

# Extension of the single ascending dose study of AP30663.

Gepubliceerd: 21-01-2021 Laatste bijgewerkt: 15-05-2024

To evaluate the safety and tolerability of AP30663 in healthy males at doses up to 12mg/kg

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving nog niet gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON20057

### Bron

NTR

### Verkorte titel

CHDR2008

### Aandoening

Atrial fibrillation

## Ondersteuning

**Primaire sponsor:** Acesion Pharma ApS

**Overige ondersteuning:** Sponsor

## Onderzoeksproduct en/of interventie

## Uitkomstmaten

### Primaire uitkomstmaten

- Occurrence of all treatment-related AEs.
- Changes in vital signs, temperature, laboratory safety data and ECGs between pre-first infusion and each post-infusion time point.
- Changes in tremorography data.

- Changes in physical examination findings.
- Administration site reactions.

## Toelichting onderzoek

### Achtergrond van het onderzoek

Atrial fibrillation (AF) can be an invalidating arrhythmia, with frequent recurrences requiring pharmacological or electrical cardioversion. Current medical maintenance or ablative procedures are hampered by not infrequent therapy failures. Additionally, pharmacological cardioversion with currently available treatment options is unsuccessful in many patients, predominantly patients with persistent AF.

AP30663 is a first in class compound targeted at cardioversion of both paroxysmal and persistent AF. The compound inhibits the small conductance  $\text{Ca}^{2+}$  activated  $\text{K}^{+}$  channels (SK channels). These channels are associated with a prolongation of the effective refractory period (ERP) of atrial myocardial cells both in vitro and in vivo. In 2018, the first-in-man study (CHDR1706) was completed in healthy volunteers, in which AP30663 was safe and tolerable at doses up to 6 mg/kg. There is reason to assume that increasing the exposure can increase the intended cardiac pharmacodynamic effects and that a higher dose is needed to reach optimal clinical efficacy. The present study is aimed at evaluating the safety and tolerability of AP30663 at doses up to 12 mg/kg.

### Doel van het onderzoek

To evaluate the safety and tolerability of AP30663 in healthy males at doses up to 12mg/kg

### Onderzoeksopzet

Baseline till EOS

### Onderzoeksproduct en/of interventie

AP30663

## Contactpersonen

### Publiek

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## **Wetenschappelijk**

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## **Deelname eisen**

### **Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)**

1. Signed informed consent prior to any study-mandated procedure
2. Healthy male subjects, 18 to 45 years of age, inclusive.
3. Healthy volunteer part only: Body mass index (BMI) between 18 and 30 kg/m<sup>2</sup>, inclusive and a body weight between 50 and 100 kg, inclusive at screening.
4. All male volunteers must practice effective contraception during the study and be willing and able to continue contraception for at least 90 days after their last dose of study treatment.
5. Has the ability to communicate well with the Investigator in the Dutch language and willing to comply with the study restrictions.

### **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

1. Evidence (following a detailed medical history, physical examination, vital signs, 12-lead ECG and clinical laboratory parameters) of any active or chronic disease or condition that could interfere with, or for which the treatment might interfere with, the conduct of the study, or that would pose an unacceptable risk to the subject in the opinion of the investigator.
2. Clinically significant abnormalities, as judged by the investigator, in laboratory test results (including hepatic and renal panels, complete blood count, chemistry panel and urinalysis). Minor deviations of laboratory values from the normal range may be accepted, if judged by the Investigator or medically qualified designee as not clinically significant. In the case of uncertain or questionable results, tests performed during screening may be repeated before randomization to confirm eligibility or judged to be clinically irrelevant for healthy subjects.
3. Positive Hepatitis B surface antigen (HBsAg), Hepatitis B antibodies, Hepatitis C antibody (HCV Ab), or human immunodeficiency virus antibody (HIV Ab) at screening.
4. Systolic blood pressure (SBP) greater than 140 or less than 90 mm Hg, and diastolic blood pressure (DBP) greater than 90 or less than 50 mm Hg at screening.

5. Abnormal findings in the resting ECG at screening defined as:

- QTcF > 450 or < 300 msec
- Notable resting bradycardia (HR < 45 bpm)
- Notable resting tachycardia (HR > 100 bpm)
- Personal or family history of congenital long QT syndrome or sudden death;
- ECG with QRS and/or T wave judged to be unfavorable for a consistently accurate QT measurement (e.g., neuromuscular artefact that cannot be readily eliminated, arrhythmias, indistinct QRS onset, low amplitude T wave, merged T- and U-waves, prominent U waves);
- Evidence of a sustained atrial or ventricular arrhythmia, either by anamnesis or by Holter or telemetric observation.
- Pre-excitation (Wolff-Parkinson-White syndrome)
- PR interval >220 ms

6. Use of any medications (prescription or over-the-counter (OTC)), within 14 days of investigational product administration, or less than 5 half-lives (whichever is longer). Exceptions are paracetamol (up to 4 g/day) and ibuprofen (up to 1g/day). Other exceptions will only be made if the rationale is clearly documented by the investigator.

7. Use of any vitamin, mineral, herbal, and dietary supplements within 7 days of investigational product administration, or less than 5 half-lives (whichever is longer). Exceptions will only be made if the rationale is clearly documented by the investigator.

8. Participation in an investigational product or device study within 3 months prior to first dosing, or >4 studies in the year prior to study participation.

9. History of abuse of addictive substances (alcohol, illegal substances) or use of more than 21 units alcohol per week within 3 months prior to screening, drug abuse, or regular user of sedatives, hypnotics, tranquillizers, or any other addictive agent.

10. Positive test for drugs of abuse at screening or pre-dose.

11. Alcohol will not be allowed from at least 24 hours before screening or pre-dose.

12. Routine smoker or history of nicotine abuse (average of >5 cigarettes per day for >3 months).

13. Excess in xanthine consumption (more than eight cups of coffee or equivalent per day) or unwilling or unable to abstain from xanthine consumption during the stay at CHDR.

14. Any confirmed significant allergic reactions (urticaria or anaphylaxis) against any drug, or multiple drug allergies (non-active hay fever is acceptable).

15. Loss or donation of blood over 500 mL within three months (males) prior to screening or intention to donate blood or blood products during the study.

16. Any known factor, condition, or disease that might interfere with treatment compliance, study conduct or interpretation of the results such as drug or alcohol dependence or psychiatric disease.

## Onderzoeksopzet

## Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	N.v.t. / één studie arm
Blinding:	Dubbelblind
Controle:	Placebo

## Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	29-10-2020
Aantal proefpersonen:	32
Type:	Verwachte startdatum

## Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

**Wordt de data na het onderzoek gedeeld:** Nee

### Toelichting

N.A.

## Ethische beoordeling

Positief advies	
Datum:	21-01-2021
Soort:	Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 49415  
Bron: ToetsingOnline  
Titel:

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In overige registers

Register	ID
NTR-new	NL9206
CCMO	NL74429.056.20
OMON	NL-OMON49415

## Resultaten

### Samenvatting resultaten

N.A.