Clinical Study Summary (CSS)

CT Registry ID#: NCT00150813
Study No.: N01127

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: RRCE07E2914

Proprietary Drug Name	**INN**	**Therapeutic area and indication(s)**
Keppra®	Levetiracetam	Monotherapy treatment of epilepsy in subjects ≥16 years of age

Name of Sponsor/Company: UCB Pharma SA

Title of Study: A Multicenter, Open-Label, Follow-Up Trial Evaluating the Long-Term Safety of Levetiracetam Individualized Dose from 1000 to 3000 mg/day (Oral Tablets of 500 mg b.i.d.), Used as Monotherapy in Subjects (≥16 Years) Suffering from Epilepsy and Coming from the N01061 or the N01093 Trials

Investigator(s) (number only): 17

Study Center(s) (number only): 17

Length of Study:
Date first patient enrolled: 10-Aug-2005
Date last patient completed: 29-May-2007

Phase of Development:
Phase III

Abstract:
This was a Phase III, long-term, multicenter, non-comparative, open-label follow-up study enrolling subjects 16 years of age or older who had completed monotherapy studies N01061 or N01093. The objectives of this study were to give subjects coming from N01061 and N01093 the opportunity to be supplied with LEV as monotherapy until the drug was available on the market in the indication of monotherapy in partial epilepsy in the specific country or until UCB stopped/suspended the development of LEV in this indication, and to continue to assess safety of LEV per adverse event reporting. A total of 66 subjects were treated with LEV for a median of 503 days (range: 1 to 651 days). The median dose was 2000 mg/day (mean: 2621 mg/day).

Of the 66 subjects, 18 subjects (27.3%) had study-emergent AEs; a total of 23 AEs occurred. The most common study-emergent AEs were bronchitis (2 subjects, 3.0%), nasopharyngitis (2 subjects, 3.0%), headache (2 subjects, 3.0%), and epilepsy (3 subjects, 4.5%). No AEs had an onset during the Down-Titration or Post-Treatment Periods. None of the AEs led to a dose change or to permanent or temporary discontinuation of study drug. One AE, mild somnolence, was considered possibly related to LEV. There was 1 serious AE of completed suicide; this event was considered unlikely to be related to LEV. Three other subjects experienced serious study-emergent AEs: moderate multifocal vascular encephalopathy, mild new epileptic seizure, and moderate polyneuropathy; these were also considered unlikely to be related to LEV. Most of the AEs occurred in the 55 subjects who were in the present study for more than 1 year.

Long-term monotherapy treatment with LEV in this population did not result in unexpected adverse effects. The pattern of study-emergent AEs was consistent with the known safety profile for LEV.

Number of Patients:	
Planned, N:	NA[a]
Enrolled, N:	66
Completed, n (%):	48 (72.7)
Number of Patients Withdrawn, n (%):	18 (27.3)
Withdrawn due to Adverse Events, n (%):	1 (1.5)
Withdrawn due to Lack of Efficacy, n (%):	1 (1.5)
Lost to Follow-up, n (%):	5 (7.6)
Withdrawn due to Withdrawal of Consent, n (%):	5 (7.6)
Withdrawn for Other Reasons, n (%):	6 (9.1)
[a] No statistical sample size calculation was done because subjects were eligible to enroll into this study based on participation in N01061 and N01093.	
Demography:	(If applicable)
Gender (Females/Males), n (%):	31(47)/35 (53)
Age (years), mean (SD):	41.39 (18.27), range 18.1 to 80.0
Race, n (%):	Caucasian 66 (100)
Safety Outcomes:	
- Summary of study-emergent adverse events, deaths, other serious adverse events and certain other significant adverse events:	
Of the 66 subjects in the ITT population, 18 subjects (27.3%) had study-emergent AEs during the Evaluation Period; a total of 23 AEs occurred. Most of the AEs occurred in the 55 subjects who were in the present study for more than 1 year. None of the AEs led to a dose change or to permanent or temporary discontinuation of study drug. One AE, mild somnolence, was considered possibly related to LEV.	
Study-Emergent AEs (SEAEs) (if applicable):	
Patients with at least 1 SEAE, n (%):	18 (27.3)
Patients with SEAEs (≥2 subjects) (by UCB Primary System Organ Class and MedDRA Preferred Term)	n (%) [n considered drug related by the Investigator; none of the SEAEs listed below were considered drug related by the Investigator]
Infections and Infestations	6 (9.1)
Bronchitis	2 (3.0)
Nasopharyngitis	2 (3.0)
Nervous System Disorders	9 (13.6)
Epilepsy	3 (4.5)
Headache	2 (3.0)

Study-Emergent Deaths and SAEs (if applicable):	
Death, n (%):	1 (1.5)
Patients with study-emergent SAEs, n (%):	4 (6.1), including death
Patients with study-emergent SAEs (by UCB Primary System Organ Class and MedDRA Preferred Term)	n (%) [n considered drug related by the Investigator; none of the SAEs listed below were considered drug related by the Investigator]
Nervous System Disorders	3 (4.5)
Encephalopathy	1 (1.5)
Epilepsy	1 (1.5)
Polyneuropathy	1 (1.5)
Psychiatric Disorders	1 (1.5)
Completed suicide	1 (1.5)
Primary & Secondary Outcomes: Overall, long-term monotherapy treatment with LEV in this population (subjects 16 years or older with newly diagnosed epilepsy presenting with partial onset seizures or generalized tonic-clonic seizures) did not result in unexpected adverse effects.	
Publication Reference(s) based on the study: None.	
Date of report: 08-Aug-2008	