### Study: Wild 2010

**North America (53 study sites)**  
**Europe (36 study sites)**  
**RCT**

**Purpose:** This randomized, open-label phase 3 study assessed the long-term safety and tolerability of tapentadol extended release (ER) in patients with chronic knee or hip osteoarthritis pain or low back pain.

**Inclusion:**  
- Men and nonpregnant, women ≥18 years  
- Clinical diagnosis of moderate to severe knee or hip osteoarthritis pain or low back pain of nonmalignant origin  
- At least 3-month Hx of pain prior to screening  
- Dissatisfied w/ current analgesic therapy

**Exclusion:**  
- Hx of seizure disorder or epilepsy  
- Mild or moderate traumatic brain injury  
- Stroke  
- TIA, or brain neoplasm w/in 1 year of screening  
- Severe traumatic brain injury within 15 years of screening  
- Residual sequelae  
- Hx of alcohol or drug abuse, chronic hepatitis B or C, or HIV  
- Clinically relevant Hx of hypersensitivity, allergy, or contraindication to oxycodone or acetaminophen  
- Previous participation in this study or other studies of tapentadol.

**Population:**  
- Men and women: (57.6%)  
- Mean age: 56.8 (12.51) <65: 72.6%  
- ≥65: 27.4%  
- BMI mean: 31.7 (7.88) Pain intensity score mean: 7.6 (1.54) Pain intensity category - moderate: 10% - severe: 90%  
- Prior opioid experience: 52.9%

**Intervention:**  
- Patients received twice-daily oral doses of tapentadol ER 50 mg for first 3 days of titration period. Doses increased to 100 mg for next 4 days. This was minimum dose for remainder of study. Pts could adjust doses during 51-week maintenance period to achieve an optimal balance of efficacy and tolerability. Max dose 250 mg bid.

**Comparison Treatment = 223**

<table>
<thead>
<tr>
<th>Study</th>
<th>Population</th>
<th>Intervention Groups</th>
<th>Measure</th>
<th>Results</th>
<th>Outcome</th>
</tr>
</thead>
</table>
| **Wild 2010** | N = 1117  
Europe (36 study sites)  
RCT | Treatment = 894  
Tapentadol ER | Gastrointestinal disorders  
Constipation  
Nausea  
Vomiting  
Diarrhea  
Dizziness  
Somnolence  
Headache  
Infections and infestations  
Sinusitis  
Nasopharyngitis  
Psychiatric disorders  
Insomnia  
General disorders and administration site conditions  
Fatigue  
Skin and subcutaneous tissue disorders  
Pruritus | 52%  
22.6%  
18.1%  
7.0%  
9.1%  
14.8%  
14.9%  
13.3%  
29.2%  
3.7%  
5.5%  
21.5%  
6.7%  
20.6%  
9.7%  
16.9%  
5.4% | 46.2% (413/894) |

### Results (general) Comments:

- Most common reason for treatment discontinuation in both treatment groups was AEs (tapentadol ER, 22.7%; oxycodone CR, 36.8%).
- Overall, 85.7% (766/894) of patients in the tapentadol ER group and 90.6% (202/223) of patients in the oxycodone CR group experienced at least 1 TEAE.

- The most common TEAEs (reported by > 10% in either treatment group) included constipation, nausea, dizziness, somnolence, vomiting, headache, fatigue, and pruritus.

- Baseline mean (SE) pain intensity scores in the tapentadol ER and oxycodone CR groups, respectively, were 7.6 (0.05) and 7.6 (0.11); at endpoint, mean (SE) pain intensity scores decreased to 4.4 (0.09) and 4.5 (0.17).

- The incidence of gastrointestinal TEAEs leading to discontinuation was approximately 2.5 times greater in the oxycodone CR group than in the tapentadol ER group, and the incidence of constipation leading to discontinuation was 4.5 times greater in the oxycodone CR group than in the tapentadol ER group.

- The better sideeffect profile and lower rate of study discontinuation may allow for improved treatment adherence and thereby permit the effective management of potentially undertreated chronic pain conditions such as low back and osteoarthritis pain.

**Conclusion:** Tapentadol ER was associated with a lower incidence of gastrointestinal AEs than oxycodone CR, including nausea, vomiting, and constipation, despite the fact that the median duration of treatment was substantially longer with tapentadol ER (268 days) than with oxycodone CR (59 days).