1. Results (continued)

- In the phase 2b trial, no patients discontinued because of an adverse event. In the ACT DMD trial (aged ≥7 years), patients who were receiving corticosteroid therapy at study entry were required to remain on a stable dose throughout the trial. 7% of these patients were using concomitant therapy.

- Safety parameters, including adverse events (AEs) were assessed throughout both trials.

- Changes from baseline to week 48 in 10 m walk/run; 4-stair climb and 4-stair descend, time to descend 4 stairs; and 6-minute walk test (6MWT) as endpoints were used for all patients who met the entrance criteria for the ACT DMD trial and those who received prednisone/prednisolone. The spectrum and severity of AEs were consistent across the trials.

- AEs were generally well tolerated by patients with a 6-minute walk distance ≥300 m and <400 m at baseline; 6MWD, 4-stair descend, time to descend 4 stairs; and 10 m walk/run.

- In the phase 2b trial, the most frequent adverse events observed among patients treated with deflazacort in the meta-analysis (n=57) were: urticaria (40%, 23%), pain in abdomen (21%, 16%), nasopharyngitis (16%, 14%), headache (13%, 13%), and pyrexia (13%, 13%).

- In the ACT DMD trial, the most frequent adverse events observed among patients treated with deflazacort and those who received prednisone/prednisolone; the difference was significant for the ACT DMD trial and the meta-analysis.

- In the phase 2b trial, the most frequent adverse events observed among patients treated with deflazacort and those who received prednisone/prednisolone; the difference was not significant for the ACT DMD trial and the meta-analysis.

2. Methods

- The first meta-analysis used data from the intent-to-treat (ITT) population of the phase 2b and ACT DMD trials who were randomized to placebo, the patients included in the first meta-analysis who had a baseline 6MWD ≥400 m and ≥400 m for the deflazacort and those who received prednisone/prednisolone. The spectrum and severity of AEs were consistent across the trials.

- Safety parameters, including adverse events (AEs) were assessed throughout both trials.

- Changes from baseline to week 48 in 10 m walk/run; 4-stair climb and 4-stair descend, time to descend 4 stairs; and 6-minute walk test (6MWT) as endpoints were used for all patients who met the entrance criteria for the ACT DMD trial and those who received prednisone/prednisolone. The spectrum and severity of AEs were consistent across the trials.

- In the phase 2b trial, the most frequent adverse events observed among patients treated with deflazacort in the meta-analysis (n=57) were: urticaria (40%, 23%), pain in abdomen (21%, 16%), nasopharyngitis (16%, 14%), headache (13%, 13%), and pyrexia (13%, 13%).

- In the ACT DMD trial, the most frequent adverse events observed among patients treated with deflazacort and those who received prednisone/prednisolone; the difference was significant for the ACT DMD trial and the meta-analysis.

- In the phase 2b trial, the most frequent adverse events observed among patients treated with deflazacort and those who received prednisone/prednisolone; the difference was not significant for the ACT DMD trial and the meta-analysis.

3. Results (continued)

- Several of the treatment differences favored deflazacort over prednisone/prednisolone in both the phase 2b trial and the meta-analysis.

- In the phase 2b trial, the most frequent adverse events observed among patients treated with deflazacort in the meta-analysis (n=57) were: urticaria (40%, 23%), pain in abdomen (21%, 16%), nasopharyngitis (16%, 14%), headache (13%, 13%), and pyrexia (13%, 13%).

- In the ACT DMD trial, the most frequent adverse events observed among patients treated with deflazacort and those who received prednisone/prednisolone; the difference was significant for the ACT DMD trial and the meta-analysis.

- In the phase 2b trial, the most frequent adverse events observed among patients treated with deflazacort and those who received prednisone/prednisolone; the difference was not significant for the ACT DMD trial and the meta-analysis.

4. Conclusions

- These meta-analyses demonstrate that patients who received deflazacort benefited in terms of muscle strength and function of the three timed functional tests as compared with those who received prednisone/prednisolone.

- Meta-analyses of simple 10 m walk/run is a more robust estimate of the true effect size than individual trials; these two trials had different designs, and no relevant trials were excluded from the meta-analyses.

- Deflazacort and prednisone/prednisolone were generally well tolerated by patients with nmDMD. Adverse event profiles were generally similar among patients treated with deflazacort and those who received prednisone/prednisolone. The spectrum and severity of AEs were consistent across the trials.

Disclosures

G.D., F.T., J.W., and J.M. are employees of PTC Therapeutics, Inc.

References


9. Acknowledgments:

- We thank the patients and their families for their participation in Study 007 and Study 020, the randomization and blinding, and the evaluation of outcomes.

- The 6MWD, 4-stair descend, time to descend 4 stairs; and 10 m walk/run.

- In the phase 2b trial, the most frequent adverse events observed among patients treated with deflazacort in the meta-analysis (n=57) were: urticaria (40%, 23%), pain in abdomen (21%, 16%), nasopharyngitis (16%, 14%), headache (13%, 13%), and pyrexia (13%, 13%).

- In the ACT DMD trial, the most frequent adverse events observed among patients treated with deflazacort and those who received prednisone/prednisolone; the difference was significant for the ACT DMD trial and the meta-analysis.

- In the phase 2b trial, the most frequent adverse events observed among patients treated with deflazacort and those who received prednisone/prednisolone; the difference was not significant for the ACT DMD trial and the meta-analysis.

- These meta-analyses demonstrate that patients who received deflazacort benefited in terms of muscle strength and function of the three timed functional tests as compared with those who received prednisone/prednisolone.

- Meta-analyses of simple 10 m walk/run is a more robust estimate of the true effect size than individual trials; these two trials had different designs, and no relevant trials were excluded from the meta-analyses.

- Deflazacort and prednisone/prednisolone were generally well tolerated by patients with nmDMD. Adverse event profiles were generally similar among patients treated with deflazacort and those who received prednisone/prednisolone. The spectrum and severity of AEs were consistent across the trials.

4. Conclusions

- These meta-analyses demonstrate that patients who received deflazacort benefited in terms of muscle strength and function of the three timed functional tests as compared with those who received prednisone/prednisolone.

- Meta-analyses of simple 10 m walk/run is a more robust estimate of the true effect size than individual trials; these two trials had different designs, and no relevant trials were excluded from the meta-analyses.

- Deflazacort and prednisone/prednisolone were generally well tolerated by patients with nmDMD. Adverse event profiles were generally similar among patients treated with deflazacort and those who received prednisone/prednisolone. The spectrum and severity of AEs were consistent across the trials.

- These meta-analyses demonstrate that patients who received deflazacort benefited in terms of muscle strength and function of the three timed functional tests as compared with those who received prednisone/prednisolone.

- Meta-analyses of simple 10 m walk/run is a more robust estimate of the true effect size than individual trials; these two trials had different designs, and no relevant trials were excluded from the meta-analyses.

- Deflazacort and prednisone/prednisolone were generally well tolerated by patients with nmDMD. Adverse event profiles were generally similar among patients treated with deflazacort and those who received prednisone/prednisolone. The spectrum and severity of AEs were consistent across the trials.