A 26-week treatment multi-center, randomized, doubleblind, parallel-group, placebo and active controlled (open label) study to assess the efficacy, safety and tolerability of QVA149 (110/50 Î*g q.d.) in patients with moderate to severe chronic obstructive pulmonary disease (COPD)

Published: 29-10-2010
Last updated: 04-05-2024

Primary objective: To demonstrate the superiority of QVA 110/50 µg compared to both QAB149 150 µg and NVA237 50 µg in terms of trough FEV1 (mean of 23 h 15 min and 23 h 45 min post-dose) following 26 weeks of treatment in patients with moderate to...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Respiratory disorders NEC
Study type	Interventional

Summary

ID

NL-OMON36628

Source
ToetsingOnline

Brief title
CQVA149A2303

Condition

- Respiratory disorders NEC

Synonym
COPD; chronic obstructive pulmonary disease

Research involving
Human

Sponsors and support

Primary sponsor: Novartis
Source(s) of monetary or material Support: Novartis Pharma BV

Intervention

Keyword: COPD, indacaterol, NVA237, QVA149

Outcome measures

Primary outcome

Trough FEV1 after 26 weeks.

Secondary outcome

Breathlessness, quality of life, use of rescue medication.

Study description

Background summary

Morbidity and mortality caused by COPD is increasing. COPD leads to a progressive and irreversible decrease of pulmonary function and to exacerbations (more symptoms, decreased pulmonary function, decrease in quality of life and increased risk of complications), which increase in frequency when disease progresses.
Long-acting beta agonists combined with corticosteroids or long-acting muscarinic antagonists reduce the rate of COPD exacerbations. They are effective as monotherapy in providing long-term bronchodilation.
QVA149 is a fixed dose combination of a long-acting beta agonists (indacaterol) and a long-acting muscarinic antagonists (glycopyrronium bromide - NVA237).
In the current placebocontrolled study, the efficacy of the combination QVA149 is compared to that of each of its components. The long-acting muscarinic antagonist tiotropium, the golden standard at the time, serves as positive control. This is one of the studies designed to show that the combination has advantages in comparison with the individual components in patients with

moderate to severe COPD.

Study objective

Primary objective: To demonstrate the superiority of QVA 110/50 µg compared to both QAB149 150 µg and NVA237 50 µg in terms of trough FEV1 (mean of 23 h 15 min and 23 h 45 min post-dose) following 26 weeks of treatment in patients with moderate to severe COPD.
Secondary objectives: level of breathlessness using the Transitional Dyspnea Index, quality of life using the St. George*s Respiratory Questionnaire, rescue medication use.

Study design

Randomized double blind placebo controlled parallel group phase III study.
Double blind comparison QVA149-NVA237-indacaterol-placebo. Unblinded comparison with tiotropium. Pre-screening, s.n. adjustment current COPD medication, followed by 2nd screening and 2 week run-in period. Thereafter randomisation (2:2:2:2:1) to treatment of 26 weeks with:
6. QVA149 110/50 mcg o.d.
7. NVA237 50 mcg o.d.
8. Indacaterol 150 mcg o.d.
9. tiotropium 18 mcg o.d
10. placebo.
via dry powder inhaler.
Salbutamol rescue medication.
Total study duration approx. * year.
Approx. 2100 patients.

Intervention

Treatment with QVA149, NVA237, indacaterol, tiotropium or placebo.

Study burden and risks

Risk: Adverse effects of study medication. Changes in current COPD medication.
Belasting: 14 visits in approx. * year.
Daily electronic diary (signs, symptoms, rescue medication). Vital signs 6x, physical exam 3x, blood tests (safety) 3x (ca. 10 ml blood/visit, total amount ca. 30 ml), pregnancy test 2x, 3x ECG, 3x COPD questionnaire.
1x pulmonary function test with reversibility. Multiple pulmonary function tests during visits 3-13: 3x 3 in * h, 4x 5 in 2 h, 1x 5 in 2 h, 3x 11 in 5* h.
Optional: pharmacogenetic research (1x 10 ml blood), PK sampling (5 blood samples of 3 ml in 4* h during pulmonary function tests), longer lasting pulmonary function tests (normal 5* h, now 1x 12 and 1x 24 h, so 1x incl.

overnight stay, hotel).

Contacts

Public
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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

• Male or female adults aged >=40 years.
• Patients with moderate to severe COPD (Stage II or III) according to the (GOLD Guidelines, 2008).
• Current or ex-smokers who have a smoking history of at least 10 pack years.
• Patients with a post-bronchodilator FEV1 30-80% of the predicted normal value
• Postbronchodilator FEV1/FVC < 0.70.
• Symptomatic patients (run-in period).

Exclusion criteria

• Longterm oxygen therapy.
• Patients who have had a COPD exacerbation in the 6 weeks prior to Visit 1. Patients who develop a COPD exacerbation during a period between Visit 1 and 3 will not be eligible but will be permitted to be re-screened after a minimum of 6 weeks after the resolution of the COPD exacerbation.
• Patients who have had a respiratory tract infection within 4 weeks prior to Visit 1. Patients who develop an upper or lower respiratory tract infection during the screening period (up to Visit 3 (Day 1) will not be eligible, but will be permitted to be re-screened 4 weeks after the resolution of the respiratory tract infection.
• Other pulmonary diseases, incl. bronchial asthma (see protocol for details).
• Type I and uncontrolled type II diabetes.
• α 1-antitrypsin deficiency.
• Contra-indications for longacting beta2 agonists and/or anticholinergics.
• Use of certain COPD and other medications (see protocol for details).
• Vaccination with live or inactivated vaccines in the past 30 and 2 days resp.
• Pregnancy and breast feeding. Inadequate contraception, if relevant.

Study design

Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	08-02-2011
Enrollment:	60
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	NVA237
Generic name:	NVA237
Product type:	Medicine
Brand name:	Onbrez
Generic name:	indacaterol
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	QVA149
Generic name:	QVA149
Product type:	Medicine
Brand name:	Spiriva
Generic name:	tiotropium
Registration:	Yes - NL intended use

Ethics review

Approved WMO Date:	29-10-2010
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	09-12-2010
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	12-01-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	14-01-2011

Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	17-01-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	18-01-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	27-01-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	03-02-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	08-02-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	14-02-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	22-02-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Approved WMO Date:	11-03-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	14-03-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	25-03-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	08-07-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	14-07-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	10-02-2012
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	16-02-2012
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	29-05-2012
Application type:	Amendment

Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	06-06-2012
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
Other	clinicaltrials.gov registratienummer n.n.b.
EudraCT	EUCTR2009-017772-25-NL
CCMO	NL34327.060.10