Preliminary German Data from a European open-label multicentre study in breakthrough cancer pain patients treated with fentanyl buccal tablet (FBT)

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Abstract 369

INTRODUCTION

- Breakthrough pain (BTP) is a common problem in cancer patients with reported prevalence ranging from 19% to 95% (Zeppetella 2003).
- Fentanyl buccal tablet (FBT) is a rapid-onset opioid indicated for treating adult patients with breakthrough cancer pain (BTcP) receiving opioid maintenance therapy. FBT is a strong opioid, μ-receptor agonist that utilizes active OraVescent® technology to enhance dissolution and absorption of fentanyl through the buccal mucosa. FBT should be titrated to a successful dose that provides adequate analgesia with minimal adverse events.

OBJECTIVE

A clinical study was designed to evaluate the percentage of patients achieving a successful FBT dose, starting titration at 100 μg or 200 μg in 8 European countries; efficacy and safety were also assessed.
The preliminary data from the patients enrolled in Germany are presented here: baseline results, BTcP characteristics as well as patients' assessment on FBT treatment.

METHODS

This is an open-label study and patient selection followed the SmPC for FBT.

Patients

• Main inclusion criteria

- In-patient or out-patient of at least 18 years of age
- The patient has:
  - → A histological documented diagnosis of cancer
  - → Stable background pain due to cancer
  - → Up to 4 BTP episodes per 24 hours, on average.
- As maintenance opioid therapy the patient is currently taking 1 of the following: at least 60 mg of oral morphine/day, at least 25 μg of transdermal fentanyl/hour, at least 30 mg of oxycodone/day, at least 8 mg of hydromorphone day, of an equianalgesic dose of another opioid for a week or longer before administration of the first dose of study drug.

• Main exclusion criteria

- Increased risk of respiratory depression
- Uncontrolled or rapidly escalating pain or pain uncontrolled by therapy that could adversely impact the safety of the patient or that could be compromised by treatment with the study drug.
- Hypersensitivities or allergies to FBT or to any of the excipients of the study drug.

Study design

• The study included

- a screening period,
- a randomized dose-titration period (random 1:1) with a starting dose of FBT at 100 μg (Group A) or 200 μg (Group B) up to a successful dose (100, 200, 400, 600, 800 μg maximum).

The successful dose was defined as the dose providing adequate analgesia for 2 consecutive BTcP episodes within 30 minutes and without unacceptable adverse events.

- a treatment period with FBT treating up to 8 BTcP episodes at the successful dose

Per patient	Screening period		Open-label dose titration period			Open-label treatment period	
Visits	V1	V2			V3		V4
Duration max 1 month		7 days		Max. 7 days		Up to 8 episodes of BTcp Max. 8 days	
Treatment			Group A* FBT 100 μg starting dose	Group B* FBT 200 μg starting dose		FBT at the successful dose	

** randomization*

Assessment

- Patients' characteristics
- Pain assessment
  - *Background pain intensity*
  - *Characteristics of the BTcP episodes*
- FBT successful dose
- Patients' quality of life and functional status: Brief Pain Inventory-7 item short version subscale (BPI-7S) modified on interference of BTP
- Patients' global assessment: Patient satisfaction, ease of use

RESULTS

90 patients were enrolled in 32 centres: 70% of the patients (63/90) were out-patients

Patients' characteristics:

Age, years (n=90)		
Mean ± (SD)	61.9 + 11.96	
range	27 - 83	
Gender, (n=90)	**n**	**%**
Male	39	43

Most frequent reported tumours (n=90)	n	%
Breast	24	26.4
Prostate	9	10
Lung	8	9
Pancreas/Stomach	8	9
Colon/rectum	7	8

Pain Assessment:

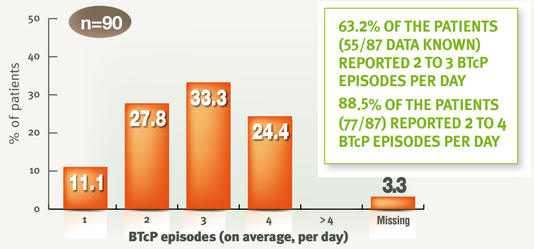
● Overall Background Pain

Background pain treatment (n=92, more than 1 per patient)	n	%
At least 60 mg of oral morphine/day:	10	11.1
At least 25 μg of **Transdermal Fentanyl**/hour	40	44.4
At least 30 mg of Oxycodone/day	13	14.4
At least 8 mg oral hydromorphone/day	19	21.1
An equianalgesic dose of another opioid	10	11.1

Average pain intensity during the past week before inclusion (numeric scale 0-10): **5.4 ± 2.24 (mean ± SD)**

● BTcP Characteristics

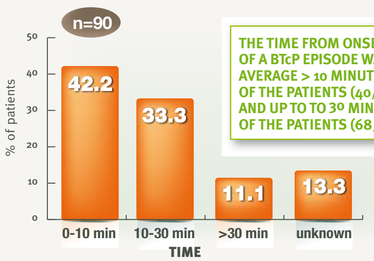
→ Patients' perception on daily frequency of BTcP experienced (on average).



63.2% OF THE PATIENTS (55/87 DATA KNOWN) REPORTED 2 TO 3 BTcP EPISODES PER DAY

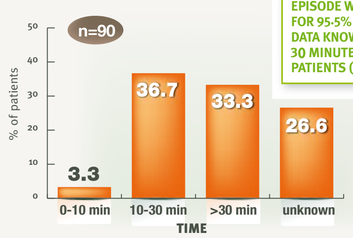
88.5% OF THE PATIENTS (77/87) REPORTED 2 TO 4 BTcP EPISODES PER DAY

→ Patients' perception on the average time from onset to peak intensity of a BTcP episode (without treatment).



THE TIME FROM ONSET TO PEAK INTENSITY OF A BTcP EPISODE WAS REPORTED ON AVERAGE > 10 MINUTES FOR 51.3% OF THE PATIENTS (40/78 DATA KNOWN) AND UP TO TO 30 MINUTES FOR 87.2% OF THE PATIENTS (68/78).

→ Patients' perception on the average duration of a BTcP episode (without treatment).



THE AVERAGE DURATION OF A BTcP EPISODE WAS REPORTED AS > 10 MN FOR 95.5% OF THE PATIENTS (63/66 DATA KNOWN) AND AS MORE THAN 30 MINUTES FOR 45.5% OF THE PATIENTS (30/66).

Successful dose of FBT treatment

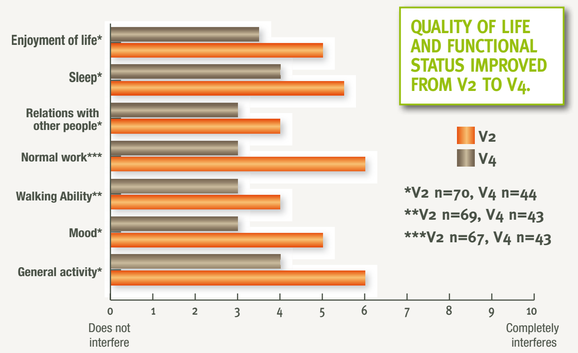
AFTER TITRATION, 100 to 400 μg WERE THE MOST COMMON SUCCESSFUL DOSES FOR 89.6% OF THE PATIENTS (43/48).

Patients' quality of life and functional status

● Modified Brief Pain Inventory-7 item subscale (BPI-7S)

→ Questions asked to the patient at V2 (Baseline) and V4 (Treatment period), scale 0 to 10. (0 = Does not interfere, 10= completely interferes).

During the past 24 hours, BTP has interfered with your:

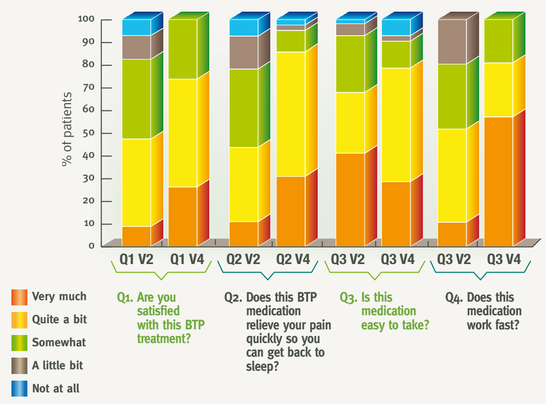


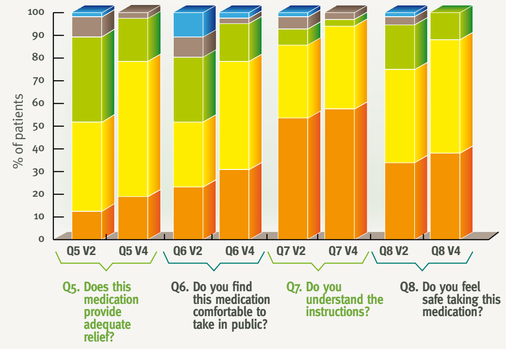
QUALITY OF LIFE AND FUNCTIONAL STATUS IMPROVED FROM V2 TO V4.

Patients' Global Assessment

● Patient satisfaction

→ 8 questions were asked before using FBT (using previous medication) at V2 (n=56), and after FBT titration to the successful dose and treatment period at V4 (n=42):





Q1. 73.8% of the patients were satisfied (very much/quite a bit) with the FBT compared to 47.4% with their previous treatment

Q2. FBT relieved the pain quickly so than the patient can get back to sleep for 85.4% (very much/quite a bit) of the patients and for 42.8% with their previous medication

Q3. FBT was easy to take (very much/quite a bit) for 78.6% of the patients and for 67.9% with their previous medication

Q4. FBT worked fast for 80.9% of the patients (very much/quite a bit) and for 51.8% with their previous medication

Q5. FBT provided adequate pain relief for 78.5% of the patients (very much/quite a bit) and for 51.6% with their previous medication

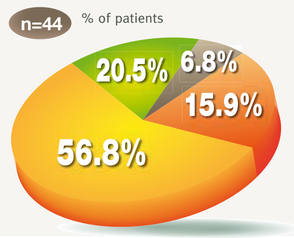
Q6. FBT was found to be comfortable to take in public for 78.6% of the patients (very much/quite a bit) and for 51.8% with their previous medication.

Q7. 97.6% of the patients understood the instructions of FBT (very much/quite a bit) and 87.7% with their previous medication

Q8. 88.1% of the patient's felt safe (very much/quite a bit) with FBT and 75.0% with their previous medication

● Ease of use

→ Question asked to the patient after the treatment period (V4): Did you find this treatment easy/convenient to use for treatment of your breakthrough pain episodes?



72.7% OF THE PATIENTS (32/44) ASSESSED FBT AS EASY/CONVENIENT & VERY EASY CONVENIENT TO USE FOR TREATING BTcP EPISODES.

CONCLUSIONS

These preliminary data from the patients enrolled in Germany are the first BTcP characterization and successful dose finding with FBT from the largest pan European clinical study of patients with BTcP.
These data, mostly from out-patients (70%) and with controlled background pain (average pain intensity= 5.4 on a 0-10 NS), show that:

- Patients evaluation:
  - → 2 to 3 BTcP episodes per day reported by 63.2% of them
  - → the time from onset to peak intensity of a BTcP episode was on average › 10 minutes for 51.3% of them and up to 30 minutes for 87.2%.
  - → the average duration of a BTcP episode was › 10 minutes for 95.5% of them and more than 30 minutes for 45.5%
- The most common successful doses after titration were 100 to 400 μg (89.6%)
- Patients' quality of life and functional status improved after the FBT treatment
- The patient satisfaction was in favour of FBT
- FBT was assessed as easy/convenient & very easy/convenient to use for treating BTcP episodes for 73% of the patients

Final results from the study will provide information on the starting dose, the safety, and the efficacy of FBT; it will also offer information on BTcP characterizations & treatments in real clinical practice.

REFERENCES

Zeppetella G., Ribeiro M. Pharmacotherapy of cancer-related episodic pain. Expert Opin Pharmacother 2003; 4(4):493-502