Safety and efficacy of oxycodone/naloxone vs. oxycodone vs. morphine in the treatment of chronic low back pain - a 12-week prospective (optionally randomized) open-label blinded endpoint streamlinded study with prolonged-release preparations (PROBE)

First published: 21/09/2015

Last updated: 23/04/2024

Study Finalised

Administrative details

EU PAS number

EUPAS11035

Study ID

11053

DARWIN EU® study

No

Study countries

☐ Germany

Study description

12-week observational parallel group study in patients with chronic low back pain qualifying for a treatment with WHO-Step III opioids. The study will be performed by using electronic case report forms for all data obtained by the participating physicians as well as conventional paper-pencil pain questionnaires/diaries to obtain patient-reported data throughout the whole 12-week observation period. Patient questionnaires/diaries used were those recommended by the German Pain Association and the German Pain League.Patients eligible for this study are males and non-pregnant, non-lactating females who are at least 18 years with a documented history of moderate to severe non-malignant chronic low back pain, previously treated with WHO-step I or II analgesics with or without adjuvant treatments who experienced either insufficient pain relief and/or unacceptable side effects and who require an around-the clock therapy with any of the three mentioned WHO-step III opioids. Exclusion criteria for this study are those contraindications listed in the German prescribing information of the three opioid analgesics that address situations that would place the patient at risk upon exposure to the medication as well as conditions that would confound the analysis and/or interpretation of the study results.Efficacy assessments wil be performed on the basis of patient-reported information documented in the German Pain Questionnaire (at baseline) and the German Pain Diary (throughout the whole observation period) for pain intensity, pain-related disabilities in daily life activities/functionality and quality-of-life. Safety assessments will consist of monitoring all treatment-emergent adverse events (TEAEs). In addition, OIC will be assessed using the validated bowel function index (BFI).Aim of this study is to demonstrate (a) the superiority of OXN vs. OXY vs. MOR with respect to OIC, and (b) the non-inferiority of OXN vs. OXY vs MOR with respect to pain relief.

Study status

Finalised

Research institutions and networks

Institutions

Institute for Neurological Sciences (IFNAP)

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Institution

Multiple centres: 88 centres are involved in the study

Contact details

Study institution contact

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Primary lead investigator

Michael Ueberall

Primary lead investigator

Study timelines

Date when funding contract was signed
Planned: 03/12/2012

Actual: 03/12/2012

Study start date
Planned: 04/03/2013

Actual: 01/04/2013

Data analysis start date
Planned: 02/12/2013

Actual: 03/03/2014

Date of final study report
Planned: 01/04/2014

Actual: 01/09/2014

Sources of funding

- Pharmaceutical company and other private sector
- Other

More details on funding

Mundipharma Germany, Institute for Neurological Sciences

Regulatory

Was the study required by a regulatory body?

No

Methodological aspects

Study type

Study type list

Study topic:

Human medicinal product

Disease /health condition

Study type:

Non-interventional study

Scope of the study:

Drug utilisation

Effectiveness study (incl. comparative)

Safety study (incl. comparative)

Data collection methods:

Primary data collection

Main study objective:

To demonstrate (a) the superiority of OXN vs. OXY vs. MOR with respect to OIC, and (b) the non-inferiority of OXN vs. OXY vs. MOR with respect to its analgesic efficacy under real-life conditions.

Study Design

Non-interventional study design

Cohort

Study drug and medical condition

Study drug International non-proprietary name (INN) or common name

MORPHINE

OXYCODONE

NALOXONE HYDROCHLORIDE DIHYDRATE

Medical condition to be studied

Back pain

Population studied

Short description of the study population

Males and nonpregnant, nonlactating females who were at least 18 years, with a documented history of moderate to severe, nonmalignant chronic lower back pain, previously treated with WHO step I or II analgesics with or without adjuvant treatments, who experienced either insufficient pain relief and/or unacceptable side effects and who required an around-the-clock therapy with any of the three mentioned WHO step III opioids.

Age groups

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Special population of interest

Other

Special population of interest, other

Patients with chronic low back pain

Estimated number of subjects

900

Study design details

Outcomes

Percentage of patients, who (a) completed the whole 12-week treatment period without any treatment emergent adverse event related premature study discontinuation, who in addition showed (b) at least a 50% relief with respect to each: pain intensity, functionality and quality-of-life, as well as (c) a maximum BFI worsening of 50% vs. baseline. Efficacy: absolute and relative (percent vs. baseline) change in (a) LBP intensity, (b) pain-related disabilities in daily life, and (c) quality-of-life impairments by pain.Tolerability: percentages of patients with (a) normal BFI scores (≤28.8), (b) a ≥1 decline in the number of CSBMs per week, and (c) ≥4 CSBMs per week, each at the end of the 12-week observation period.

Data analysis plan

Data analyses will be performed for the intent-to-treat (ITT) population, which consists of all enrolled patients, who took at least one dose of study medication and who had at least one post-baseline/post-dose measure. Sample size estimations, performed prior to this study resulted in a required number of 133 valid patients in each treatment group, providing a 90% power to conclude the superiority of OXN vs OXY vs. MOR with respect to the combined endpoint,

assuming an anticipated responder rate of 25% for OXN, a treatment difference of 15%, and a two-sided Type I error of 5%. Assuming a dropout rate after randomization of ~10%, and a ~50% rejection of the randomized treatment recommendation, a total of 300 subjects per treatment group have to be enrolled to ensure a patient number of ~130 evaluable patients per ITT group.

Documents

Study results

Final Article p1.pdf(45.56 KB)

f_JPR-88076-development-of-opioid-induced-constipation--post-hoc-analysi_081015_26424.pdf(1.27 MB)

Study publications

Ueberall MA, Mueller-Schwefe GH. Safety and efficacy of oxycodone/naloxone vs. ...

Data management

ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

Data sources

Data sources (types)

Electronic healthcare records (EHR)

Other

Data sources (types), other

Prospective patient-based data collection

Use of a Common Data Model (CDM)

CDM mapping

No

Data quality specifications

Check conformance

Unknown

Check completeness

Unknown

Check stability

Unknown

Check logical consistency

Unknown

Data characterisation

Data characterisation conducted

No