WT2 Mini-Test: Prepare an Abstract Based on Unpublished Data

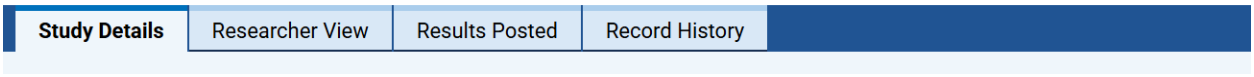
Publication Planning

Abstracts and Conference Presentations: Abstract for Congress

Your client has recently completed a clinical trial and is preparing to present the results at an upcoming conference. The trial evaluated the safety of brexpiprazole, an atypical antipsychotic, for the treatment of agitation associated with dementia in patients with Alzheimer's disease.

You have been asked to draft an abstract for this conference. The abstract should be between 250 to 400 words. **The trial data is available in the "Results Posted" tab.**

However, I have provided what should be the most relevant info copied from clinical trials.gov as well as data from a publication of the prior trial that the patients participated in since this is an extension study.



You may use the following articles for guidance:

New antipsychotic drugs for the treatment of agitation and psychosis in Alzheimer's disease: focus on brexpiprazole and pimavanserin

Brexpiprazole for the treatment of agitation associated with dementia due to Alzheimer's disease: A 12-week, active-treatment, extension trial

Relevant Content

Title of trial: Brexpiprazole for the Long-term Treatment of Patients With Agitation Associated With Dementia of the Alzheimer's Type (NCT03724942)

Brief summary: To evaluate the safety of brexpiprazole 1 mg or 2 mg after a 14 week treatment regimen for agitation associated with dementia of the Alzheimer's type

patients who completed in a double-blind trial, and to investigate the efficacy of brexpiprazole.

Official title: A Multicenter, Uncontrolled, Open-label Trial to Evaluate the Safety of Extended Treatment With Brexpiprazole (OPC-34712) to Patients With Agitation Associated With Dementia of the Alzheimer's Type

Inclusion criteria:

- Patients who completed the double-blind treatment period for 10 weeks and all observation, examination and evaluation at Week 10 of the double-blind trial.
- Patients whose caregiver can properly collect the necessary information.

Exclusion criteria:

- Patients who had a serious adverse event which the principal investigator or sub-investigator assessed as related to the investigator product during the double-blind trial.
- Patients who had delirium during the double-blind trial.

Treatment: Brexpiprazole 1mg or 2mg will be orally once daily for 14 weeks

[*Note: There were two groups in the double-blind trial, one that received brexpiprazole and one that received placebo. Both groups (brexpiprazole and the placebo rollover group were treated with brexpiprazole in this study*.]

Primary outcome measure:

- The Frequency of Subjects With Treatment-Emergent Adverse Events (TEAEs) from baseline to week 14
    - This trial enrolled subjects rolled over from Trial 331-102-00088 [*Note: this is the prior trial: Trial 331-102-00088/NCT03620981 with published results*], and the safety of brexpiprazole when administered for a maximum of 24 weeks (including the treatment period of Trial 331-102-00088) was evaluated.

Secondary outcome measures

- Mean Change From Baseline in Cohen-Mansfield Agitation Inventory (CMAI) Score at 14 Weeks After Dosing

    - The CMAI assessed the frequency of agitated behaviors in elderly persons, such as hitting, cursing, and restlessness. It consisted of 29 items all rated on a 1 to 7 scale with 1 being the "best" rating and 7 being the "worst" rating. The minimum possible CMAI total score was 29, and the maximum possible CMAI total score was 203. A decrease in score indicated improvement in symptoms.
- Mean Change From Baseline in Clinical Global Impression of Severity (CGI-S) Score at 14 Weeks After Dosing
    - The CGI-S was used to rate the severity of agitation. Scores were: 0 = not assessed; 1 = normal, not at all ill; 2 = borderline mentally ill; 3 = mildly ill; 4 = moderately ill; 5 = markedly ill; 6 = severely ill; and 7 = among the most extremely ill participants. A decrease in score indicated improvement in symptoms.
- Clinical Global Impression of Improvement (CGI-I) Score at 14 Weeks After Dosing
    - The CGI-I Scale was clinician-rated scale which assessed the total improvement of the patient's condition compared to that at baseline. Scores range from 0 to 7: 0 = Not assessed, 1= Very much improved, 2 = Much improved, 3= Minimally improved, 4= No change, 5= Minimally worse, 6= Much worse, 7= Very much worse. Higher scores indicate worse condition.

Baseline characteristics:

Average age of all participants was 79.5 (6.8)

101 (61.6%) were female and 63(38.4%) were male

All patients were Asian

Safety results from the prior trial:

TEAEs:

- Brexpiprazole 1 mg: 76.8%
- Brexpiprazole 2 mg: 84.6%
- Placebo: 73.8%

[*Note: the slight increase from the prior trial reflects extended monitoring*]

Safety results:

	Brex, n=102	Rollover Placebo, n=62

% TEAEs	90.2	90.3
Serious AEs	7 (6.86)	4 (6.45)
Non-serious AEs	90 (88.24)	55 (88.71)
AEs ≥10%		
Fall	12 (11.76)	4 (6.45)
Skin abrasion	11(10.78)	2 (3.23)
Somnolence	13(12.75)	7 (11.29)
Sedation complication	7 (6.86)	9 (14.52)
Insomnia	5 (4.90)	12 (19.35)

Efficacy results from the prior trial:

Primary endpoint (CMAI mean change from baseline)

- Brexpiprazole 2 mg: –15.2 (1.05)
- Brexpiprazole 1 mg: –11.7 (1.20)
- Placebo: -8.0 (1.03)
- Both doses showed statistically significant improvement versus placebo.

[*Note: the placebo group had some improvement but significantly less than the brexpiprazole group. There was further improved in the extension trial*]

Efficacy results:

	Brex, n=96	Rollover Placebo, n=60
Mean change CMAI (SD)	-2.5 (9.9)	-6.4 (9.3)
Mean change CGI-S (SD)	-0.2 (0.8)	-0.4 (1.1)
CGI-I (SD)	3.1 (1.2)	2.7 (1.1)

I have provided an outline for you to apply the relevant content to complete the assignment

1. Title

- Long-Term Safety and Efficacy of Brexpiprazole for Agitation in Alzheimer's Disease: Results from an Open-Label Extension Trial

2. Background

- **Prevalence and Impact:**
    - Agitation is common and distressing in Alzheimer's disease (AD) dementia.
- **Current Treatment Limitations:**
    - Existing pharmacologic options have limited efficacy and safety concerns, especially long-term.
- **Rationale for Brexpiprazole:**
    - Brexpiprazole, a serotonin-dopamine activity modulator, has shown short-term promise.
    - Long-term data on safety and efficacy are lacking.

3. Objectives/Goal

- **Primary Goal:**
    - Evaluate long-term safety of brexpiprazole in Japanese patients with AD-related agitation.
- **Secondary Goal:**
    - Explore sustained efficacy over 14 weeks.

4. Methods

- **Study Design:**
    - Open-label, multicenter extension trial (NCT03724942)
- **Patient Population:**
    - Japanese patients with agitation in AD who completed a prior 10-week double-blind trial (NCT03620981)
    - Inclusion: Completed prior trial without serious treatment-related adverse events or delirium
- **Treatment:**
    - All enrolled patients received brexpiprazole (1 mg or 2 mg daily) for 14 weeks
    - Both prior brexpiprazole and placebo groups included
- **Endpoints:**
    - **Primary:** Frequency of treatment-emergent adverse events (TEAEs)

- **Secondary:** Change from baseline in:
    - Cohen-Mansfield Agitation Inventory (CMAI)
    - Clinical Global Impression of Severity (CGI-S)
    - Clinical Global Impression of Improvement (CGI-I)

5. Outcome Measures

- **Safety:**
    - Incidence of TEAEs and serious adverse events
    - Most common TEAEs (≥10%)
- **Efficacy:**
    - Mean change in CMAI, CGI-S, and CGI-I scores from baseline to week 14

6. Results

- **Demographics:**
    - Mean age: 79.5 years (SD 6.8)
    - Gender: 61.6% female, 38.4% male
    - 102 patients received brexpiprazole, 62 received placebo
- **Safety Results:**
    - TEAEs: 90.2% (brexpiprazole) vs. 90.3% (placebo)
    - Serious adverse events: 6.9% (brexpiprazole) vs. 6.5% (placebo)
    - Most common TEAEs: somnolence (12.8%), fall (11.8%), skin abrasion (10.8%)
- **Efficacy Results:**
    - CMAI: –2.5 (9.9) for brexpiprazole, –6.4 (9.3) for placebo
    - CGI-S: –0.2 (0.8) for brexpiprazole, –0.4 (1.1) for placebo
    - CGI-I at week 14: 3.1 (1.2) for brexpiprazole, 2.7 (1.1) for placebo
    - Indicates maintained or slightly improved symptom control

7. Conclusions

- **Tolerability:**
    - Brexpiprazole was generally well tolerated long-term.
- **Efficacy:**
    - Efficacy maintained over 14 weeks with no unexpected safety issues.

- **Clinical Implications:**
    - Supports continued evaluation of brexpiprazole as a long-term treatment for agitation in AD.