

Pulmonary safety of Staccato® alprazolam in healthy participants and participants with mild asthma: phase 1, randomised, double-blind, placebo-controlled trial

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Overview

QUESTION

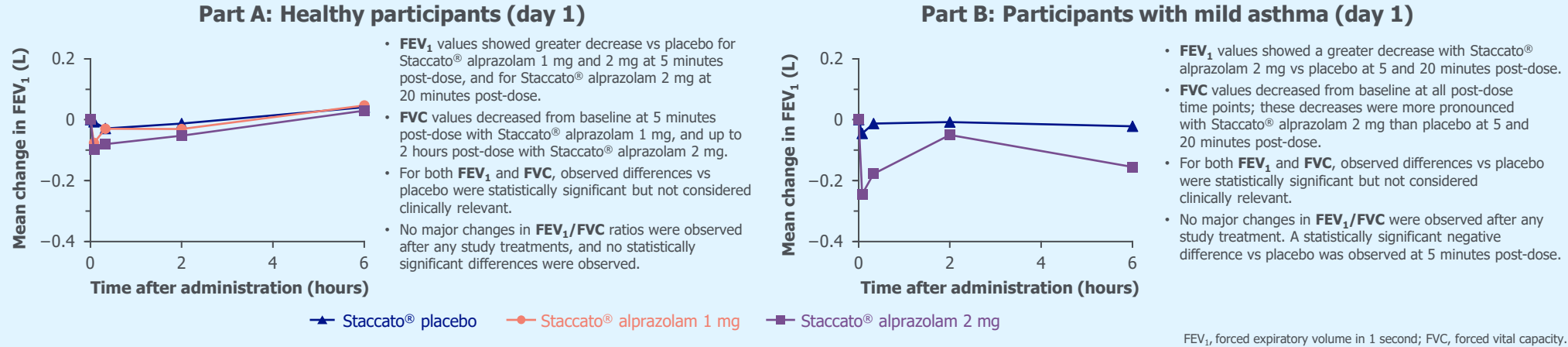
What is the pulmonary safety of repeat dosing of Staccato® alprazolam in healthy participants and those with mild asthma?

INVESTIGATION

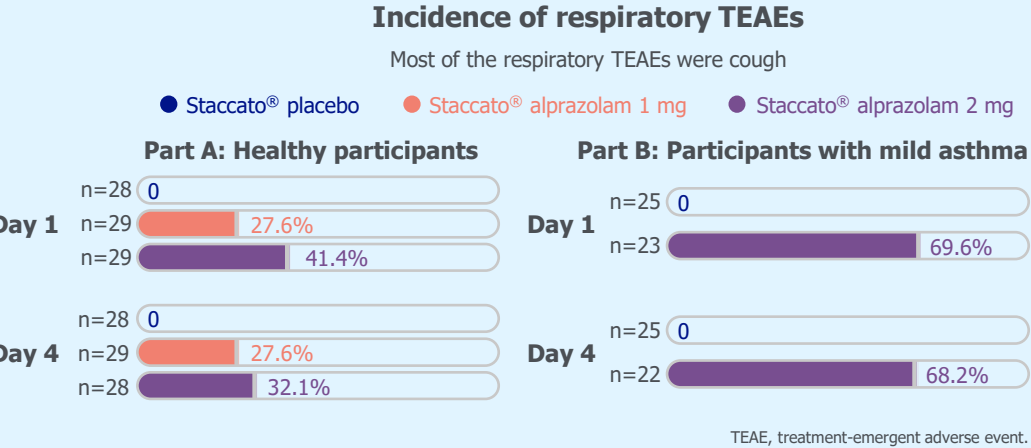
Phase I, randomised, double-blind, placebo-controlled trial (UP0099; NCT04802746) evaluating 2 consecutive doses of Staccato® alprazolam administered 72 hours apart (day 1 and day 4) in adults. Part A: Staccato® alprazolam 1 mg and 2 mg vs placebo in healthy participants. Part B: Staccato® alprazolam 2 mg vs placebo in participants with mild asthma.

RESULTS

Spirometry



Tolerability



CONCLUSIONS

Two doses of Staccato® alprazolam (either 1 mg or 2 mg) administered 72 hours apart were well tolerated in healthy participants and those with mild asthma. Minor decreases in forced expiratory volume in 1 second (FEV₁) from baseline were observed with Staccato® alprazolam vs placebo at several time points; however, these were not considered clinically relevant and there was no further exacerbation (steeper FEV₁ decrease) following repeat dosing. There was no evidence of airway obstruction related to Staccato® alprazolam.

Background

- Staccato® alprazolam is a hand-held device that can provide rapid systemic delivery of alprazolam via inhalation.
- A previous clinical trial has shown Staccato® alprazolam to be efficacious at achieving seizure activity cessation within 2 minutes of administration without recurrence of seizure activity within 2 hours.¹
- It is important to assess the potential of Staccato® alprazolam for drug-induced bronchospasm.

Objective

- To evaluate the pulmonary safety of repeat dosing of Staccato® alprazolam in healthy participants and those with mild asthma.

Methods

TRIAL DESIGN

- UP0099 (NCT04802746) was a Phase I, randomised, double-blind, placebo-controlled safety trial evaluating 2 consecutive doses of Staccato® alprazolam administered 72 hours apart (day 1 and day 4) in adult participants aged 18-55 years.
- The trial was conducted in 2 parts at the same 2 sites in the United States:
 - Part A evaluated 2 dose levels (1 mg and 2 mg) of Staccato® alprazolam vs Staccato® placebo in a 3-way crossover design in healthy participants.
 - Part B evaluated a single dose level (2 mg) of Staccato® alprazolam vs Staccato® placebo in a 2-arm, parallel-group design in participants diagnosed with mild asthma ≥6 months and on a stable asthma drug regimen* for ≥4 weeks before screening.
- The Safety Set (SS) comprised all participants who received ≥1 dose of Staccato® placebo or Staccato® alprazolam.
- The Full Analysis Set (FAS) comprised all participants who were randomised, received ≥1 dose of Staccato® placebo or Staccato® alprazolam, and had a valid day 1 baseline spirometry assessment and ≥1 valid post-baseline spirometry assessment.
- Baseline was defined as the pre-dose value on day 1 or day 4 for post-dose assessments on the respective day.

*As-needed SABAs (short-acting beta₂-agonists) or combination low dose ICS-formoterol (inhaled corticosteroid) and/or maintenance treatment with daily low dose ICS or daily LTRA (leukotriene receptor antagonist).

ENDPOINTS (PARTS A AND B)

- Primary safety endpoints were spirometric assessments of changes from baseline in forced expiratory volume in 1 second (FEV₁) analyzed by repeated measures analysis of covariance (ANCOVA) and the incidence of respiratory treatment-emergent adverse events (TEAEs).
- Secondary safety endpoints were the change from baseline in forced vital capacity (FVC), change from baseline in FEV₁/FVC, and the incidence of TEAEs.

Results

PARTICIPANT DISPOSITION AND BASELINE DEMOGRAPHICS

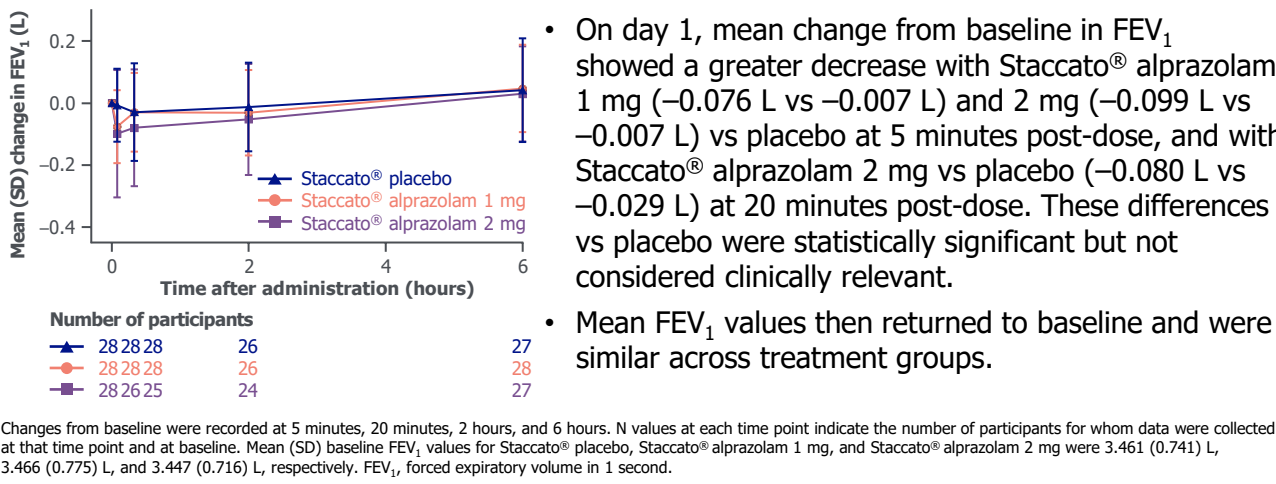
- In Part A, 30 participants were enrolled and randomised to 1 of 6 treatment sequences (1:1:1:1:1:1 ratio) with Staccato® alprazolam 1 mg and 2 mg and Staccato® placebo.
 - Two (6.7%) participants discontinued: 1 participant met a respiratory stopping criterion following administration of the first dose of Staccato® alprazolam 2 mg, and 1 participant withdrew consent after receiving 2 doses of Staccato® alprazolam 1 mg.
- In Part B, 48 participants were randomised; 25 participants received Staccato® placebo and 23 received Staccato® alprazolam 2 mg.
 - One (2.1%) participant in the Staccato® alprazolam 2 mg group met 2 respiratory stopping criteria and discontinued the trial.

Baseline demographics (SS)

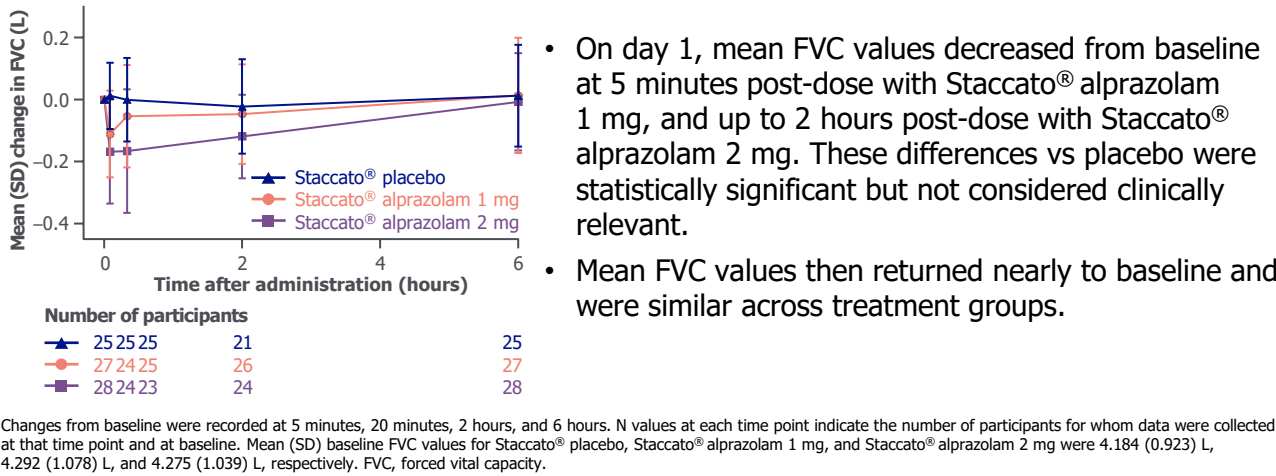
	PART A: HEALTHY PARTICIPANTS	PART B: PARTICIPANTS WITH MILD ASTHMA	
	ALL PARTICIPANTS (N=30)	STACCATO® PLACEBO (n=25)	STACCATO® ALPRAZOLAM 2 mg (n=23)
Age, mean (SD), years	30.7 (9.7)	32.2 (8.3)	34.5 (8.8)
Female, n (%)	17 (56.7)	19 (76.0)	10 (43.5)
Racial group, n (%)			
White	21 (70.0)	13 (52.0)	12 (52.2)
Black	3 (10.0)	9 (36.0)	9 (39.1)
Asian	3 (10.0)	2 (8.0)	1 (4.3)
American Indian/Alaskan Native	1 (3.3)	0	1 (4.3)
Other/mixed	2 (6.7)	1 (4.0)	0

SAFETY: FEV₁, FVC, AND FEV₁/FVC IN HEALTHY PARTICIPANTS (PART A, DAY 1; FAS)

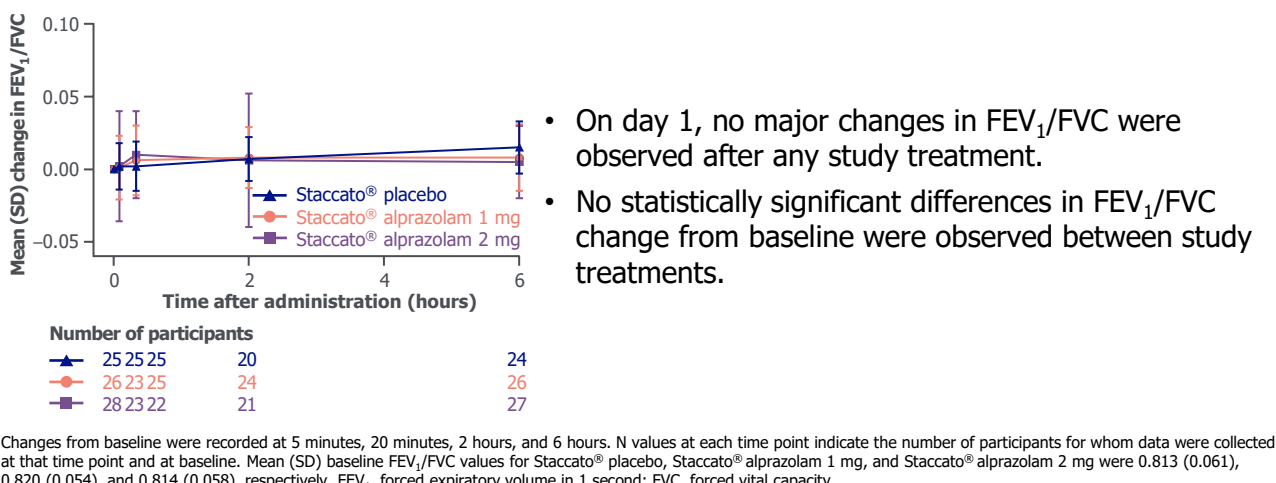
Mean change from baseline in FEV₁



Mean change from baseline in FVC

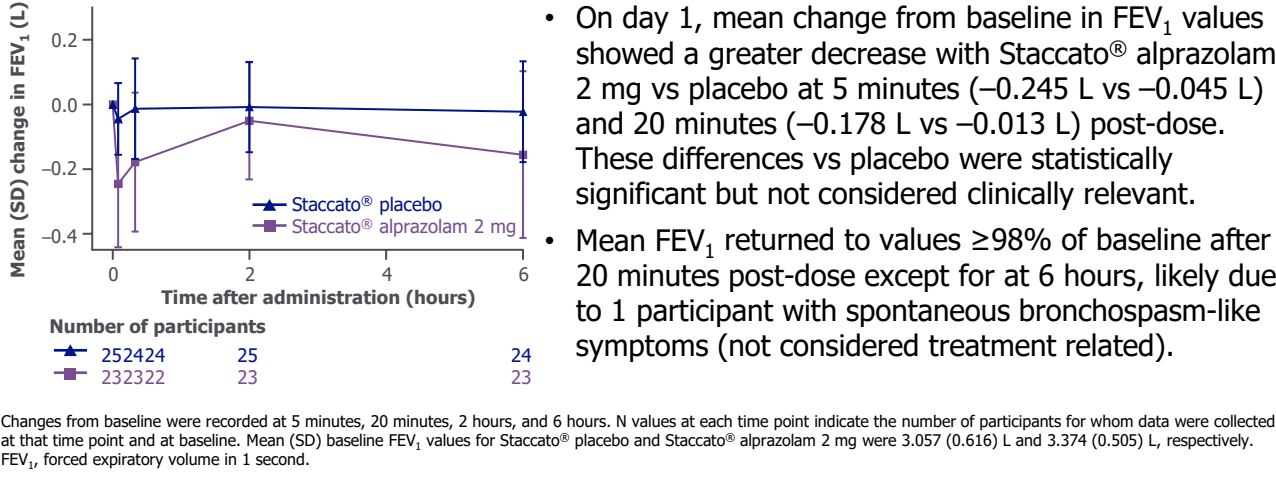


Mean change from baseline in FEV₁/FVC

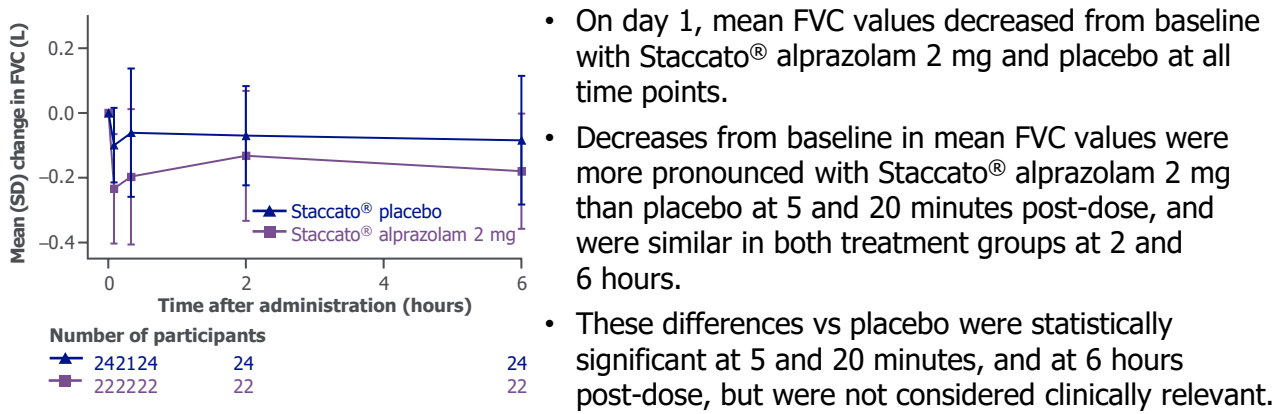


SAFETY: FEV₁, FVC, AND FEV₁/FVC IN PARTICIPANTS WITH MILD ASTHMA (PART B, DAY 1; FAS)

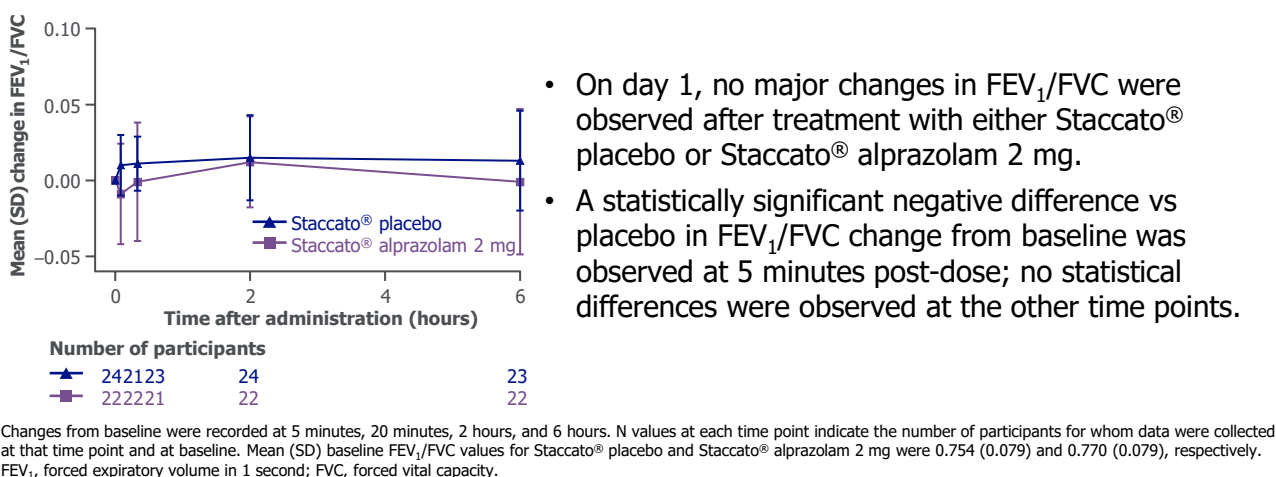
Mean change from baseline in FEV₁



Mean change from baseline in FVC



Mean change from baseline in FEV₁/FVC



- On day 1, no major changes in FEV₁/FVC were observed after treatment with either Staccato® placebo or Staccato® alprazolam 2 mg.
- A statistically significant negative difference vs placebo in FEV₁/FVC change from baseline was observed at 5 minutes post-dose; no statistical differences were observed at the other time points.

Day 4 assessments

- In Part A on day 4, mean changes in FEV₁ from baseline were less marked compared with day 1 and were similar across groups; no statistically significant negative differences in FEV₁ change from baseline were observed after Staccato® alprazolam administration (1 mg or 2 mg dose) compared with Staccato® placebo.
- In Part B on day 4, mean decreases in FEV₁ were less marked than on day 1; no statistically significant negative differences in FEV₁ change from baseline were observed after administration of Staccato® alprazolam 2 mg at any time points.
- For both Parts A and B, changes in FVC and FEV₁/FVC on day 4 were generally similar to day 1, and any statistical differences were not considered clinically relevant.

TOLERABILITY

Incidence of TEAEs (SS)

n (%)	PART A: HEALTHY PARTICIPANTS					
	DAY 1			DAY 4		
	STACCATO® PLACEBO (n=28)	STACCATO® ALPRAZOLAM 1 mg (n=29)	STACCATO® ALPRAZOLAM 2 mg (n=29)	STACCATO® PLACEBO (n=28)	STACCATO® ALPRAZOLAM 1 mg (n=29)	STACCATO® ALPRAZOLAM 2 mg (n=28)
Any TEAEs	2 (7.1)	15 (51.7)	26 (89.7)	1 (3.6)	15 (51.7)	24 (85.7)
Drug-related TEAEs	1 (3.6)	15 (51.7)	26 (89.7)	0	15 (51.7)	24 (85.7)
Severe TEAEs ^a	0	0	1 (3.4)	0	0	1 (3.6)
Discontinuation due to TEAEs	0	0	0	0	0	0
Respiratory TEAEs	0	8 (27.6)	12 (41.4)	0	8 (27.6)	9 (32.1)
Drug-related respiratory TEAEs	0	8 (27.6)	12 (41.4)	0	8 (27.6)	9 (32.1)
TEAEs ^b occurring in ≥10% of participants in any group in Part A and B						
Somnolence	1 (3.6)	8 (27.6)	17 (58.6)	0	8 (27.6)	15 (53.6)
Cough	0	8 (27.6)	12 (41.4)	0	8 (27.6)	9 (32.1)
Dizziness	0	0	2 (6.9)	0	0	1 (3.6)
Taste disorder	0	1 (3.4)	0	0	1 (3.4)	0
Sedation	0	3 (10.3)	3 (10.3)	0	1 (3.4)	3 (10.7)

n (%)	PART B: PARTICIPANTS WITH MILD ASTHMA			
	DAY 1		DAY 4	
	STACCATO® PLACEBO (n=25)	STACCATO® ALPRAZOLAM 2 mg (n=23)	STACCATO® PLACEBO (n=25)	STACCATO® ALPRAZOLAM 2 mg (n=22)
Any TEAEs	4 (16.0)	23 (100.0)	3 (12.0)	22 (100.0)
Drug-related TEAEs	2 (8.0)	23 (100.0)	1 (4.0)	22 (100.0)
Severe TEAEs ^a	0	3 (13.0)	0	1 (4.5)
Discontinuation due to TEAEs	0	1 (4.3) ^c	0	0
Respiratory TEAEs	0	16 (69.6)	0	15 (68.2)
Drug-related respiratory TEAEs	0	16 (69.6)	0	15 (68.2)
TEAEs ^b occurring in ≥10% of participants in any group in Part A and B				
Somnolence	1 (4.0)	20 (87.0)	0	17 (77.3)
Cough	0	16 (69.6)	0	15 (68.2)
Dizziness	0	4 (17.4)	0	3 (13.6)
Taste disorder	0	4 (17.4)	0	1 (4.5)
Sedation	0	0	0	0

^aFor both Parts A and B on days 1 and 4, all reported incidences of severe TEAEs were non-respiratory (somnolence). ^bPreferred term (Medical Dictionary for Regulatory Activities, Version 24.0). ^cOne participant in the Staccato® alprazolam 2 mg dose group discontinued from the trial due to a TEAE of bronchospasm. This event was considered unrelated to the study drug by the investigator and instead reflected the intrinsic variability of the participant's asthma. TEAE, treatment-emergent adverse event.

- In Part A, respiratory TEAEs (all cough) were reported by 8/29 and 12/29 participants on Staccato® alprazolam 1 mg and 2 mg, respectively, on day 1, and by 8/29 and 9/28 participants on day 4.
- In Part B, respiratory TEAEs were reported by 16/23 participants on Staccato® alprazolam 2 mg on day 1 (cough: 16; bronchospasm: 1; dyspnea: 1; dysphonia: 1; throat irritation: 1), and by 15/22 participants on day 4 (cough: 15; throat irritation: 1); the TEAEs of bronchospasm and dyspnea were not considered drug-related by the investigator.
- No respiratory TEAEs occurred with placebo.

Conclusions

- Two doses of Staccato® alprazolam (either 1 mg or 2 mg) administered 72 hours apart were well tolerated in healthy participants and those with mild asthma.
- On day 1, minor decreases in FEV₁ from baseline were observed with Staccato® alprazolam vs placebo at several time points; however, these were not considered clinically relevant.
 - On day 4, decreases in FEV₁ were less marked and were not statistically significant, indicating that there was no increased risk upon repeated dosing.
- No evidence of clinically relevant airway obstruction related to Staccato® alprazolam was observed in healthy participants or those with mild asthma.
- Most TEAEs were mild or moderate in intensity and cough was the most common respiratory TEAE.

References

- French J, et al. *Epilepsia* 2022;64(2):374-385.

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