NON-INTERVENTIONAL OBSERVATIONAL STUDY FOR THE EVALUATION OF TOLERABILITY AND EFFICACY OF THE WHO-STEP III OPIOIDS OXYCODONE/NALOXONE PR AND TAPENTADOL PR UNDER DAILY LIFE CONDITIONS IN PATIENTS SUFFERING FROM NEUROPATHIC (LOW) BACK PAIN. (OXYNTA)

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Administrative details

EU PAS number

EUPAS11234

Study ID

11235

DARWIN EU® study

No

Study countries

Germany

Study description

Prospective, open-label, blinded endpoint (PROBE) streamlined multicentre 12-week observational study, carried out in Germany focusing on the safety, tolerability and efficacy of prolonged release (PR) preparations of oxycodone/naloxone and tapentadol in patients suffering from neuropathic (low) back pain, requiring WHO-step III opioids. Due to the open-label non-interventional study design, physicians are allowed to choose the most appropriate agent for the individual patient situation, to adjust/titrate opioid dosages as per the German prescribing information and to address all side-effects and tolerability issues as usual to achieve the best tolerability and efficacy in each individual patient.

Study status

Ongoing

Research institutions and networks

Institutions

Institute for Neurological Sciences (IFNAP)

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Institution

Contact details

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Primary lead investigator

Michael Ueberall

Primary lead investigator

Study timelines

Date when funding contract was signed

Planned: 02/01/2015

Actual: 02/01/2015

Study start date

Planned: 01/04/2015

Actual: 01/04/2015

Data analysis start date

Planned: 02/11/2015

Date of final study report

Planned: 01/04/2016

Sources of funding

- Pharmaceutical company and other private sector
- Other

More details on funding

Mundipharma, IFNAP

Regulatory

Was the study required by a regulatory body?

No

Methodological aspects

Study type

Study type list

Study type:

Non-interventional study

Scope of the study:

Drug utilisation

Effectiveness study (incl. comparative)

Safety study (incl. comparative)

Main study objective:

Aim of this post-hoc analysis is to evaluate the tolerability and efficacy of oxycodone/naloxone PR vs. tapentadol PR – two different newer opioid-based analgesic treatment approaches, reported to be more efficacious for neuropathic pain than the conventional opioid agonists under real-life conditions. Primary hypothesis is a non-inferiority of both treatments with respect to the primary endpoint.

Study Design

Non-interventional study design

Cohort

Study drug and medical condition

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

OXYCODONE

NALOXONE HYDROCHLORIDE DIHYDRATE

TAPENTADOL

Medical condition to be studied

Back pain

Population studied

Age groups

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Estimated number of subjects

600

Study design details

Outcomes

Primary outcome will be the percentage of patients (a) without adverse event-related study discontinuations who (b) maintained a normal bowel function (defined with the bowel function index) and (c) showed no treatment emergent adverse events affecting the central nervous system and (d) who presented with a combination of a \geq 30% improvement of pain intensity, disability and quality-of-life. Percentages of patients with (a) a normal bowel function index, (b) changes in number of complete spontaneous bowel movements (CSBMs), (c) non CNS-related adverse events, (d) treatment-related changes in pain intensity, (e) disability and (f) quality-of-life.

Data analysis plan

Data analyses will be performed for all enrolled patients who took at least one dose of study medication and who had at least one post-baseline/post-dose measure (modified intent-to-treat approach). Analyses will be performed for three different patient samples to gain best insight into the real-life data and to avoid possible confounder/selection effects due to the open-label non-interventional study design: a) a random select approach – selecting patients on a pre-defined random list to eliminate possible selection effects, b) a matched paired-samples approach - selecting patients of both treatment groups according to their demographic and baseline pain characteristics to guarantee comparable baseline situations, and c) a whole data set approach – to take all observations made into consideration.

Data management

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**

Check logical consistency

Unknown

Unknown

Data characterisation

Data characterisation conducted

No