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Attrition of Methylnaltrexone Treatment-Emergent Adverse Events in Patients With Chronic Noncancer Pain and Opioid-Induced Constipation

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INTRODUCTION

- The use of opioids may be associated with gastrointestinal side effects such as nausea, abdominal pain, vomiting, and constipation¹
- Opioid-induced constipation (OIC) occurs in as many as 80% of patients with noncancer pain treated with opioids,⁵ and frequently leads to dose reductions or discontinuation of opioid therapy^{1,2,4,6,7}
- Preventative measures and common constipation remedies, including lifestyle changes and over-thecounter or prescription laxatives, provide only limited relief from OIC,^{6,8,9} and the development of tolerance to OIC is uncommon¹
- Methylnaltrexone (Relistor[®], Salix Pharmaceuticals, a division of Bausch Health US, LLC, Bridgewater, NJ) is a peripherally acting µ-opioid receptor antagonist that reverses opioid-induced effects in the gastrointestinal tract, such as delayed gastric emptying and prolonged oral-cecal transit time,^{10,11} while maintaining centrally mediated opioid analgesia^{12,13}

- Methylnaltrexone is available in subcutaneous and oral formulations; both formulations are approved for the treatment of OIC in adults with chronic noncancer pain, and the subcutaneous formulation is also indicated in patients with advanced illness or pain caused by active cancer¹⁴

- The majority of adverse events (AEs) that have occurred with methylnaltrexone treatment in clinical trials were gastrointestinal events (eg, abdominal pain, diarrhea, nausea).^{13,15-17} Because these AEs are also common during laxation, it is plausible that gastrointestinal AEs reported in patients who receive methylnaltrexone are of short duration and may be linked to successful relief of OIC
- To test this hypothesis, we assessed changes in the frequencies of AEs following treatment with methylnaltrexone and evaluated relationships between AE frequencies and methylnaltrexone efficacy

METHODS

Study Design

- A post hoc analysis was performed using pooled data from 2 randomized, double-blind, placebocontrolled clinical trials that evaluated the efficacy and safety of subcutaneous or oral methylnaltrexone for the relief of OIC in patients with chronic, noncancer pain (NCT00529087, NCT01186770)
- Patients in the subcutaneous methylnaltrexone study were randomized 1:1:1 to receive treatment with methylnaltrexone 12 mg once daily, methylnaltrexone 12 mg every other day, or placebo for 4 weeks, then as needed for an additional 8 weeks during an open-label study phase¹⁵
- Patients participating in the oral methylnaltrexone study were randomized 1:1:1:1 to receive treatment with methylnaltrexone 150 mg, 300 mg, 450 mg, or placebo once daily for 4 weeks, then as needed for an additional 8 weeks during an open-label study phase^{13,16}
- Rescue laxative use (1 dose of up to 3 or 4 bisacodyl tablets) was permitted if the patient had no bowel movements for 3 consecutive days and was limited to a single dose within a 24-hour period administered 4 hours or more after study drug administration

Study Patients

- Both studies enrolled adult patients who had chronic noncancer pain for at least 2 months and OIC for at least 30 days
- OIC was defined as fewer than 3 rescue-free bowel movements (RFBM; no laxative use within 24 hours prior to the bowel movement) per week on average and 1 or more of the following symptoms: hard or lumpy stools, straining during bowel movements, or a sensation of incomplete evacuation after bowel movements
- Patients were required to have been receiving an opioid for at least 1 month, with a daily dose of at least 50-mg oral morphine equivalents for 14 days prior to screening
- Patients with a history of clinically significant bowel or rectal disease, chronic constipation, or any other medical condition that might compromise the studies or put the patient at risk were excluded

Assessments

- The frequency and severity of treatment-emergent AEs were assessed on treatment days 1 and 2
- Methylnaltrexone efficacy was measured by the proportion of patients demonstrating a laxation response to treatment, defined as an RFBM within 4 hours of first study drug dose
- Opioid withdrawal was measured by the Subjective Opiate Withdrawal Scale [SOWS] and the Objective Opiate Withdrawal Scale [OOWS] at 1 hour postdose on day 1 and at weeks 2 and 4 during the doubleblind treatment phases of the studies
- For the SOWS, patients rated their perceived severity of 19 opioid withdrawal symptoms on a scale from 0 (not at all) to 4 (extremely), with a total possible score of 76
- For the OOWS, clinicians assigned patients a score of 0 or 1 based on the absence or presence of 13 symptoms indicative of opioid withdrawal, with a total possible score of 13
- Maintenance of analgesia was assessed by changes in pain intensity scores at each study visit
- Pain intensity scores were derived by asking patients to rate the intensity of their pain on a scale from 0 (no pain) to 10 (worst pain possible)

Statistical Analyses

- significance

RESULTS

Study Patients

Parameter	Placebo (n=363)	SC (n=298)	Oral (n=602)	All (n=900)	Total (N=1263)	
Mean (range) age, years	51.3 (23, 83)	48.3 (23, 78)	51.3 (18, 82)	50.3 (18, 82)	50.6 (18, 83)	
Gender, n (%)						
Men	134 (36.9)	120 (40.3)	227 (37.7)	347 (38.6)	481 (38.1)	
Women	229 (63.1)	178 (59.7)	375 (62.3)	553 (61.4)	782 (61.9)	
Race, n (%)						
White	307 (84.6)	272 (91.3)	494 (82.1)	766 (85.1)	1073 (85.0)	
Black or African American	42 (11.6)	17 (5.7)	93 (15.4)	110 (12.2)	152 (12.0)	
Other	14 (3.9)	9 (3.0)	15 (2.5)	24 (2.7)	38 (3.0)	
Median (range) baseline MED, mg/day	145.3 (13.6, 1287)	160.0 (7.1, 1334)	151.0 (27.0, 2289)	152.5 (7.1, 2289)	150.0 (7.1, 2289)	
Mean (SD) number of laxatives used	0.4 (0.6)	0.9 (0.5)	0.1 (0.4)	0.4 (0.5)	0.4 (0.6)	
Mean (SD) RFBMs per week	1.3 (1.0)	1.0 (0.8)	1.4 (0.9)	1.3 (0.9)	1.3 (0.9)	
		6.2 (1.9)	6.4 (1.9)	6.3 (1.9)	6.3 (1.9)	

treatment group (lable 2)

Table 2. Adverse Events^a Occurring on Treatment Day 1 and Day 2

Adverse Event		Patients, n (%)								
	Placebo		SC MNTX QD		SC MNTX QOD ^b		Oral MNTX		AII MNTX	
	Day 1 (n=363)	Day 2 (n=354)	Day 1 (n=150)	Day 2 (n=145)	Day 1 (n=148)	Day 2 (n=138)	Day 1 (n=602)	Day 2 (n=571)	Day 1 (n=900)	Day 2 (n=854)
Patients with at least 1 AE	24 (6.6)	19 (5.4)	33 (22.0)	10 (6.9)	31 (20.9)	8 (5.8)	82 (13.6)	27 (4.7)	146 (16.2)	45 (5.3)
Abdominal pain	3 (0.8)	4 (1.1)	17 (11.3)	7 (4.8)	11 (7.4)	1 (0.7)	24 (4.0)	6 (1.1)	52 (5.8)	14 (1.6)
Nausea	3 (0.8)	3 (0.8)	8 (5.3)	4 (2.8)	11 (7.4)	0	11 (1.8)	4 (0.7)	30 (3.3)	8 (0.9)
Hyperhidrosis	1 (0.3)	1 (0.3)	8 (5.3)	1 (0.7)	7 (4.7)	1 (0.7)	5 (0.8)	1 (0.2)	20 (2.2)	3 (0.4)
Diarrhea	0	0	3 (2.0)	1 (0.7)	8 (5.4)	2 (1.4)	3 (0.5)	1 (0.2)	14 (1.6)	4 (0.5)
Abdominal pain, upper	3 (0.8)	1 (0.3)	1 (0.7)	0	6 (4.1)	1 (0.7)	4 (0.7)	1 (0.2)	11 (1.2)	2 (0.2)
Vomiting	0	1 (0.3)	0	0	7 (4.7)	1 (0.7)	3 (0.5)	1 (0.2)	10 (1.1)	2 (0.2)
Hot flush	3 (0.8)	1 (0.3)	3 (2.0)	0	3 (2.0)	2 (1.4)	1 (0.2)	0	7 (0.8)	2 (0.2)

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AEs were summarized using descriptive statistics

 Changes from baseline in SOWS and OOWS scores in the methylnaltrexone (all methylnaltrexone-treate patients) and placebo treatment groups were compared by analysis of covariance, with treatment as the main effect and the baseline value as a covariate

• Comparisons of the proportions of RFBM responders in the methylnaltrexone (all methylnaltrexone-treated patients) and placebo treatment groups were performed using chi-square tests

• Associations between individual AEs and the occurrence of an RFBM within 4 hours of the first study drug dose were evaluated using Fisher's exact test

• All P-values reported for between-group comparisons used a nominal value of 0.05 to denote statistical

Corrections for multiplicity were not performed

• A total of 1263 patients were included in the pooled analysis: 900 were randomized to methylnaltrexone (subcutaneous, n=298; oral, n=602) and 363 were randomized to placebo

• Demographic and baseline characteristics were generally well balanced among treatment groups (Table 1)
 Table 1. Patient Demographics and Baseline Characteristics

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- Abdominal pain was the most common AE reported on treatment day 1 among patients who received methylnaltrexone or placebo
- On treatment day 2, the frequency of abdominal pain had decreased among patients treated with methylnaltrexone but was unchanged among patients who received placebo
- The frequency of AEs reported by methylnaltrexone-treated patients after treatment day 2 were comparable to or less than those reported after day 2 among patients who received placebo (Table 3)

Table 3. Adverse Events^a Occurring After Treatment Day 2

Adverse Event	Placebo (n=363)	SC MNTX (n=298)	Oral MNTX (n=602)	All MNTX (n=900)			
Patients with at least 1 AE	203 (55.9)	152 (51.0)	309 (51.3)	461 (51.2)			
Abdominal pain	28 (7.7)	28 (9.4)	21 (3.5)	49 (5.4)			
Nausea	28 (7.7)	16 (5.4)	25 (4.2)	41 (4.6)			
Diarrhea	19 (5.2)	18 (6.0)	32 (5.3)	50 (5.6)			
Vomiting	18 (5.0)	5 (1.7)	12 (2.0)	17 (1.9)			
Urinary tract infection	15 (4.1)	12 (4.0)	21 (3.5)	33 (3.7)			
Upper respiratory tract infection	13 (3.6)	3 (1.0)	24 (4.0)	27 (3.0)			
Flatulence	13 (3.6)	7 (2.3)	17 (2.8)	24 (2.7)			
Back pain	12 (3.3)	8 (2.7)	21 (3.5)	29 (3.2)			
Headache	12 (3.3)	12 (4.0)	15 (2.5)	27 (3.0)			
Abdominal pain, upper	9 (2.5)	5 (1.7)	12 (2.0)	17 (1.9)			
Influenza	8 (2.2)	3 (1.0)	12 (2.0)	15 (1.7)			
Anxiety	7 (1.9)	1 (0.3)	16 (2.7)	17 (1.9)			
Dizziness	3 (0.8)	7 (2.3)	5 (0.8)	12 (1.3)			

Reported by $\geq 2\%$ patients in any treatment group. AE = adverse event; MNTX = methylnaltrexone.

Opioid-Induced Constipation Relief

• The proportion of patients who were RFBM responders (ie, experienced an RFBM within 4 hours after the first dose of study treatment) was significantly greater among all patients who received methylnaltrexone (25.1%, n=226/900) compared with placebo (8.8%, n=32/363; P < 0.0001)

Association Between AE Frequency and RFBM Response

- Among all methylnaltrexone-treated patients, abdominal pain, upper abdominal pain, diarrhea, and nausea on day 1 were reported by a significantly greater proportion of RFBM responders compared with nonresponders (**Table 4**)
- No statistically significant associations between the frequency of AEs and RFBM response were observed among patients who received placebo

Table 4. Association Between Adverse Events^a Occurring After the First Dose of Study Drug and Rescue-Free Bowel Movements Within the First 4 Hours of Dosing

	Placebo, n (%)			Methylnaltrexone, n (%)			
	No RFBM within 4 hours of 1st dose (n = 331)	RFBM within 4 hours of 1st dose (n = 32)	P-Value	No RFBM within 4 hours of 1st dose (n = 674)	RFBM within 4 hours of 1st dose (n = 226)	<i>P</i> -Value	
Abdominal pain	3 (0.9)	0	NS	28 (4.2)	24 (10.6)	0.0008	
Abdominal pain, upper	3 (0.9)	0	NS	4 (0.6)	7 (3.1)	0.0074	
Diarrhea	0	0	NS	6 (0.9)	8 (3.5)	0.0101	
Nausea	3 (0.9)	0	NS	16 (2.4)	14 (6.2)	0.0092	
Hyperhidrosis	1 (0.3)	0	NS	13 (1.9)	7 (3.1)	NS	

Reported by $\geq 2\%$ patients in any treatment group. AE = adverse event; MNTX = methylnaltrexone; NS = not significant, P > 0.05; RFBM = rescue-free bowel movement

Opioid Withdrawal and Maintenance of Analgesia

- In all treatment groups, slight decreases in SOWS total scores were observed between baseline and the day 1 postdose assessment (Figure 1A)
- methylnaltrexone and placebo groups, a statistically significant difference was noted at day 1 (leastsquares means, -3.6 and -2.6, respectively; P=0.01), but not at weeks 2 or 4
- The OOWS total scores increased slightly from baseline to the day 1 postdose assessment in all methylnaltrexone treatment groups, whereas the placebo score remained unchanged (Figure 1B)
- and placebo was statistically significant at day 1 (least-squares means, 0.13 and -0.02, respectively; P=0.001), but not at weeks 2 or 4

Patients. n (%)

- When changes from baseline in SOWS total scores were compared between the combined

- The difference in changes from baseline values between the combined methylnaltrexone treatment group



Data are presented as means ± standard deviations. MNTX. methylnaltrexone: SC. subcutaneous.

• Pain intensity scores did not change significantly from baseline for any treatment group throughout the study (Figure 2)

Figure 2. Pain Scores During Treatment With Methylnaltrexone or Placebo



DISCLOSURES

Dr. Mehta has participated in several advisory boards for Salix Pharmaceuticals. Dr. Slatkin has been employed by Salix Pharmaceuticals since July 2016; prior to that time, he worked on behalf of Salix as an unpaid consultant, and through February 2016 was also on the Salix speakers panel. Dr. Stambler is a full-time employee and shareholder of Progenics Pharmaceuticals. Dr. Israel is an employee of Bausch Health US, LLC.

ACKNOWLEDGMENTS

This study was funded by Salix Pharmaceuticals, a division of Bausch Health US, LLC, Bridgewater, NJ, which has licensed the rights to develop and commercialize Relistor[®] from Progenics Pharmaceuticals, Inc., New York, NY. Technical editorial and medical writing assistance were provided under the direction of the authors by Dana A. Franznick, PharmD, Echelor Brand Communications, LLC, an OPEN Health company, Parsippany, NJ. Funding for this assistance was provided by Salix Pharmaceuticals.

Figure 1. Effect of Study Treatment on (A) Subjective Opioid Withdrawal Scale (SOWS) Total Scores and (B) Objective Opioid Withdrawal Scale (OOWS) Total Scores



CONCLUSIONS

- The attrition of AEs after the first dose of methylnaltrexone and the association between gastrointestinal AEs and laxation response support the hypothesis that early-onset AEs experienced with methylnaltrexone treatment, particularly gastrointestinal AEs, are at least partially due to laxation
- Treatment with methylnaltrexone was additionally shown to relieve OIC without inducing withdrawal symptoms or compromising analgesia
- For patients with chronic pain and OIC, methylnaltrexone offers a well-tolerated and effective treatment option for constipation relief

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