13} = (AUC_{above,13} - AUC_{below,13}) / AUC_{above,13}$ of Fradafiban; FRO</p>				
Safety: Pulse rate, systolic and diastolic blood pressure, laboratory, adverse events				
Statistical methods: Descriptive statistics, analysis of variance, incidence of poor absorption events, 90% confidence intervals for ratios between treatments of pharmacokinetic parameters of Fradafiban				
SUMMARY – CONCLUSIONS:				
Efficacy results: not applicable				
Pharmacodynamic/-kinetic results: Steady state geometric mean plasma concentration-time and %FRO profiles of all four treatments exhibited only minor differences. The AFT showed a 27% higher bioavailability as compared to the sachet. Co-treatment with Pantoprazole decreased the bioavailability ($Ae(0-168)$) of the tablet by 8% and increased the bioavailability of the sachet by 12%. There were no particular differences in inter-individual variability with respect to model-free pharmacokinetic parameters. Steady state %FRO of all four treatments was within the accepted range of 50-80%, defining the presumed lower limit of efficacy and the upper limit in terms of safety (risk for bleeding).				

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Lefradafiban / IP-Nr. 509.118

Occupancy of the Platelet Fibrinogen Receptor



VE3213.ORG / Schubert, Weiß / 17.07.1998

Safety results:

Lefradafiban given as acid-free tablet was well tolerated. Six subjects reported at least 1 adverse event. Pain, especially headache, was observed most frequently but not considered drug related. Bleeding events, 2 (nose bleed, haematoma) of mild and 1 (haematoma at puncture site) of moderate intensity, occurred in 3 subjects during treatment. The serious adverse event myocardial infarction was due to a severe coronary artery disease which could not be diagnosed before evolving acute myocardial infarction.

Conclusions:

The results of this study support the switch from the two-compartment sachet to the acid-free tablet for use in phase III clinical trials.

The performance of the trial was a burden for the subjects due to the long duration of the 4-way crossover and the multiplicity of blood sampling.