INTRODUCTION

- Sialorrhea (drooling) is a common and often problematic symptom for many patients with neurologic disorders such as Parkinson’s disease (PD), amyotrophic lateral sclerosis (ALS) and stroke.1,2

- When present, sialorrhea often causes social embarrassment, perioral irritation, soiled clothing, swallowing impairment, and poor oral hygiene. Left untreated, pooling of saliva in the oropharynx can lead to respiratory infection and aspiration.3

- Local injections of botulinum toxin (BoNT) into the parotid and submandibular salivary glands inhibit saliva production by blocking the release of acetylcholine at the parasympathetic terminals.4

- This Phase III study was conducted to assess the safety, tolerability and effectiveness of repeated MYOBLOC (rimabotulinumtoxinB) injections in adults with troublesome sialorrhea over a period of 1 year.

METHODS

- The Optimyst study (NCT02610868) was a Phase III, multicenter, open-label, outpatient study conducted at 40 sites in the US, Ukraine, and Belarus.

- Adult subjects (18-85 years) seeking treatment for troublesome sialorrhea secondary to PD, ALS, stroke and other disorders were recruited. Patients had to have a minimum unstimulated salivary flow rate (USFR) of 0.2 g/ml and a minimum Drooling Frequency and Severity Scale (DFSS) score of 4 to be included in the trial.5

- All subjects received MYOBLOC (3500 U) on Day 1.

- Treatment was repeated when the subject returned to clinical baseline status (investigator judgment), with a treatment interval of 11-15 weeks.

- Dose reductions to 2500 U were permitted from cycle 2 if intolerability.

RESULTS

Patient disposition

Treatment Cycle 1 *)No.87

Treatment Cycle 2 No.177

Treatment Cycle 3 No.155

Treatment Cycle 4 No.24

Completed N=159

Safety reporting

<table>
<thead>
<tr>
<th>Area (%)</th>
<th>Cycle 1</th>
<th>Cycle 2</th>
<th>Cycle 3</th>
<th>Cycle 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total AE</td>
<td>77 (44)</td>
<td>50 (28)</td>
<td>20 (11)</td>
<td>7 (2)</td>
</tr>
<tr>
<td>Treatment-related AE</td>
<td>42 (23)</td>
<td>26 (15)</td>
<td>21 (12)</td>
<td>3 (1)</td>
</tr>
<tr>
<td>Serious AE</td>
<td>7 (4)</td>
<td>14 (8)</td>
<td>3 (2)</td>
<td>2 (1)</td>
</tr>
<tr>
<td>Drug-related</td>
<td>4 (2)</td>
<td>2 (1)</td>
<td>1 (1)</td>
<td>-</td>
</tr>
<tr>
<td>Most common AEs (%)</td>
<td>1. Dry mouth</td>
<td>29 (15)</td>
<td>10 (5)</td>
<td>1 (2)</td>
</tr>
<tr>
<td></td>
<td>2. Constipation</td>
<td>26 (14)</td>
<td>25 (14)</td>
<td>19 (11)</td>
</tr>
<tr>
<td></td>
<td>3. USFR</td>
<td>65 (35)</td>
<td>49 (27)</td>
<td>21 (13)</td>
</tr>
</tbody>
</table>

* Only 1 patient discontinued the study due to dry mouth. ** 3 patients died during the study. All deaths were considered unrelated to study treatment (neoplasm progression N=3, ALS N=3, urosepsis N=1, cardiac arrest N=1, stroke N=2). No deaths were considered related to study treatment (neoplasm progression N=3). (a) mean scores (b) percent subjects with improvement

Clinical Global Impression of Change (CGI-C)

(a) mean scores (b) percent subjects with improvement

CONCLUSIONS

- In this Phase III open-label study, long-term, repeat treatment with MYOBLOC for the management of adult sialorrhea was generally well-tolerated.

- Both coprimary measures (objective USFR and subjective CGI-C) were significant at the Week 4 endpoint (p < 0.0001).

- The most common adverse events were dry mouth and dental carries. Dry mouth was an expected therapeutic event and only led to discontinuation in one patient.

- The efficacy of repeat treatment was maintained for up to 1 year.

References


Disclosures

Stuart Isaacson, Khashayar Dashtipour and Rajesh Pahwa were all investigators in the Optimyst study and report fees for consultancy from US WorldMeds LLC. Mark Lew and Thomas Clinch are employees of US WorldMeds LLC.