Gastroenterology, reproductive medicine, COPD

American College of Gastroenterology
Orlando, October 13–18, 2017 (www.gi.org)

- A Phase III, randomized, double-blind, placebo-controlled maintenance study demonstrated the efficacy of 5- and 10-mg doses of tofacitinib (Xeljanz—PF Prism CV), an oral, small molecule Janus kinase inhibitor, in patients with moderate to severe ulcerative colitis. Clinical efficacy endpoints were assessed by local endoscopy readings and previously reported results by central readings. At week 52, remission was achieved by significantly more patients receiving both tofacitinib doses versus placebo, as demonstrated by both central and local endoscopic readings.

- Results of a study of 64 patients with heartburn symptoms three or more times per week who were treated with 20 mg of omeprazole showed that patients using optimized dosing (30 min before the first daily meal) experienced improved symptoms control compared with patients who used the medication suboptimally. The researchers believe improved education about PPI dosing should reduce the burden of persistent gastroesophageal reflux disease symptoms and related health care costs.

- A randomized, double-blind, placebo-controlled crossover trial showed that linaclotide (Linzess—Forest Labs), a peripherally acting agent that activates guanylate cyclase-C, can be used to safely treat chronic constipation in patients with type 2 diabetes. After randomization, all participants received 4 weeks of linaclotide (145 µg/once daily) and 4 weeks of placebo in a crossover design with 2 weeks’ wash-out between treatment arms. Patients were asked to keep a stool diary to record the frequency of complete spontaneous bowel movements and stool consistency while completing both study arms. The results showed that treatment with linaclotide significantly increased bowel movements and improved stool consistency compared with placebo. No severe adverse effects were observed, and patients’ glucose levels were stable.

American Society of Reproductive Medicine
San Antonio, October 28–November 1, 2017 (www.asrm.org)

- A double-blind, randomized, 6-month, placebo-controlled, parallel group Phase IIb study evaluated the efficacy and safety of elagolix treatment in women with heavy menstrual bleeding associated with uterine fibroids. Elagolix, an oral, nonpeptide, gonadotropin-releasing hormone antagonist, was provided at doses of either 300 mg twice daily or 600 mg once daily in four arms: placebo, elagolix alone, and two add-back arms. The results showed that elagolix significantly reduced menstrual blood loss. Elagolix treatment alone was associated with hot flushes, while add-back therapy attenuated these hypoestrogenic effects in a dose-dependent manner.

- An analysis of more than 57,000 women who were eligible for an opioid prescription after egg retrieval (ER) showed that whereas only a small proportion of women (12%) fill such a prescription after ER, those who do receive a large quantity of opioids. Opioid prescriptions filled after ER varied significantly by region, from a high of 21.2% in the South to a low of 5.3% in the Northeast, and patients with a concurrent diagnosis of mood disorders or users of antidepressants were more likely to fill opioid prescriptions. Given that most patients tolerate ER without using opioids, the researchers believe that these results should prompt physicians who routinely prescribe opioids for ER to re-evaluate this practice.

CHEST
Toronto, October 28–November 1, 2017 (www.chestnet.org)

- A retrospective economic analysis compared 1-year costs of treatment of 16,485 patients with moderate to severe COPD and cardiovascular risk among fluticasone furoate (FF) 100 mcg/vilanterol (VI) 25 mcg, FF 100 mcg, and VI 25 mcg versus placebo. The results showed that the estimated cost of moderate to severe exacerbations in participants with COPD and CV risk were lower for all treatments compared with no treatment; the cost reduction was greatest with FF/VI treatment. The researchers concluded that clinicians and payers may be able to decrease costs of COPD care by effectively treating COPD in patients with CV risk.

- A post-hoc analysis investigated the relationship between baseline peak inspiratory flow rates (PIFR) and patient characteristics in three Phase III trials of nebulized glycopyrrolate (GLY) administered via the eFlow closed system nebulizer in moderate to very severe COPD. Data from 1,291 participants in two 12-week placebo-controlled studies using nebulized GLY, along with data from a 48-week safety study of nebulized GLY versus tiotropium (TIO) using a Handihaler, were analyzed. Both GLY and TIO improved lung function in participants irrespective of PIFR, and adverse event rates did not differ between groups. However, the researchers concluded that certain patient characteristics may be related to PIFR, which could be useful to consider when selecting an appropriate inhalation device.

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