Efficacy and tolerability of a 5% lidocaine medicated plaster in adult patients with localized neuropathic pain: a retrospective analysis of open-label real-world data provided by the German Pain e-Registry (EVERS)

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## Administrative details

#### **PURI**

https://redirect.ema.europa.eu/resource/32827

#### **EU PAS number**

**EUPAS32826** 

#### **Study ID**

32827

#### **DARWIN EU® study**

No

#### **Study countries**

Germany

#### **Study description**

Retrospective analysis of anonymized real-world data provided by the German Paine-Registry on the effectiveness, safety and tolerability of a topical treatment with 5% lidocaine medicated plaster vs. recommended oral/systemic drugs in patients with peripheral localized neuropathic pain who showed an inadequate response to at least one recommended systemic/oral first line drug under conditions of routine clinical practice.

#### **Study status**

Ongoing

### Research institutions and networks

### Institutions

# O.Meany-MDPM

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Institution

## Contact details

### **Study institution contact**

### Michael Ueberall

Study contact

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### Primary lead investigator

Michael Ueberall

**Primary lead investigator** 

# Study timelines

### Date when funding contract was signed

Planned: 21/11/2019

Actual: 25/11/2019

#### Study start date

Planned: 17/12/2019

Actual: 17/12/2019

### Data analysis start date

Planned: 01/01/2020

### **Date of final study report**

Planned: 31/01/2020

# Sources of funding

- Pharmaceutical company and other private sector
- Non-for-profit organisation (e.g. charity)

# More details on funding

Grünenthal, Institute of Neurological Sciences

# Regulatory

Was the study required by a regulatory body?

No

Is the study required by a Risk Management Plan (RMP)?

Not applicable

# Methodological aspects

Study type

Study type list

### **Study type:**

Non-interventional study

### **Scope of the study:**

Effectiveness study (incl. comparative)

Safety study (incl. comparative)

#### Main study objective:

Evaluation of efficacy/tolerability in comparable patient populations of the German Pain e-Registry (GPeR) with insufficient pain relief following at least one first line oral therapy for P-LNP other than post herpetic neuralgia (PHN) (single drug or with addition of another drug) who either switched to topical 5% topical lidocaine medicated plaster or to other recommended oral 1st line drugs.

# Study Design

#### Non-interventional study design

Cohort

# Population studied

#### **Age groups**

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

### **Estimated number of subjects**

6000

# Study design details

#### **Outcomes**

Primary endpoint: Absolute change of the average 24h pain intensity (so called pain index, PIX, mm VAS) to baseline after a treatment duration of 4 weeks, 3 months, and 6 months vs baseline, measured using a 100 mm visual analogue scale (VAS), Differential efficacy in different subgroups of P-LNP (postherpetic neuralgia, diabetic polyneuropathiy, postsurgial neuropathic pain, and others), drug-related adverse events (systemic and local) and associated treatment discontinuations.

#### **Data analysis plan**

The absolute change of the average 24h pain intensity (so called pain index, PIX, mm VAS) to baseline after a treatment duration of 4 weeks, 3 months, and 6 months vs baseline, measured using a 100 mm visual analogue scale (VAS). A mixed-model repeated measures (MMRM) analysis adjusted for potential confounding factors such as age, gender, average 24-hour baseline pain intensity, pain severity (von Korff scale), stage of chronification, history/duration of pain (<3/≥3 months), comorbidity, subtype of P-LNP indication and prior medication) will be the primary analytical technique to assess mean change in the primary efficacy measures. The secondary efficacy objectives will be addressed by conducting MMRM and/or ANCOVA analyses. Safety will be assessed by summarizing and analyzing the frequency and spectrum of drug-related adverse events (DRAEs), and treatment discontinuations (rates and reasons).

# Data management

### Data sources

# Data sources (types) Disease registry 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