

# Long-term safety and efficacy of positional therapy

<b>Submission date</b> 09/05/2018	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 14/05/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 09/07/2020	<b>Condition category</b> Respiratory	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Obstructive sleep apnea (OSA) occurs in up to 10% of the general population and is characterised by repetitive pauses of breathing during sleep due to obstruction of the upper airway. Approximately 35% of patients with OSA have the majority of their events when sleeping on their back, called Positional OSA or POSA. The best available treatment for OSA is Continuous Positive Airway Pressure (CPAP) which is a pump that provides a positive flow of air to keep the airway open. Oral appliances and surgery are also options, but are not as commonly used.

In the case of POSA, therapies that discourage patients sleeping on their back, such as tennis balls and positional belts that place an obstruction to supine sleeping on the patients back, have shown promise. However, patients often struggle to use these devices due to discomfort when they attempt to change position during the night. The device in this study, called SPT avoids this problem by discouraging POSA patients from sleeping on their back by delivering a vibrational stimulus, via a small device which is worn in a chest strap during sleep, each time the patient rolls to their back. This prompts the patient to roll over onto their side. Although several positive studies on the safety and efficacy of the SPT exist, these only focus on patients with mild and moderate disease.

This study aims to assess the long-term safety and effectiveness of the Lunoa SPT for the treatment of POSA.

### Who can participate?

Adults with obstructive sleep apnea

### What does the study involve?

Participants receive the Lunoa Sleep Position Therapy device for a minimum of two years. They are instructed to use the device nightly. Participants have a follow up appointment once every 12 months, where they undergo a sleep test, complete questionnaires and have the data downloaded from the device to check usage.

### What are the possible benefits and risks of participating?

Participants may benefit if the SPT provides effective treatment of their POSA and they are able to use it for longer each night as compared to CPAP. Subjects may also benefit from the

increased medical contact during the study period.

There are no additional risks to participating in the study beyond those that would occur if the patient was being treated with the investigational device in routine clinical practice. The SPT is a low risk device.

There is an increased time and cost burden to the patient due to additional visits to the hospital, although the protocol has been designed to include the minimum number of hospital visits within which the research question can be reasonably be answered. Reasonable patients out of pocket expenses are reimbursed by the funder. Sites are required to provide this reimbursement initially and then invoice the funder monthly.

Patients may wish to continue using the SPT following the completion of the study. The funder will sign over the SPT devices of patients who wish to continue and are using this device within its current intended use, to their treating hospital. Patients who wish to continue using the SPT device who are not using it within its current intended will need to wait until the CE mark has been updated after which, the funder will sign over their SPT device to their treating hospital, and the device will be returned to them. The decision as to whether the patient continues with the SPT will be at the discretion of the physician and patient.

Where is the study run from?

1. Antwerp University Hospital (Belgium)
2. OLVG West (Netherlands)
3. Royal Papworth Hospital (UK)
4. Guy's and St. Thomas' Hospital (UK)

When is the study starting and how long is it expected to run for?

February 2018 to September 2023

Who is funding the study?

Philips (updated 24/06/2019, previously: NightBalance B.V (Netherlands))

Who is the main contact?

Prof Olivier Vanderveken (Scientific)

olivier.vanderveken@uza.be

## Contact information

### Type(s)

Scientific

### Contact name

Prof Olivier Vanderveken

### Contact details

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## **Additional identifiers**

### **EudraCT/CTIS number**

Nil known

### **IRAS number**

### **ClinicalTrials.gov number**

Nil known

### **Secondary identifying numbers**

EU-2018-002

## **Study information**

### **Scientific Title**

Observational study investigating the long term safety and efficacy of the sleep position trainer in patients with positional obstructive sleep apnea

### **Acronym**

ORACLE

### **Study objectives**

The primary objective of the study is to assess the long-term safety and efficacy of the Lunoa SPT for the treatment of POSA.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved 17/12/2018, Ethics committee UZA/UA (Antwerp University Hospital, Ethics committee, Wilrijkstraat 10, 2650, Edegem, Belgium; +32 3 821 3897; EthischComite@uza.be), ref: B300201838420 (= Belgian registration number) and 18/39/421 (internal reference number)

### **Study design**

Long-term multi-centre observational study

### **Primary study design**

Observational

### **Secondary study design**

Cohort study

### **Study setting(s)**

Hospital

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

## Health condition(s) or problem(s) studied

Positional Sleep Apnea

## Interventions

All participants receive the Lunoa Sleep Position Therapy for a minimum two-year period. Participants are sent home with instructions to use their device nightly. At baseline and each 12-month interval, participants undergo a polysomnography test, complete a battery of questionnaires, are questioned about the occurrence of adverse events and have their compliance data downloaded from the device.

## Intervention Type

Device

## Primary outcome measure

1. Apnea–Hypopnea (AHI) obtained from a polysomnography (PSG) sleep study at baseline and each 12 month interval.

## Secondary outcome measures

1. Efficacy of the device is measured using Epworth Sleepiness Scale (ESS), Pichot Fatigue Scale, Health and Anxiety Scale (HAD) at baseline and each 12 month interval
2. Quality of Life is measured using Functional Outcomes of Sleep Questionnaire (FOSQ) and Short-Form 36 questionnaires (SF-36) at baseline and each 12 month interval
3. Compliance is measured from the device download at each 12 month interval
4. Safety is assessed by recording adverse events (AE) at each 12 month interval
5. Comfort and satisfaction of participant is measured using the Visual Analogue Scale (VAS) at each 12 month interval

## Overall study start date

01/02/2018

## Completion date

01/09/2023

## Eligibility

### Key inclusion criteria

1. Adult patients with a diagnosis of supine-dependent OSA defined as;
  - 1.1. an AHI supine  $\geq 2 \times$  AHI non supine, or,
  - 1.2. AHI non-supine  $< 10/h$  and an AHI supine  $\geq 10/h$ ,
  - 1.3. and 10 – 90 % supine sleep during PSG.

## Participant type(s)

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

200

**Key exclusion criteria**

1. A female of child-bearing potential that is pregnant or intends to become pregnant.
2. Any unstable or severe medical condition of any organ system that at the discretion of the site Principal Investigator (PI) might affect the patient's participation in the study or generalization of treatment results.
3. Taking medication that at the discretion of the site Principal Investigator (PI) might affect the patient's participation in the study or generalization of treatment results.
4. Oxygen use
5. The presence of any other sleep disorder (central sleep apnea (CSA >5), periodic limb movement disorder (PLMAI >15), clinical diagnosis of insomnia or narcolepsy)
6. Excessive alcohol consumption (>21 drinks/week)
7. The use of any illegal drug(s), per subject report.
8. Night or rotating shift work.
9. Severe claustrophobia.
10. Shoulder, neck, or back complaints that restrict sleeping position.
11. Subject requires use of more than 2 pillows under the head while sleeping or sleeps in a bed /chair with raised upper body position.
12. Driving risk: any car accident or near miss accident caused by sleepiness in the last 12 months and upon PI discretion

**Date of first enrolment**

01/09/2018

**Date of final enrolment**

01/09/2022

**Locations****Countries of recruitment**

Belgium

England

Netherlands

United Kingdom

**Study participating centre**

**Antwerp University Hospital UZA (PI)**

Belgium

B-2650 Edegem

**Study participating centre**

**OLVG West**

Netherlands

1061 AE Amsterdam

**Study participating centre**

**Royal Papworth Hospital**

United Kingdom

CB23 3RE

**Study participating centre**

**Guy's and St. Thomas**

United Kingdom

SE1 7EH

## **Sponsor information**

**Organisation**

Philips

**Sponsor details**

Philips Innovation Site Eindhoven

High Tech Campus 37

Eindhoven

Netherlands

5656 AE

**Sponsor type**

University/education

**ROR**

<https://ror.org/02p2bgp27>

## **Funder(s)**

**Funder type**

Industry

**Funder Name**

Philips

**Alternative Name(s)**

Koninklijke Philips N.V., Royal Philips, Royal Philips N.V., Philips & Co

**Funding Body Type**

Government organisation

**Funding Body Subtype**

For-profit companies (industry)

**Location**

Netherlands

## **Results and Publications**

**Publication and dissemination plan**

Planned publication in a high-impact peer-reviewed journal.

**Intention to publish date**

31/12/2023

**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are/will be available upon request from Prof Olivier Vanderveken, ENT Head and Neck Surgeon (olivier.vanderveken@antwerp.be)

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**IPD sharing plan summary**

Available on request