

SAFETY AND ACCEPTABILITY OF PLACEBO PELLETS CO-ADMINISTERED WITH A SWALLOWING GEL IN HEALTHY ADULT VOLUNTEERS

G. Craye¹, A. Debunne¹, S. De Buyser², M. Baudalet³, M. Petrovic⁴, C. Vervaeke¹, P. Tomassen⁵, V. Vanhoorne¹

¹ Laboratory of Pharmaceutical Technology, Ghent University, ² Biostatistics Unit, Ghent University ³ Department of Otorhinolaryngology, Ghent University Hospital ⁴ Department Internal Medicine and Pediatrics, Ghent University Hospital, ⁵ Department of Head and Skin, Ghent University Hospital

1. Introduction

- Pellets**
 - Personalized dosing
 - Age-appropriate formulation
 - Less risk of dose dumping of sustained release formulation
- Patients with swallowing difficulties**
 - Difficulties in swallowing oral solid dosage forms e.g. tablets and capsules
 - Reduced therapy adherence
 - Increased risk of aspiration pneumonia
 - Unauthorized modification of dosage form
- Need for patient-centric development of suitable oral solid dosage form**
 - Co-administration of high drug-loaded pellets with a commercially available swallowing gel

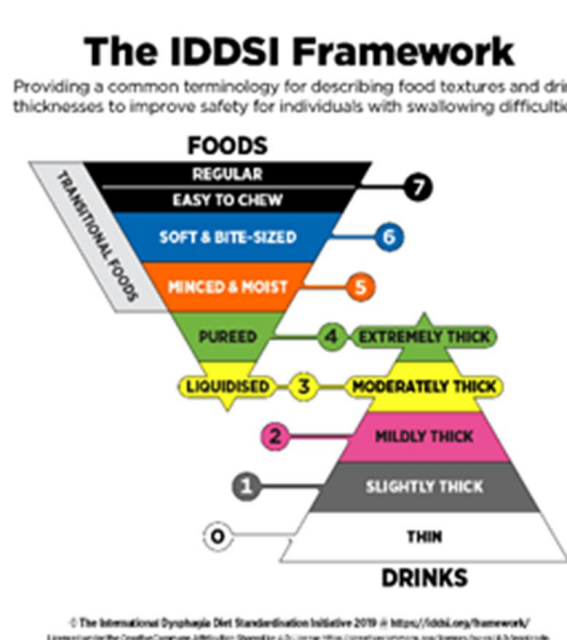
2. Objective

Investigate the safety and acceptability of oral administration of placebo pellets in combination with commercially available CE-marked swallowing gels in healthy adult volunteers

3. Materials & Methods

Materials

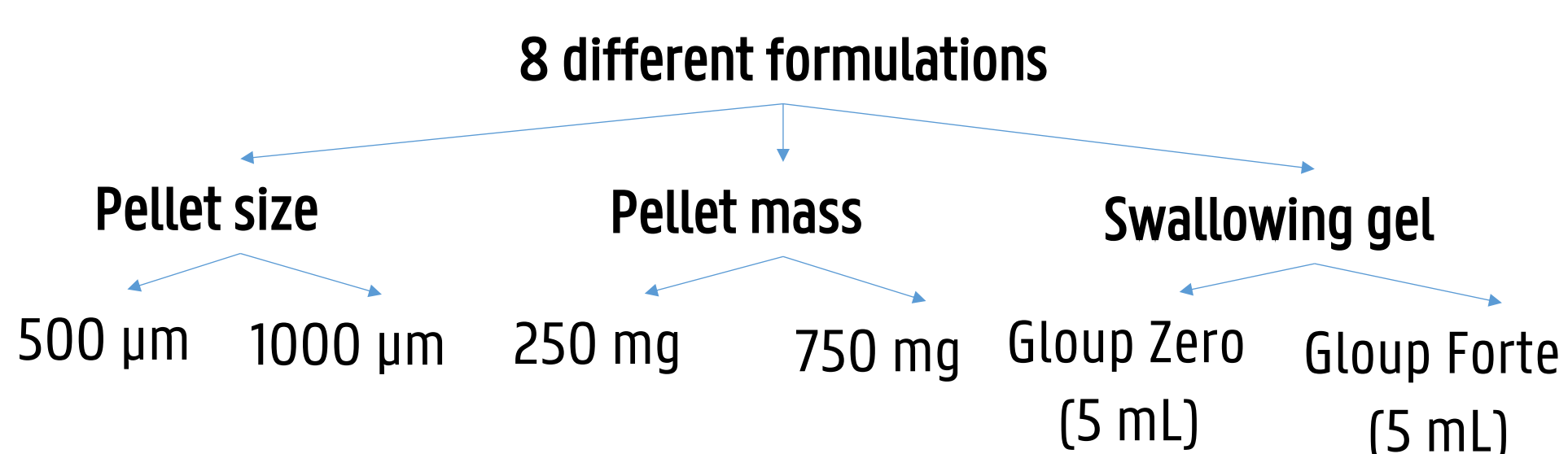
Placebo microcrystalline cellulose pellets	Cellets 500	500-710 µm
	Cellets 1000	1000-1400 µm
Swallowing gels (class I medical device, CE-marked)	Gloup Zero (GZ)	IDDSI level 3
	Gloup Forte (GF)	IDDSI level 4



Methods

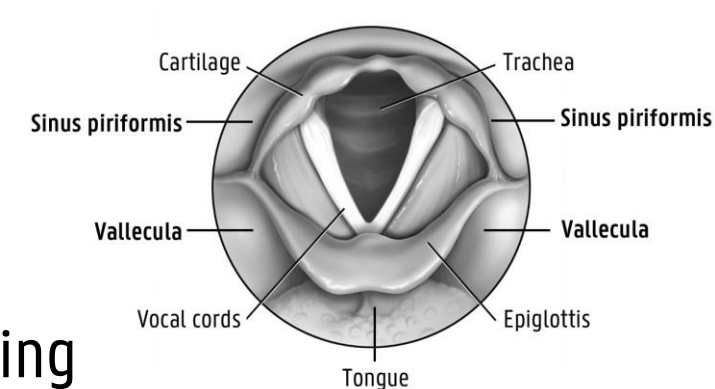
Trial design

- 2x2x2 factorial randomized balanced incomplete block design



Trial set-up

- Inclusion criteria:**
 - > 18 years old and < 65 years old
 - No swallowing problems (EAT-10 score < 3)
- Participant-reported swallowability (VAS)**
- Investigator-reported swallowability (PAS and YPRSRS)**
 - Anatomical regions monitored for residual pellets: Valleculla and sinus piriformis
 - Swallowing process timepoints: After intake, after swallowing, after rinsing



Objectives and endpoints

Primary objective Investigator-reported safety Primary endpoint PAS ¹ ≤ 2: considered safe	Secondary objective (a) Investigator-reported acceptability after rinsing at valleculla and sinus piriformis Secondary endpoint YPRSRS ² ≤ 2: considered acceptable	Exploratory objective Investigator-reported acceptability after intake and after swallowing at valleculla and sinus piriformis	Evaluation via Fiberoptic Endoscopic Evaluation of Swallowing (FEES) ✓ Penetration-aspiration Scale (PAS) ¹ ✓ Modified Yale Pharyngeal Residue Severity Rating Scale (YPRSRS) ²	Evaluation via Visual Analogue Scales (VAS) Eight individual VAS scores: ✓ Taste ✓ Perception pellets in mouth and pharynx ✓ Perception residual pellets in mouth and pharynx ✓ Swallowability ✓ Stickiness ✓ Visual aspect
	Secondary objective (b) Participant-reported acceptability Secondary endpoint Mean eight-item summary VAS difference ≥ 4: considered clinically relevant			

4. Results

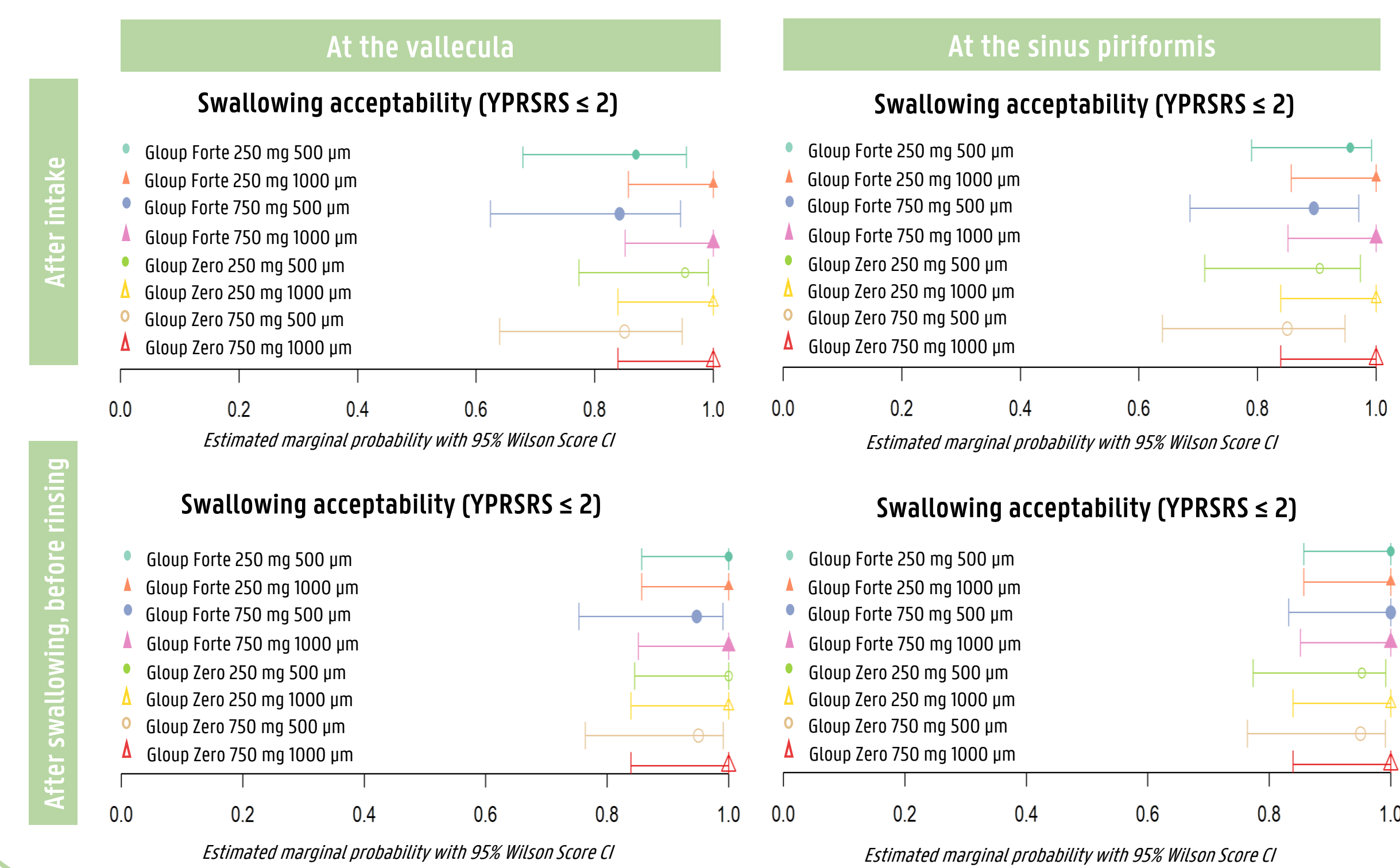
Baseline patient characteristics (N=34)

- ✓ Age: 37.3 (SD: 13.1; [20 - 64])
- ✓ Gender: male (n=14, 41.2%), female (n=20, 58.8%)
- ✓ EAT-10 total score: 0.26 (SD: 0.62; [0 - 2]); EAT-10 score of 0 (n=28, 82.4%), EAT-10 score ≥ 1 (n=6, 17.6%)

Primary endpoint: investigator-reported safety

- ✓ All formulations were considered safe (PAS ≤ 2) (relative frequency of 99.51%, 203/204)
- ✓ 1 swallowing event with PAS > 2 for 'GF 750mg 1000µm' formulation (relative frequency of 96.15%, 1 out of 26 administrations of 'GF 750mg 1000µm')

Exploratory endpoints: investigator-reported acceptability

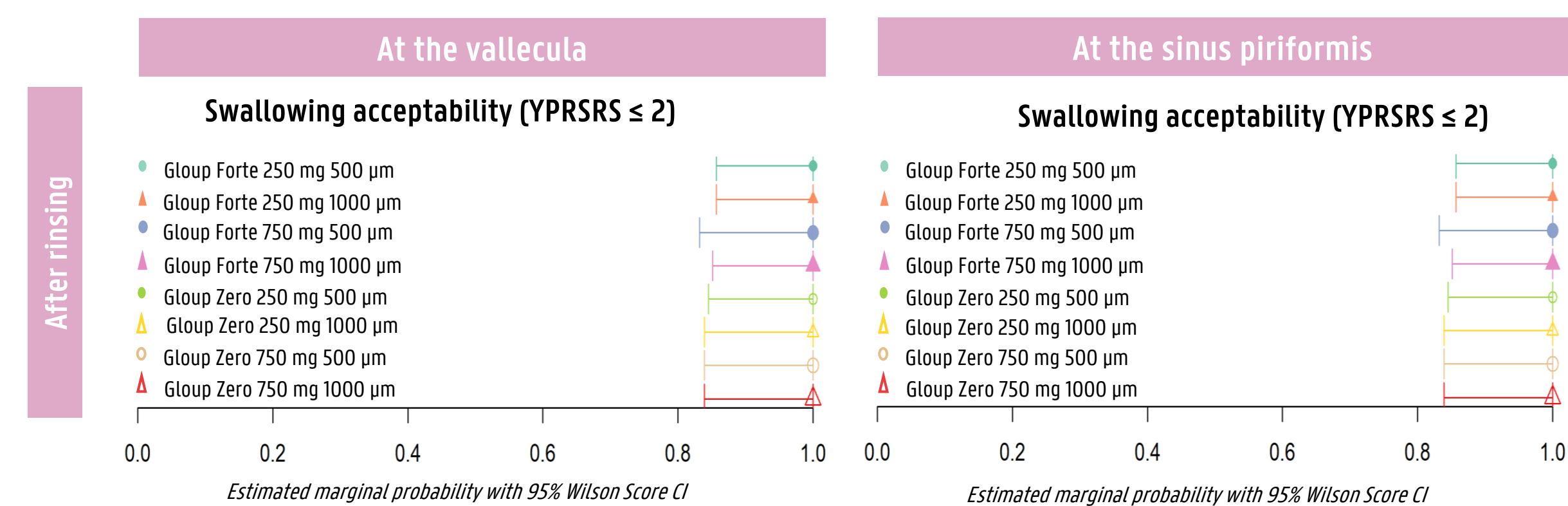


Smaller pellet size: negative impact on residue score

Swallowing: positive impact on residue score

Secondary endpoint (a): investigator-reported acceptability

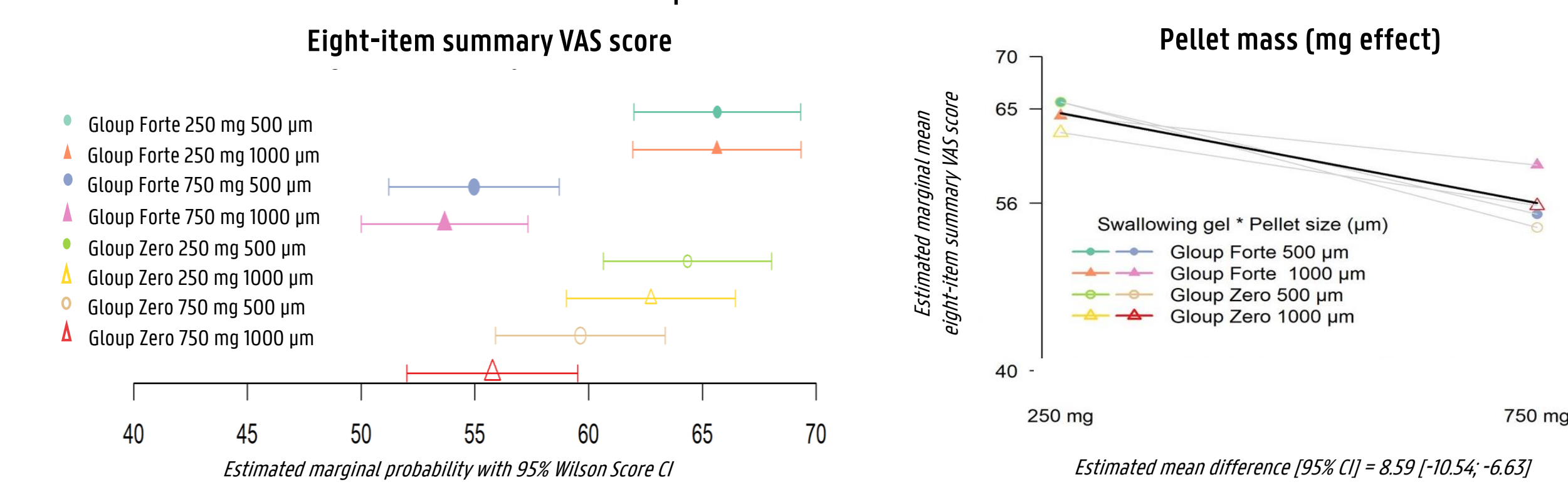
- ✓ All formulations are considered acceptable (YPRSRS ≤ 2)



After rinsing: complete clearance

Secondary endpoint (b): participant-reported acceptability

- ✓ All formulations are considered acceptable



Smaller pellet mass: positive impact on acceptability

5. Conclusion

- ✓ **From safety perspective**
 - All formulations are considered generally safe for administration in healthy participants
 - The formulation with 1 swallowing event with PAS > 2 is not included in further investigations among patients with swallowing difficulties
- ✓ **From acceptability perspective**
 - All formulations are considered acceptable by both investigator and healthy participants
 - Smaller pellet mass has a statistically and clinically relevant positive impact on the mean participant-reported acceptability
- ✓ **Residue score**
 - Negative impact: smaller pellet size
 - Positive impact: additional swallowing or swallowing after intake
 - Complete clearance after rinsing with water
- ✓ **Broad applicability for populations with swallowing difficulties, including paediatric patients**
- ✓ **Future perspective**
 - Follow-up palatability study: evaluation of swallowability of oral administration of placebo pellets with a swallowing gel compared to placebo tablet and/or capsule in adult patients with dysphagia (currently under review by the Ethics Committee)