Double-blind, randomised, placebo-controlled, dose-finding phase IIb trial to evaluate the efficacy, safety, and tolerability of a 12-week-treatment with Naronapride in adult participants with at least moderate idiopathic or diabetic gastroparesis

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This study has been transitioned to CTIS with ID 2023-510195-31-00 check the CTIS register for the current data. The study aim is to examine different doses of Naronapride film-coated tablets (for oral intake) versus placebo in patients with...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Gastrointestinal motility and defaecation conditions
Study type	Interventional

Summary

ID

NL-OMON53662

Source
ToetsingOnline

Brief title
MOVE-IT

Condition

- Gastrointestinal motility and defaecation conditions

Synonym
delayed gastric emptying, gastroplegia

Research involving
Human

Sponsors and support

Primary sponsor: Dr. Falk Pharma GmbH
Source(s) of monetary or material Support: Dr. Falk Pharma GmbH

Intervention

Keyword: Dose-finding, Efficacy, Gastroparesis, Placebo-controlled

Outcome measures

Primary outcome

Change of the ANMS GCSI-DD average weekly total symptom score from BSL (visit 2) to EOT/WD (visit 6). The daily ANMS GCSI-DD total symptom score is the sum of the score values (0-4) of the 5 core symptom items (nausea, early satiety, postprandial fullness, upper abdominal pain, number of vomiting episodes) divided by 5.

Secondary outcome

1. Change of the modified ANMS GCSI-DD average weekly total symptom score from BSL (visit 2) to EOT/WD (visit 6).
The modified daily ANMS GCSI-DD total symptom score is the sum of the score values (0-4) of the 5 core symptom items (nausea, early satiety, postprandial fullness, upper abdominal pain, number of vomiting episodes) plus the score value for bloating divided by 6.

2. Change of the composite ANMS GCSI-DD average weekly total symptom score from BSL (V2) to EOT/WD (V6)
The composite daily ANMS GCSI-DD total symptom score is the sum of the score values (0-4) of only 4 core symptom items (nausea, early satiety, postprandial

fullness, upper abdominal pain) divided by 4.

3. Change of the ANMS GCSI-DD average weekly symptom score for nausea from BSL (visit 2) to EOT/WD (visit 6).

4. Change of the ANMS GCSI-DD average weekly symptom score for early satiety from BSL (visit 2) to EOT/WD (visit 6).

5. Change of the ANMS GCSI-DD average weekly symptom score for postprandial fullness from BSL (visit 2) to EOT/WD (visit 6).

6. Change of the ANMS GCSI-DD average weekly symptom score for upper abdominal pain from BSL (visit 2) to EOT/WD (visit 6).

7. Change of the ANMS GCSI-DD average weekly symptom score for number of vomiting episodes from BSL (visit 2) to EOT/WD (visit 6).

8. Change of the ANMS GCSI-DD average weekly symptom score for bloating from BSL (visit 2) to EOT/WD (visit 6).

9. Change of the ANMS GCSI-DD average weekly item score overall severity of gastroparesis symptoms from BSL (visit 2) to EOT/WD (visit 6).

10. Change of the PAGI-SYM total score from BSL (visit 2) to EOT/WD (visit 6).

11. Change of the GCSI total score from BSL (visit 2) to EOT/WD (visit 6).

12. Change in gastric emptying T1/2 measured by GEBT from BSL (visit 2) to EOT/WD (visit 6).

13. Evaluating safety data.

Study description

Background summary

Gastroparesis is a condition that decreases quality of life and increases morbidity. Currently, there is no drug on the market to relieve or eliminate the symptoms of gastroparesis. Naronapride is a gastrointestinal prokinetic agent and a hopeful potential drug that could control the symptoms of the condition without being expected to cause significant side effects.

Study objective

This study has been transitioned to CTIS with ID 2023-510195-31-00 check the CTIS register for the current data.

The study aim is to examine different doses of Naronapride film-coated tablets (for oral intake) versus placebo in patients with idiopathic or diabetic gastroparesis. In previous clinical trials, Naronapride has been administered to more than 900 subjects and was generally well tolerated. The current study would provide data on the efficacy, tolerability and safety of treatment with different doses of Naronapride over 12 weeks. The study also aims to find out the optimal dose as well as evaluate further side effects of the drug.

Study design

The proposed study is a double-blind, randomized, placebo-controlled, phase IIb dose-finding clinical trial.

If a subject consents to participate in the study, he/she will be required to take a dose of Naronapride or placebo over a 12-week study period and complete a number of study-related questionnaires, as well as undergo examinations. These questionnaires and examinations are intended to monitor the progression of gastroparesis symptoms, as well as the safety of the subjects.

Intervention

Patients participating in the study will be assigned to one of three treatment groups or the placebo group and will be stratified by type of gastroparesis in each group (66.7% idiopathic and 33.3% diabetic per group).

Group A: Naronapride 10 mg TID (TID = 3 doses a day)
Group B: Naronapride 20 mg TID
Group C: Naronapride 40 mg TID
Group D: Placebo tablets TID

Drug intake should be done with sufficient liquid (one glass of water) and occur approximately 30 minutes before each main meal.
Main meals are defined as breakfast, lunch, and dinner. All participants should maintain their normal eating habits throughout the study. The treatment period

is 12 weeks.

Study burden and risks

Naronapride is intended for the treatment of idiopathic or diabetic gastroparesis. Gastroparesis significantly affects the quality of life of patients through its chronic symptoms of nausea, vomiting, abdominal pain and bloating, as well as significantly increases mortality. In preclinical and clinical pharmacodynamic studies evidence of both upper and lower gastrointestinal effects of Naronapride has been shown, as well as therapeutic effects in Phase 2 studies in patients with chronic idiopathic constipation. The data justify investigating the use of Naronapride for 12-week treatment of idiopathic or diabetic gastroparesis patients (for more information see IB).

A thorough QT trial (a study to monitor heart function) conducted in humans according to ICH E14 guidelines and related documents has confirmed that Naronapride, at doses several times greater than the anticipated daily therapeutic dose, has no effects on heart rate, PR, QRS, QT interval duration or ECG morphology, indicating that Naronapride has a low potential to delay ventricular repolarisation (for more information see IB). Nonetheless, regular ECG monitoring will be conducted during the trial in addition to the measurement of vital signs to detect potential changes in ventricular repolarisation. Moreover, results from ECG measurements and related adverse event documentation will be closely monitored by an independent Data and Safety Monitoring Board (DSMB) established by the sponsor to monitor the patients* safety parameters during the trial (for details refer to section 7.5 of the CIP).

Diagnostic procedures like performance of upper gastrointestinal endoscopy and abdominal sonography or MRI or computed tomography (CT) and 13C-Spirulina Gastric Emptying Breath Test (GEBT) are used as validated diagnostic measures to confirm the diagnosis of gastroparesis and to thoroughly exclude an overlap of symptoms with other gastrointestinal disorders. Each of these diagnostic measures will be carried out by experienced physicians only such that associated risks are minimised.

As CT is an imaging technique based on X-rays and due to the high radiation exposure during CT, pregnant women must not be examined by computer tomography. As females of childbearing potential participating in this trial must use a highly effective method of contraception during the entire trial starting with the first screening visit (SCR 1, V0) and as a pregnancy urine test is performed at date of SCR 1 (V0) it is ensured that no pregnant woman will be exposed to X-rays during the trial.

With the above provisions in place, the risks associated with participating in the trial are considered low and outweighed by the benefit of a potential future oral treatment option for idiopathic and diabetic gastroparesis. The

current risk profile is therefore deemed in favour of continued development of Naronapride.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

• Men and women between >=18 and <=75 years of age
• History of idiopathic or diabetic gastroparesis cardinal symptoms for >= 3 months
• Evidence of delayed gastric emptying
• Average weekly total symptom score of >=2.0
• Body Mass Index >=16 and <35 kg/m2
• Exclusion of any mechanical and/or anatomical obstructions, stenosis, structural diseases, or gastric ulcers by upper gastrointestinal endoscopy/an

imaging technique

Exclusion criteria

• Participants without access to an internet-capable terminal and/or without an own e-mail address
• History of major gastrointestinal surgery
• Intrapyloric botulinum toxin injection within 12 months
• Active gastric stimulator implant
• Known secondary causes of gastroparesis
• Presence of inflammatory bowel disease, eosinophilic oesophagitis, or reflux oesophagitis, acute gastritis

Study design

Design

Study phase:	2
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	24-01-2024
Enrollment:	28
Type:	Actual

Medical products/devices used

Registration:	No
Product type:	Medicine
Brand name:	Naronapride

Generic name:	ATI-7505

Ethics review

Approved WMO Date:	21-06-2022
Application type:	First submission
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO Date:	16-01-2023
Application type:	First submission
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO Date:	04-03-2023
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO Date:	23-03-2023
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO Date:	26-03-2024
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO Date:	06-05-2024
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

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
EU-CTR	CTIS2023-510195-31-00
EudraCT	EUCTR2021-002254-86-NL
CCMO	NL81237.068.22