

CHANGES IN CATAPLEXY FREQUENCY IN A CLINICAL TRIAL OF LOWER-SODIUM OXYBATE WITH TAPER AND DISCONTINUATION OF OTHER ANTICATAPLECTIC MEDICATIONS

Yves Dauvilliers^{a,b}; Karel Šonka^c; Richard K. Bogan^d; Markku Partinen^{e,f}; Rafael Del Rio Villegas^g; Nancy Foldvary-Schaefer^h; Roman Skowronskiⁱ; Abby Chenⁱ; Jed Black^{i,j}; Franck Skobieranda^k; Michael J. Thorpy^l

^aSleep and Wake Disorders Centre, Department of Neurology, Gui de Chauliac Hospital, Montpellier, France; ^bUniversity of Montpellier, INSERM Institute Neuroscience Montpellier (INM), Montpellier, France; ^cDepartment of Neurology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; ^dUniversity of South Carolina School of Medicine, Columbia, SC, USA; ^eHelsinki Sleep Clinic, Terveystalo Healthcare, Helsinki, Finland; ^fDepartment of Clinical Neurosciences, University of Helsinki, Helsinki, Finland; ^gNeurophysiology and Sleep Disorders Unit, Vithas Hospitals, Madrid, Spain; ^hSleep Disorders Center, Cleveland Clinic, Cleveland, OH, USA; ⁱJazz Pharmaceuticals, Palo Alto, CA, USA; ^jStanford University Center for Sleep Science and Medicine, Redwood City, CA, USA; ^kJazz Pharmaceuticals, Philadelphia, PA, USA; ^lAlbert Einstein College of Medicine, Bronx, NY, USA

Corresponding Author:

Yves Dauvilliers, MD, PhD

ORCID: 0000-0003-0683-6506

Sleep and Wake Disorders Centre, Department of Neurology, Gui de Chauliac Hospital

80 Avenue Augustin Fliche

34295, Montpellier, France

E-mail: y-dauvilliers@chu-montpellier.fr

Phone: 3314067337277

Yves Dauvilliers^{a,b}; Karel Šonka^c; Richard K. Bogan^d; Markku Partinen^{e,f}; Rafael Del Rio Villegas^g; Nancy Foldvary-Schaefer^h; Roman Skowronskiⁱ; Abby Chenⁱ; Jed Black^{i,j}; Franck Skobieranda^k; Michael J. Thorpy^l

^aSleep and Wake Disorders Centre, Department of Neurology, Gui de Chauliac Hospital, Montpellier, France; ^bUniversity of Montpellier, INSERM Institute Neuroscience Montpellier (INM), Montpellier, France; ^cDepartment of Neurology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; ^dUniversity of South Carolina School of Medicine, Columbia, SC, USA; ^eHelsinki Sleep Clinic, Terveystalo Healthcare, Helsinki, Finland; ^fDepartment of Clinical Neurosciences, University of Helsinki, Helsinki, Finland; ^gNeurophysiology and Sleep Disorders Unit, Vithas Hospitals, Madrid, Spain; ^hSleep Disorders Center, Cleveland Clinic, Cleveland, OH, USA; ⁱJazz Pharmaceuticals, Palo Alto, CA, USA; ^jStanford University Center for Sleep Science and Medicine, Redwood City, CA, USA; ^kJazz Pharmaceuticals, Philadelphia, PA, USA; ^lAlbert Einstein College of Medicine, Bronx, NY, USA

Corresponding Author:

Yves Dauvilliers, MD, PhD

E-mail: y-dauvilliers@chu-montpellier.fr

Online Resource 1. Participant Disposition: Discontinuations During OLOTTP and Prior to Taking Randomized Drug in DBRWP, by Treatment at Study Entry (Safety Population)

	Group A	Group B	Group C	Group D	
Parameter, n (%)	SXB Only (n=52)	SXB + Other Anticatataplectics (n=23)	Other Anticatataplectics (n=36)	Anticatataplectic Naive (n=90)	Total (N=201)
Safety population ^a	52 (100.0)	23 (100.0)	36 (100.0)	90 (100.0)	201 (100.0)
Completed OLOTTP	45 (86.5)	14 (60.9)	26 (72.2)	70 (77.8)	155 (77.1)
Discontinued early from OLOTTP	7 (13.5)	9 (39.1)	10 (27.8)	20 (22.2)	46 (22.9)
TEAE ^b	2 (3.8)	5 (21.7)	5 (13.9)	6 (6.7)	18 (9.0)
Protocol deviation	0 (0.0)	0 (0.0)	2 (5.6)	6 (6.7)	8 (4.0)
Withdrawal by participant	2 (3.8)	1 (4.3)	0 (0.0)	3 (3.3)	6 (3.0)
Noncompliance	2 (3.8)	0 (0.0)	0 (0.0)	2 (2.2)	4 (2.0)
Investigator decision	0 (0.0)	1 (4.3)	2 (5.6)	0 (0.0)	3 (1.5)
Lost to follow-up	0 (0.0)	0 (0.0)	0 (0.0)	3 (3.3)	3 (1.5)
Sponsor decision	1 (1.9)	1 (4.3)	0 (0.0)	0 (0.0)	2 (1.0)
Lack of efficacy	0 (0.0)	0 (0.0)	1 (2.8)	0 (0.0)	1 (0.5)
Other ^c	0 (0.0)	1 (4.3)	0 (0.0)	0 (0.0)	1 (0.5)
Discontinued prior to taking randomized drug in DBRWP	4 (7.7)	0 (0.0)	5 (13.9)	12 (13.3)	21 (10.4)
Completed OLOTTP but did not enter SDP	0 (0.0)	0 (0.0)	3 (8.3)	3 (3.3)	6 (3.0)
Entered SDP but discontinued early from SDP ^d	1 (1.9)	0 (0.0)	1 (2.8)	3 (3.3)	5 (2.5)
Completed SDP but did not enter DBRWP	2 (3.8)	0 (0.0)	1 (2.8)	5 (5.6)	8 (4.0)
Entered DBRWP but were randomized in error and did not take study drug	1 (1.9)	0 (0.0)	0 (0.0)	1 (1.1)	2 (1.0)
Efficacy population ^e	41 (78.8)	14 (60.9)	21 (58.3)	58 (64.4)	134 (66.7)

Percentages within each group were calculated using the starting number of participants as the denominator.

DBRWP, double-blind randomized withdrawal period; OLOTTP; open-label, optimized treatment and titration period; SDP, stable-dose period; SXB, sodium oxybate; TEAE, treatment-emergent adverse event.

^aAll participants who took at least 1 dose of study medication.

^bIncluding 7 who discontinued due to worsening cataplexy, including 4 participants in group B (SXB+other anticatataplectics) and 3 participants in group C (other anticatataplectics).

^cWithout additional information.

^dFor reasons including protocol deviation (n=3), TEAE (n=1), and lost to follow-up (n=1).

^eAll randomized participants who took at least 1 dose of double-blind study medication and completed at least 1 set of post-randomization efficacy assessments.