Study Number: AUX-CC-901

Title of Study: COmmunity **R**egist**R**y Study **E**valuating Dupuytren's **C**ontracture **T**reatment: A Prospective, Observational, Longitudinal, Multicenter Study of Treatment Patterns and Outcomes in Patients with Dupuytren's Contracture

Investigators: Multicenter study

Study center(s): 21 study centers in the United States enrolled patients

Publications (reference): None

Studied period (years):	**Phase of development:** Phase 4
Date first patient enrolled: 17-Sep-2012	
Date last patient completed: 24-Sep-2014	
Early study termination: 10-Sep-2014	

Objectives:

Primary:

- The primary objective of this observational cohort study was to collect real-world data regarding patient-reported outcomes (PROs) of the 3 primary treatment modalities (XIAFLEX® [collagenase clostridium histolyticum], fasciectomy, or fasciotomy/needle aponeurotomy) in patients with Dupuytren's contracture

Secondary:

- Examine the safety trends of various treatment options in patients with Dupuytren's contracture
- Examine the effectiveness trends of various treatment options, specifically evaluating long-term contracture recurrence
- Examine the association between various treatment regimens and healthcare resource utilization
- Examine the association between various treatments and PROs such as disease burden, hand functionality, time to return to work, treatment satisfaction, and patient preference

Exploratory:

- Evaluate which patient characteristics were associated with receipt of particular treatment regimens and clinical and safety outcomes

This study was terminated early by the Sponsor on 10-Sep-2014 with all data entry completed on 16-Sep-2014. The study was terminated due to slow enrollment in the fasciectomy and needle aponeurotomy treatment arms. At the time of study termination, 162 patients had been enrolled out of a planned enrollment of 300 patients. Because the study was terminated early and the planned enrollment was not reached, only an abbreviated synopsis with focus on safety is presented.

Methodology: This was a prospective, multicenter, observational study.

Patients were recruited based on the usual care presentation at each investigative site, as regular practice would dictate. Consecutive patients deemed eligible for the study by their physician were invited to participate during their usual care visit. Patients were provided with reasonable remuneration for their time and participation in this study.

Enrolled patients received evaluations and treatment for Dupuytren's contracture according to the standard of care and clinical practice at each study site. No study-specific visits were required as part of the study. Treatment and follow-up visits were determined by the treating physician. Treatments received for Dupuytren's contracture were recorded (ie, XIAFLEX, fasciectomy, or fasciotomy/needle aponeurotomy), including initial treatment and any subsequent therapy.

Patients were enrolled in the order in which they entered the study; however, to maintain balance between the 3 treatment modalities, enrollment into a given arm was closed if that arm completed enrollment before the other arms. (Patient care was not affected. Patients received the planned care, but their data were not recorded into the study database.)

Patient data (including treatment outcomes, joint contracture measured by the treating physician, and evidence of recurrence) and health care resource utilization data were recorded from the patients' medical records, examination, and patient interviews. These data were recorded on electronic case report forms via a web-based electronic data collection system.

PROs were collected by self-completed questionnaires given to each patient via web-based data collection or telephone interviews, conducted by PRA International. Follow up with the patients occurred according to the site's usual practice. Information from the patient's visit could include goniometry and the physician's assessment of treatment outcome and healthcare utilization. Patients were to be enrolled in the study for a total of 3 years from the first day of their initial treatment or until death, withdrawal of consent, loss to follow-up, or study closure.

Number of patients (planned and analyzed):

Planned: Approximately 300 patients with 100 patients per each cohort

Enrolled: 162 patients

Treated and Analyzed for Safety: 153 patients (XIAFLEX, 108; fasciectomy, 26; needle aponeurotomy, 19)

Diagnosis and main criteria for inclusion: Women or men 18 years of age or older with a Dupuytren's contracture of at least a single joint and a desire for correction.

Test product, dose and mode of administration, batch number: There were no specific test or reference products in this observational study. Patients received treatment for Dupuytren's contracture according to the standard of care and clinical practice at each study site. Treatment decision was made by the patient in consultation with his/her doctor. No products were supplied, and all materials were obtained and administered according to standard practice.

Duration of treatment: Treatment was determined by the physician in consultation with the patient. Follow-up data for each patient was to be collected for a total of 3 years from the first day of their initial treatment.

Reference therapy, dose and mode of administration, batch number: Not applicable

Criteria for evaluation:

Efficacy: Efficacy assessments using a goniometer occurred prior to treatment (baseline) and post-treatment according to standard of care. Patients were followed according to standard practice. Treatment outcome, healthcare utilization, and disease recurrence were assessed at regularly scheduled visits.

Safety: Treatment complications of interest (TCIs) were tendon rupture, ligament injury, complex regional pain syndrome, sensory abnormality of the hand, wound complication/separation, infections, joint stiffness, digital nerve injuries, digital artery injuries, scarring, hypersensitivity/ anaphylaxis, pain, bleeding, swelling, tendonitis, and pulley injury/rupture. TCIs were collected for all treatments. All serious adverse events (SAEs) experienced by patients treated with XIAFLEX were collected by investigators and reported to the Sponsor.

Others: PRO measures and health economic endpoints were assessed.

Statistical methods: Demographic and safety data were analyzed by descriptive statistics for characteristics measured on a continuous scale and counts and proportions for categorical variables.

SUMMARY

A total of 162 patients were enrolled in the study at the time of study termination. Of these, 153 patients were treated (XIAFLEX, 108; fasciectomy, 26; and needle aponeurotomy, 19). Overall, the mean age of patients was 65.4 years (range 37-92 years) and the majority were male (80.4%) and white (98.0%). The mean number of joints affected by the disease per patient was 3.2, with the severity of the disease rated as moderate or severe by the majority of patients and investigators. Of the 153 treated patients, all received an initial treatment and 18 received additional treatments. The mean duration of study participation was 404.3 days (range 1-725 days).

SAFETY RESULTS:

Two (2) patients died during the study. One patient was a 74-year-old white male who died due to cardiac pulmonary failure which was considered by the investigator as not related to treatment. The patient received 1 cycle of XIAFLEX treatment. The second patient was a 46-year-old white male who received fasciectomy treatment. Cause of death is unknown. There were no discontinuations due to TCIs.

During the study, at least 1 TCI was reported by 48 patients (44.0%) after receiving XIAFLEX treatment, 15 patients (50.0%) after receiving fasciectomy treatment, and 2 patients (10.0%) after receiving needle aponeurotomy treatment. Almost all reported TCIs were considered by the investigator as related to treatment with 43 patients (39.4%) after receiving XIAFLEX treatment, 15 patients (50.0%) after receiving fasciectomy treatment, and 2 patients (10.0%) after receiving needle aponeurotomy treatment reporting at least 1 related TCI. The most common related TCIs after treatment with XIAFLEX during the study were swelling (35 patients [32.1%]), bruising (35 patients [32.1%]), and pain (19 patients [17.4%]); those after receiving fasciectomy treatment were swelling (13 patients [43.3%]), bruising (6 patients [20.0%]), scarring (4 patients [13.3%]), and pain (4 patients [13.3%]); and those after receiving needle aponeurotomy treatment were wound complication/separation (2 patients [10.0%]). Most related TCIs were mild or moderate in severity. Severe, related TCIs were infrequent and were reported by 2 patients (1.8%) after receiving treatment with XIAFLEX (pain, bruising, swelling, and bleeding), 1 patient (3.3%) after receiving fasciectomy treatment (bleeding), and no patient after receiving needle aponeurotomy treatment.

Almost all related TCIs during the study occurred after the initial treatment with a distribution of patients in each arm similar to that observed during the study: XIAFLEX arm (39.8%), fasciectomy arm (50.0%), and needle aponeurotomy arm (10.5%).

After additional treatment, related TCIs were experienced by 3 of 18 patients (16.7%): 1 patient in the XIAFLEX arm reported bruising and swelling; and 2 patients in the fasciectomy arm reported pain, bruising, swelling, bleeding and wound complication/separation.