

ICCTG – BCG / SAS Datasets Documentation

J. Richard Landis, Ph.D.
Liyi Cen, MS.

ICCTG – BCG Study Data Coordinating Center (DCC)
Center for Clinical Epidemiology and Biostatistics (CCEB)
University of Pennsylvania School of Medicine
Philadelphia, PA

Funded by:
National Institute of Diabetes & Digestive & Kidney Diseases
National Institutes of Health

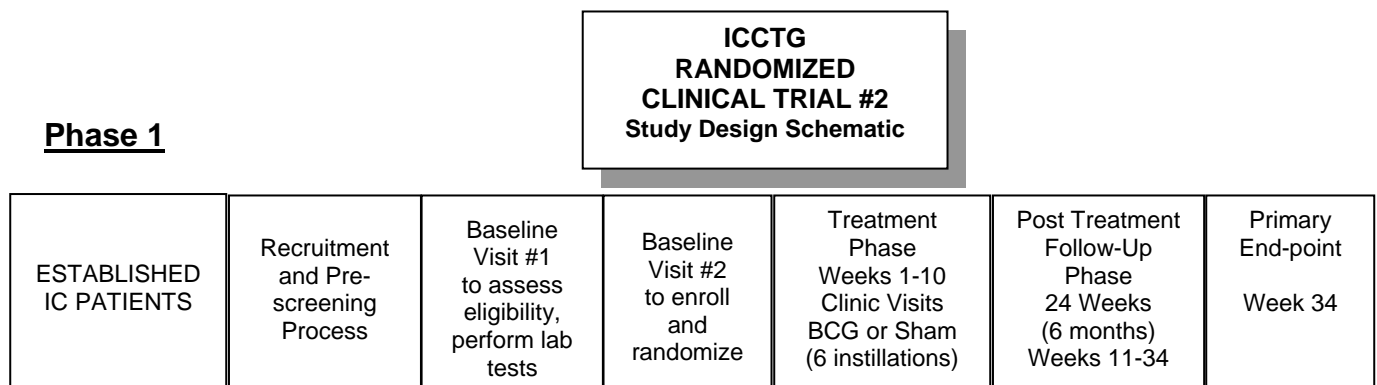
I. Overview of BCG Study

BCG Study Design

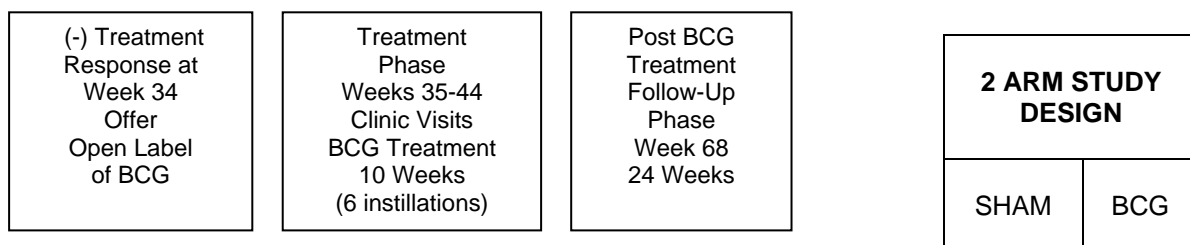
This study utilizes a 2 arm design to evaluate the efficacy of intravesical BCG in patients with interstitial cystitis, as compared to an intravesical placebo.

The study consists of two phases as outlined below. The first phase, consisting of initial treatment and follow-up for primary and secondary endpoints, represents the primary phase of the study. Phase 2-Non-Responders is primarily descriptive, and provides additional information related to open-label BCG treatment for all “non-responders” in Phase 1 who choose to undergo a second course of treatment. Phase 2R-Responders is also primarily descriptive. This phase provides information on the long-term response of those patients determined to be “responders” at the completion of Phase 1 of treatment.

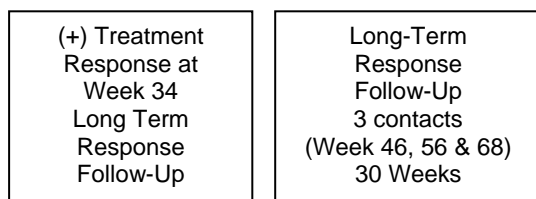
Figure 1



Phase 2 – Non-Responders – Open Label BCG Treatment



Phase 2R – Responders – Long-Term Response



Eligibility Criteria

Inclusion criteria

1. At least 18 years of age.
2. Participant must sign and date the informed consent.
3. Participant must have received a minimum of 12 weeks of treatment with some standard form of therapy or combination of therapies for IC. The treatment must have occurred after diagnosis of IC and administered in response to the patient's IC symptoms. Potential previous therapies include: tricyclic antidepressants, hydroxyzine, other antihistamines, DMSO, pentosanpolysulfate, heparin, NSAIDS, and anticholinergics.
4. Participant (male or female) must agree to use a medically approved method of birth control.
5. Participant must report a urinary frequency of at least 11 times per 24-hour day, on average over the previous four weeks. This frequency criterion must be met at each of the two baseline-screening visits as reported by the participant.
6. Participant must report a pain/discomfort score of 4 or greater on a 0 - 9 Likert scale. This pain/discomfort criterion must be met at each of the two baseline-screening visits.
7. These reported urinary symptoms of frequency and pain/discomfort must have been present for at least the previous 24 weeks prior to the first baseline screening visit.
8. Participants must report in the baseline voiding diary at least one voided volume greater than or equal to 75cc in a 24 hour period.

Exclusion criteria

1. Active tuberculosis that requires ongoing therapy
2. Immunocompromised patients and/or known positive HIV test results.
3. Known allergy to or intolerance of BCG, or any of its components as reported by the participant or derived from their medical records.
4. Previously treated with intravesical BCG.
5. Unable to void spontaneously.
6. Any imminent change in residence, which could compromise compliance.
7. Unlikely to be compliant due to unmanaged medical or psychological problem including dementia, aphasia or other deficits of cognition or speech/language function that will interfere with her/his ability to complete study.
8. Substance abuse or dependency problem within the past 2 years for which patient received no treatment.
9. Severe debilitating concurrent medical conditions including severe coronary artery disease, azotemia, moderate to severe hepatic insufficiency, systemic cancer requiring treatment, or similar severe conditions.
10. Previous treatment with Cytosan[®]/cyclophosphamide.

11. A history of pelvic radiation treatment, bladder calculus, tuberculous cystitis, neurologic disease affecting bladder function, bladder cancer or cancer in situ, or urethral cancer. Any other neoplastic process currently requiring systemic, non-prophylactic treatment.
12. Previous augmentation cystoplasty, cystectomy or cystolysis, neurectomy (i.e. hypogastric nerve plexus ablation) or implanted peripheral nerve stimulator which has affected bladder function.
13. Currently has an active urethral calculus, ureteral calculus, urethral diverticulum.
14. A current history of visicoureteral reflux.

Exclusion criteria for men only:

1. Having a residual urine volume >150 cc by ultrasound or catheter.
2. Currently being treated for chronic bacterial prostatitis as documented by a positive urine culture.
3. History of prostate cancer.

Exclusion criteria for women only:

1. Currently pregnant or breastfeeding.

Deferral criteria

1. If a participant has initiated any new medications for IC during the past 4 weeks, he/she will be deferred until he/she has been on the same dose for at least 4 weeks.
2. Within six weeks prior to study enrollment, if a participant has undergone bladder instrumentation such as urethral dilation, urodynamics, bladder cystoscopy or bladder biopsy under general or regional anesthesia, he/she will be deferred until at least 6 weeks from the date of the procedure.
3. If a participant has undergone hydrodistention within six weeks prior to study enrollment, he/she will be deferred until at least 12 weeks from the date of the procedure.
4. If a participant has had a positive urine culture (100,000 col.ct) during the past 6 weeks, he/she will be deferred until the participant has been without the condition for at least 6 weeks.
5. Participating in another intervention study or received an investigational drug or device within 4 weeks prior to screening.
6. If a participant has active genital herpes or has had active genital herpes during the past 12 weeks, he/she will be deferred until the participant has been without the condition for at least 12 weeks.
7. If a participant has had any intravesical treatment (i.e. DMSO, Heparin, cystostat) other than BCG within 12 weeks prior to study enrollment, he/she will be deferred until at least 12 weeks after the last treatment received.

8. Participants treated with botulinum toxin injections for voiding dysfunction within 24 weeks prior to baseline will be deferred until 24 weeks after last treatment received.
9. History of incontinence surgery or any other bladder or urethral surgery within the past 24 weeks, which could interfere with bladder function.
10. Participants must have been off treatment with pentosan polysulfate (Elmiron®) for a minimum of four weeks prior to randomization.

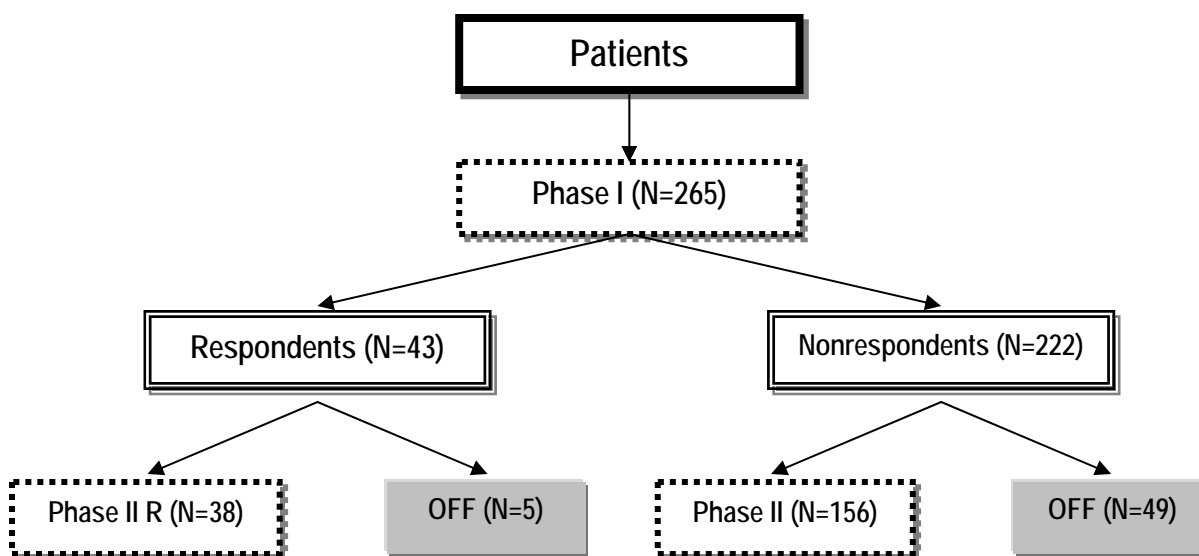
Deferral criteria for women only:

1. If a participant has active vaginitis, she will be deferred until she is free of the condition.
2. If a participant has had any form of transvaginal surgery, hysterectomy, prolapse surgery, vaginal delivery or C-section, she will be deferred until at least 24 weeks from the date of the procedure.
3. Participants must have completed breastfeeding for 24 weeks prior to study enrollment.

Deferral criteria for men only:

1. Having had a TURP, TUIP, TUIBN, TUMT, TUNA, balloon dilation of the prostate, open prostatectomy or any other prostate treatment such as cryotherapy or thermal therapy, participant will be deferred until or at least 24 weeks from the date of the procedure.

Flow of Subjects Through Study Phases



Notes: there are 17 withdrawals included in the Nonresponders.

Type of Data Collected

Final Data Entry Case Report Forms
(See separate documents)

II. SAS Datasets

SAS data set name	II.1.1 Description/Form Title
1. Baseline data sets	
demo_derived.sas7bdat	Demographics Information / DEMO
bsym1_derived.sas7bdat	Baseline visit 1 Symptoms Information / BSYM1
bsym2_derived.sas7bdat	Baseline visit 2 Symptoms Information / BSYM2
med_derived.sas7bdat	Patient Medical History / MED
2. Primary analysis data set	
primaryanaldata.sas7bdat	All baseline information and GRA/Adjudicated GRA information
3. Phase I data sets	
ae_orig_p1.sas7bdat	Adverse events and serious adverse events / AE
aelog_orig_p1.sas7bdat	
cmcd_orig_p1.sas7bdat	Concomitant Medications / CMED
dose_derived_p1.sas7bdat	Instillation/Dosing Information / DOSE
fusym_derived_p1.sas7bdat	Follow-Up Symptoms / FUSYM
mos_derived_p1.sas7bdat	MOS Sexual Functioning Scale / MOS
ptcl_derived_p1.sas7bdat	Participant Close-Out / PTCL
sf36_derived_p1.sas7bdat	Health Status Questionnaire (SF-36TM) / SF36
sstopi_derived_p1.sas7bdat	Study Stop Point / SSTOPI
sym_derived_p1.sas7bdat	Interstitial Cystitis Symptom Index and Problem Index / SYM
tstop_derived_p1.sas7bdat	Treatment Stop Point / TSTOP
void_derived_p1.sas7bdat	Voiding Diary / VOID
voidlog_orig_p1.sas7bdat	Voiding Log data / VOIDLOG
wis_derived_p1.sas7bdat	University of Wisconsin Symptom Survey / WIS
4. Phase II Nonresponders data sets	
ae_orig_p2.sas7bdat	Adverse events and serious adverse events / AE
aelog_orig_p2.sas7bdat	
fusym_derived_p2.sas7bdat	Follow-Up Symptoms / FUSYM
sf36_derived_p2.sas7bdat	Health Status Questionnaire (SF-36TM) / SF36
sstopii_derived_p2.sas7bdat	Study Stop Point / SSTOPII
sym_derived_p2.sas7bdat	Interstitial Cystitis Symptom Index and Problem Index / SYM
tstop_derived_p2.sas7bdat	Treatment Stop Point / TSTOP
void_derived_p2.sas7bdat	Voiding Diary / VOID
voidlog_orig_p2.sas7bdat	Voiding Log data / VOIDLOG
wis_derived_p2.sas7bdat	University of Wisconsin Symptom Survey / WIS
5. Phase II responders data sets	
ae_orig_p2_r.sas7bdat	Adverse events and serious adverse events / AE
aelog_orig_p2_r.sas7bdat	
fusym_derived_p2_r.sas7bdat	Follow-Up Symptoms / FUSYM
sstopii_derived_p2_r.sas7bdat	Study Stop Point / SSTOPII
sym_derived_p2_r.sas7bdat	Interstitial Cystitis Symptom Index and Problem Index / SYM
void_derived_p2_r.sas7bdat	Voiding Diary / VOID
voidlog_orig_p2_r.sas7bdat	Voiding Log data / VOIDLOG
wis_derived_p2_r.sas7bdat	University of Wisconsin Symptom Survey / WIS
6. Biomarker (Phase I) data sets	Refer to protocol section 7: Biomarkers Studies
iowa_lab.sas7bdat	

rochester_lab.sas7bdat	
yale_lab.sas7bdat	
md_apf.sas7bdat	
md_creatinine.sas7bdat	
md_egf.sas7bdat	
md_hb_egf.sas7bdat	
md_dilution_factor.sas7bdat	
md_clinical.sas7bdat	Merged Primaryanaldata with all md(Maryland) data
hbegf_pfu_15_correct4creatinine.sas7bdat	Derived analytic dataset with one record per patient
iowa_pfu_15_correct4creatinine.sas7bdat	Derived analytic dataset with one record per patient