

An open-label, escalating dose, proof of concept study to determine the effects of single oral doses of PSD506 on unstable urinary bladder contractions induced by volume provocation in subjects with detrusor hyper-reflexia secondary to spinal injuries above T12

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Registration date 20/04/2007	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 02/02/2017	Condition category Urological and Genital Diseases	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

PSD506-OAB-002

Study information

Scientific Title

An open-label, escalating dose, proof of concept study to determine the effects of single oral doses of PSD506 on unstable urinary bladder contractions induced by volume provocation in subjects with detrusor hyper-reflexia secondary to spinal injuries above T12

Study objectives

This study aims to establish the volume provocation test as a surrogate endpoint for demonstrating the efficacy of PSD506 on urinary bladder contractions. This study will also assess the safety of PSD506 in subjects with neurogenic detrusor overactivity due to a spinal cord injury, and will investigate the effect on detrusor instability and function in this patient group.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Wandsworth Research Ethics Committee, 17/10/06,ref: 06/Q0803/161

Study design

This is an open-label, single-centre, escalating dose, proof of concept study of the effects of single doses of PSD506 on volume provocation tests in subjects with stable spinal injuries above T12.

Primary study design

Interventional

Secondary study design

Single-centre

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Detrusor hyper-reflexia secondary to spinal injury (mid-thoracic or cervical level)

Interventions

Single oral administration of PSD506 capsules 5 mg to 40 mg

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

PSD506

Primary outcome measure

To determine the effects of single oral doses of PSD506 (anti-muscarinic antagonist) on the reduction of unstable urinary bladder detrusor contractions induced by volume provocation testing in patients with hyper-reflexia secondary to spinal injury.

Secondary outcome measures

1. To assess the safety of PSD06 in this population
2. To determine the dose-response of different doses of PSD506 on the reduction of unstable urinary bladder detrusor contractions

Overall study start date

01/09/2006

Completion date

30/04/2007

Eligibility**Key inclusion criteria**

1. Male or female subjects, aged 18 years or over
2. Spinal lesion above T12, which has been stable for at least 6 months prior to screening.
3. Detrusor hyper-reflexia secondary to spinal injury (mid-thoracic or cervical level) present for at least 12 months
4. If female, must either be surgically sterile or post-menopausal for the past year confirmed by a negative hormone panel (luteinizing hormone [LH], follicle stimulating hormone [FSH], 17β estradiol), or if of child-bearing potential be on adequate non-hormonal contraception (not oral or injectable) i.e. double barrier method or intrauterine contraceptive device [IUCD]. If male must also use adequate contraception (hormonal methods permitted)
5. Anti-muscarinic-naïve or treated subjects completing the 5 day wash-out period.
6. Written informed consent

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

15 to 18 subjects

Key exclusion criteria

1. If female, has a positive urine pregnancy test
2. History of drug or alcohol abuse
3. Use of anti-muscarinic agents with a long-half life e.g. solifenacin.
4. Body Mass Index (BMI) greater than 28 or less than 16
5. Mean sitting BP greater than 150/85 or less than 100/60 mmHg
6. Mean HR greater than 90 bpm or less than 50 bpm
7. Clinically significant orthostatic hypotension present at screening
8. History of clinically significant hypotensive episodes or symptoms of fainting, dizziness, or lightheadedness
9. History or symptoms of cardiovascular disease, particularly coronary artery disease, arrhythmias, atrial tachycardia, or congestive heart failure
10. History of significant central nervous system disease, including: transient ischemic attack, stroke, seizure disorder, depression, or behavioral disturbances
11. History of peripheral vascular or cerebrovascular disease
12. History of narrow angle glaucoma or increased ocular pressure
13. Clinically significant bladder pathology, including urinary tract infection within 6 weeks of Day 0
14. History of diabetes
15. Clinically significant GI disorder which would, in the opinion of the investigator, pose an unacceptable risk to the subject in this study
16. History of clinically significant liver disease, e.g., hepatitis B
17. Prohibited medications taken within 2 weeks
18. Concomitant use of any agent that has a significant interaction with CYP3A4 or P-glycoprotein (Pgp)
19. Clinically significant abnormalities in laboratory test results at screening (including hepatic and renal, full blood count, biochemistry and urinalysis)
20. Participation in an investigational drug or device study within 30 days prior to study.
21. Known hypersensitivity to anticholinergic agents
22. Concomitant disease or condition which could interfere with, or for which the treatment of might interfere with, the conduct of the study, or which would, in the opinion of the investigator, pose an unacceptable risk to the subject in this study. This would include, but is not limited to, cancer, alcoholism, drug dependency or abuse, or psychiatric disease
23. Unwillingness or inability to comply with the study protocol for any other reason.
24. Any clinically significant abnormality on 12-lead ECG

Date of first enrolment

01/09/2006

Date of final enrolment

30/04/2007

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Plethora Solutions

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Sponsor information

Organisation

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Sponsor type

Industry

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Funder(s)

Funder type

Industry

Funder Name

Plethora Solutions Ltd (UK)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration