Clinical Trial Details (PDF Generation Date :- Sat, 22 Jun 2019 02:40:32 GMT)

CTRI Number
CTRI/2009/091/000300 [Registered on: 04/08/2009] -

Last Modified On

Post Graduate Thesis

Type of Trial
Randomized, Parallel Group, Active Controlled Trial

Type of Study

Study Design

Public Title of Study
A clinical trial to study the effects of two different formulations of diacerein in patients with osteoarthritis of the knee.

Scientific Title of Study
COMPARATIVE ASSESSMENT OF THE EFFICACY, SAFETY AND TOLERABILITY OF DIACEREIN MR 100mg vs DIACEREIN 50mg IN ADULT PATIENTS WITH OSTEOARTHRITIS OF THE KNEE

Secondary IDs if Any

Details of Principal Investigator or overall Trial Coordinator (multi-center study)

Name
Chandrashekhar S Bolmall

Designation

Affiliation
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MAHARASHTRA
400099
India
### Source of Monetary or Material Support

| Source of Monetary or Material Support | Nil |

### Primary Sponsor

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<thead>
<tr>
<th>Name</th>
<th>Address</th>
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### Details of Secondary Sponsor

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### Countries of Recruitment

| List of Countries | India |

### Sites of Study

<table>
<thead>
<tr>
<th>Name of Principal Investigator</th>
<th>Name of Site</th>
<th>Site Address</th>
<th>Phone/Fax/Email</th>
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<tbody>
<tr>
<td>Dr V Veerappan</td>
<td>Pondicherry City Hospitals Pvt. Ltd.</td>
<td>12, Goubert Street,Kamaraj Nagar-Pondicherry PONDICHERY</td>
<td></td>
</tr>
<tr>
<td>Dr J D Jagiasi</td>
<td>Upadhyay Hospital</td>
<td>Moiz Apartment,SantaCruz-400055 Mumbai MAHARASHTRA</td>
<td>919020662166 <a href="mailto:jjagiasi@gmail.com">jjagiasi@gmail.com</a></td>
</tr>
<tr>
<td>Dr Arun Kumar</td>
<td>Wockhardt Hospital</td>
<td>Rajaji Nagar,-560086 Bangalore KARNATAKA</td>
<td>919740010851 <a href="mailto:arunnhs@gmail.com">arunnhs@gmail.com</a></td>
</tr>
<tr>
<td>Prof K Sankaralingam</td>
<td>Zubeda Hospital</td>
<td>West Mambalam,-600033 Chennai TAMIL NADU</td>
<td>919444071697 <a href="mailto:kslingamortho@yahoo.com">kslingamortho@yahoo.com</a></td>
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### Details of Ethics Committee

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<th>Approval Status</th>
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<th>Is Independent Ethics Committee?</th>
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<td>Zubeda Hospitals</td>
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### Regulatory Clearance Status from DCGI

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### Health Condition / Problems Studied

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<th>Health Type</th>
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<td>Osteoarthritis of the knee</td>
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### Intervention / Comparator Agent

<table>
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<th>Type</th>
<th>Name</th>
<th>Details</th>
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<tr>
<td>Intervention</td>
<td>Diacerein MR</td>
<td>100 mg once daily for 8 weeks</td>
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<td>Comparator Agent</td>
<td>Diacerein IR</td>
<td>50 mg twice daily</td>
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### Inclusion Criteria

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<th>Age From</th>
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<td>Age To</td>
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<td>Gender</td>
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**Source of Monetary or Material Support**

**Primary Sponsor Details**

**Details of Secondary Sponsor**

**Countries of Recruitment**

**List of Countries**

**Sites of Study**

**Name of Principal Investigator**

**Name of Site**

**Site Address**

**Phone/Fax/Email**

**Details of Ethics Committee**

**Name of Committee**

**Approval Status**

**Date of Approval**

**Is Independent Ethics Committee?**

**Regulatory Clearance Status from DCGI**

**Status**

**Date**

**Health Condition / Problems Studied**

**Health Type**

**Condition**

**Intervention / Comparator Agent**

**Type**

**Name**

**Details**

**Inclusion Criteria**

**Age From**

**Age To**

**Gender**
Details
Males and non-pregnant females (with negative beta-human chorionic gonadotropin test). Female patients on adequate contraceptive control. Age: 30 to 70 years Clinical and radiological diagnosis of osteoarthritis of the knee based on the American College of Rheumatology (ACR) Clinical Classification Criteria [Appendix B]. Patients with a baseline Patient’s Assessment of Arthritis Pain-VAS score of > 40mm / 4cm, and both Patient’s and Physicians’ Global Assessment of Arthritis of poor or very poor. Patient willing to comply with study procedures and requirements.

Exclusion Criteria
Details
Pregnant and nursing women. Patients hypersensitive to any study medications and ingredients Inflammatory arthritis, gout, pseudogout, Paget’s disease or any chronic pain syndrome that may interfere with assessment of the Index hip and/or knee. Symptomatic bursitis or acute joint trauma of the Index hip and/or knee. Conditions predisposing to gastrointestinal dysfunction (eg, history of peptic ulcer, upper gastrointestinal disease, ulcerative colitis; smoking; advancing age; concurrent corticosteroids; alcohol abuse; etc.). History of bleeding tendencies, cirrhosis and esophageal varices. History of hypersensitivity or allergy to NSAIDs, other COX-2 inhibitors and/or sulphonamides. Pre-existing asthma. Patients who would require concomitant therapy with drugs e.g. low dose aspirin, warfarin, anti-epileptics, fluconazole (inhibitor of CYP 2C9/3A4), ketoconazole (a known inhibitor of CYP 3A4) etc. Immunocompromised states and patients with systemic infections. Patients with severe cardiac, hepatic, renal, or cerebrovascular disease, malignancy, chronic uncontrolled systemic diseases e.g., diabetes, hypertension, collagen disorders, etc. or any other serious medical illness. Patients who have participated in a new drug study in the past 3 months. Any other condition that in the opinion of the investigator does not justify the patient’s participation in the study.

Method of Generating Random Sequence
Computer generated randomization

Method of Concealment
Pre-numbered or coded identical Containers

Blinding/Masking
Participant, Investigator and Outcome Assessor Blinded

Primary Outcome
Outcome | Timepoints
--- | ---
Improvement in Western Ontario and McMasters (WOMAC) individual osteoarthritis (OA) indices and Composite Index (for pain, stiffness and physical function) and Visual Analog Scale (VAS) scores(for pain) | Baseline and at 2, 4, 6 and 8 weeks

Secondary Outcome
Outcome | Timepoints
--- | ---
Improvement in Patient’s and Physician’s Global Assessment of Arthritis. | At the end of the study at Week 8.

Target Sample Size
Total Sample Size=210
Sample Size from India=
Final Enrollment numbers achieved (Total)=Applicable only for Completed/Terminated trials
Final Enrollment numbers achieved (India)=Applicable only for Completed/Terminated trials

Phase of Trial
Phase 3

Date of First Enrollment (India)
No Date Specified

Date of First Enrollment (Global)
26/12/2008

Estimated Duration of Trial
Years=0
Months=4
Brief Summary

This prospective, randomized, double blind comparative Phase 3 study was undertaken to evaluate efficacy, safety and tolerability of Diacerein modified release (MR) 100mg capsules once daily vs Diacerein IR 50mg capsules twice daily in 224 adult patients with Osteoarthritis (OA) of Knee. Age of the patients ranged between 40 - 70 years with average age 50.86 years in Diacerein MR 100mg and 50.94 years among Diacerein 50 mg group, which were same and difference was not significant. Mean weight and height of the cases were comparable in both the groups. Number of patients dropped out due to lost to follow up were seven in Diacerein MR 100 mg group and eight in Diacerein 50mg group, reason was last to follow-up. Total numbers of patients analyzed were 105 in Diacerein MR 100mg group and 106 in Diacerein 50mg group. VAS Score: The mean VAS score was 7.37 in Diacerein MR 100 mg and 7.26 in Diacerein 50 mg at baseline which was same and difference was not statistically significant. At the end of 2nd week of treatment, mean VAS had significant reduction in both the groups i.e. 26.7% Diacerein MR 100 mg and 20.4% in Diacerein 50 mg. The reduction was more among Diacerein MR 100 mg than Diacerein 50 mg and difference was statistically significant (P< 0.05). At the end of 8th week of treatment, reduction in mean VAS was 84.4% among Diacerein MR 100 mg and 78.0% in Diacerein 50 mg which was more and difference was significant (P < 0.05). The mean score of pain was 13.92 in Diacerein MR 100 mg and 13.59 in Diacerein 50 mg at baseline, which was same and difference was not statistically significant. At the end of 2nd week of treatment, mean pain had significant reduction in both the groups i.e. 23.6% Diacerein MR 100 mg and 18.0% in Diacerein 50 mg. The reduction was significantly more in Diacerein MR 100 mg than compared to Diacerein 50 mg (P< 0.05). At the end of 8th week of treatment, reduction in mean pain was 87.5% among Diacerein MR 100 mg and 83.7% in Diacerein 50 mg and difference was not significant. The mean score of stiffness was 5.17 in Diacerein MR 100 mg and 5.19 in Diacerein 50 mg at baseline which was same and difference was not statistically significant. At end of 2nd weeks of treatment, mean stiffness had a significant reduction in both the groups i.e. 22.2% Diacerein MR 100 mg and 14.1% in Diacerein 50 mg, the reduction was significantly more in Diacerein MR 100mg than Diacerein 50mg. At the end of 8th weeks of treatment, reduction in mean stiffness was 66.3% in Diacerein MR 100 mg which was more as compared to 60.7% in Diacerein 50 mg and difference was significant (P< 0.05). At baseline mean score of physical function was 38.21 in Diacerein MR 100 mg and 38.25 in Diacerein 50 mg, which was same and difference was not statistically significant. At the end of 2nd week of treatment, mean physical function had a significant reduction in both the groups i.e. 23.7% Diacerein MR 100 mg and 16.8% in Diacerein 50 mg. The reduction was more among Diacerein MR 100mg group than Diacerein 50mg group and difference was not significant (P< 0.05). At the end of 8th week of treatment, reduction in mean physical function was 65.9% among Diacerein MR 100 mg which was more as compared to 62.7% in Diacerein 50 mg and the difference was not significant. The mean total score of WOMAC ? OA was 57.27 in Diacerein 100mg and 57.30 in Diacerein MR 50mg at baseline respectively, which was same and difference was not statistically significant. At the end of 2nd week of treatment mean total score had significant reduction in both the groups i.e. 22.4% Diacerein MR 100 mg group and 17.2% in Diacerein 50 mg group and difference was statistically significant (P< 0.05). At the end of 8th week of treatment reduction in mean total score was 71.2% among Diacerein MR 100 mg which was significantly more as compared to 67.6% in Diacerein 50 mg (P< 0.05). According to over all Patients global assessment, at the end of 8th week of treatment 85.7% of cases in Diacerein MR 100 mg group and 76.0% in Diacerein 50 mg group had well to very good effects of treatment and the difference was statistically significant (P< 0.05). According to overall Physicians global assessment, at the end of 8th week of treatment 86.7% of patients in Diacerein MR 100 mg group and 73.0% in Diacerein 50 mg group had good to very good effects of treatment. The difference was statistically significant (P< 0.05). Overall 9.8% of the cases reported adverse event in Diacerein MR group and 15.2% among Diacerein 50 mg group but difference was not significant. Most common was diarrhea followed by nausea, heart burn, epigastric discomfort, vomiting, and headache in both the groups. Diarrhea was less among Diacerein MR 100 mg group than Diacerein 50mg group but difference was not significant. Intensity of these events was mild to moderate which got resolved during the treatment. In conclusion in this study it was observed that there was a significant early mean pain reduction in Diacerein MR 100 mg group compared to Diacerein IR 50 mg group which was statistically
significant (P< 0.05). Overall global assessment improvement was significant in Diacerein MR 100 mg group compared to Diacerein IR 50 mg group. Another important observation in this study was the incidence of diarrhea was less in Diacerein MR 100 mg group as compared to Diacerein IR 50 mg group. This could be attributed to the slow release and less concentration of diacerein reaching colon when Diacerein MR was administered.