UCB reference No.: RXCE06E1663

Approved by UCB 28-Jan-2008

Clinical Study Summary (CSS)

DEV/SGE/00236.2008

CT Registry ID#: NCT00631150
Study No.: N01035

These results are supplied for informational purposes only. Prescribing decisions should be made based on the approved package insert.

Based on Clinical Study Report document reference code: RRCE05J1501

Proprietary Drug Name	**INN**	**Therapeutic area and indication(s)**
Keppra® Tablets	Levetiracetam	Epilepsy

Name of Sponsor/Company: UCB Pharma SA

Title of Study:
A Phase IV-Pharmacovigilance Study of Keppra® Greece – **S.K.A.T.E.**: **S**afety of **K**eppra® as **A**djunctive **T**herapy in **E**pilepsy.

Investigator(s) (number only): 4

Study Center(s) (number only): 4

Length of Study:
Date first patient enrolled: 24-Mar-2003
Date last patient completed: 07-Jul-2004

Phase of Development: Phase IV-Pharmacovigilance (Therapeutic use)

Abstract:
The objectives of the study were to obtain further information about the optimal dose and the efficacy of levetiracetam (LEV) in daily clinical practice and to confirm the favorable safety and tolerability profiles of the drug observed during clinical development. The primary efficacy parameters were the percentage reduction from historical baseline for partial and total seizure frequency per week over the 16-week treatment period, the retention rate at week 16, defined as the number of subjects continuing to take LEV at the end of the treatment period divided by the number of subjects who took at least one dose of study medication, and the global evaluation scale (GES) at the end of the treatment period. Safety assessments included monitoring of adverse events (AE). Subjects were to be above 16 years old inclusive with epilepsy experiencing partial seizures (classifiable according to the International Classification of Epileptic Seizure), whether or not secondarily generalized. The trial consisted of a 16-week treatment period with an initial dose of 1000 mg/day LEV. LEV could be increased to a maximum dose of 3000 mg/day. In case of withdrawal, a down-titration period of up to 4 weeks and a safety visit 2 weeks after last investigational drug intake was performed. The retention rate and GES were analyzed descriptively using summary statistics. The percentage reduction from baseline in partial/total seizure frequency per week was presented by the mean of the subject data listings.

Number of Subjects:	**LEV**
Planned, N:	70
Enrolled, N:	35
Completed, n (%):	29 (82.9)
Number of Subjects Withdrawn, n (%):	6 (17.1)
Withdrawn due to Adverse Events, n (%):	3 (8.6)
Withdrawn for Lack of Efficacy, n (%):	3 (8.6)
Demography:	**LEV (N=35)**
Gender (Females/Males):	19/16
Age (years), mean (SD):	40.07 (14.09)
Race, n (%):	
Caucasian:	35 (100)

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Safety Outcomes:

- Summary of treatment emergent adverse events, deaths, other serious adverse events and certain other significant adverse events:

Treatment-emergent AEs (TEAEs) were experienced by 28.6% of the subjects. The most common TEAEs were nervous system disorders (22.9% of subjects). TEAEs considered to be related to the study drug by the Investigator were reported for 25.7% of subjects.

There were no deaths in this trial. One (2.9%) subject reported a drug-related serious AE (SAE) during the trial that led to permanent study drug discontinuation. This was the only AE leading to permanent study drug discontinuation reported during the trial.

Treatment Emergent AEs (TEAE):	**LEV (N=35)**
Subjects with at least one TEAE, n (%):	10 (28.6)
MedDRA Primary System Organ Class with an incidence of ≥ 5%	*n (%) [n considered drug-related by the Investigator]*
Nervous system disorders	8 (22.9) [8]
Gastrointestinal disorders	2 (5.7) [2]
Infections and infestations	2 (5.7) [0]
Metabolism and nutrition disorders	2 (5.7) [2]
Death and Other SAEs:	**LEV (N=35)**
Subjects with SAEs, n (%):	1 (2.9)
MedDRA Primary System Organ Class	*n (%) [n considered drug-related by the Investigator]*
Gastrointestinal disorders	1 (2.9) [1]

Primary Outcomes:

When considering the dates of first and last intake documented to define the retention rate, 22 of the 35 subjects participating in the study took LEV during at least 16 weeks. Of the 35 subjects randomized, one subject withdrew from the study before the first post-baseline visit due to lack of efficacy. Of the 34 remaining subjects, ten subjects remained seizure free during the study. In 18 subjects, the seizure frequency per week decreased when compared to the frequency recorded at baseline. For the remaining 6 subjects, the seizure frequency per week increased when compared to the seizure frequency at baseline. Twenty-four subjects (68.5%) were rated by the Investigator as having a marked or moderate improvement in their epilepsy at the end of the study. Slight improvement, no change, or slight deterioration was observed in 10 subjects (28.6%). One subject (2.9%) was rated by the Investigator as having a moderate worsening in epilepsy severity.

Publication Reference(s) based on the study: None

Date of report: 28-Jan-2008