XYLO Study Overview

Switch Study From High-Sodium Oxybate to Low-Sodium Oxybate to Evaluate Blood Pressure Changes in Narcolepsy

XYLO
A BLOOD PRESSURE STUDY FOR PEOPLE WITH NARCOLEPSY

Rationale

People with narcolepsy have a significantly **higher burden of cardiovascular/cardiometabolic (CV/CM) comorbidities and risk of CV events** compared to people without narcolepsy[1-4]

Low-sodium oxybate (calcium, magnesium, potassium, and sodium oxybates) has 92% less sodium, or approximately 1000–1500 mg/night less sodium, than high-sodium oxybate in the recommended dose range of 6–9 g nightly[5,6]

Reducing daily sodium intake from medication (≥1000 mg) by switching to low-sodium oxybate from high-sodium oxybate **may lower blood pressure (BP)**, consistent with evidence on the effects of dietary sodium reduction, which may lead to a lower risk of hypertension and other related CV diseases[7-10]

Purpose

Evaluate effect of switching from high-sodium oxybate to low-sodium oxybate treatment on BP in study participants with narcolepsy (type 1 or type 2)[11]

Primary Endpoint

Evaluate the impact of switching from high-sodium oxybate to low-sodium oxybate on 24-hour ambulatory systolic BP (SBP)[12]

Secondary Endpoints

- Daytime ambulatory SBP
- Seated resting "office" SBP
- Nighttime SBP

Assessments

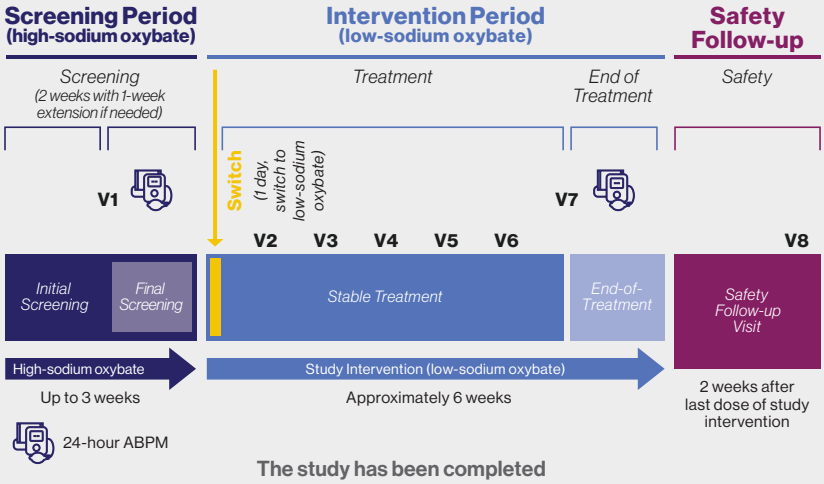
- 24-hour ambulatory BP monitoring (ABPM)
- Seated resting "office" BP measurement
- 24-hour urinary sodium collection[a]
- Patient Global Impression of Severity and Change (diaphoresis, edema, nocturia, enuresis)[a]
- Safety

Inclusion Criteria

- 18–70 years of age
- Diagnosis of type 1 or type 2 narcolepsy*
- Received 6–9 g/night of high-sodium oxybate divided into 2 doses for ≥6 consecutive weeks
- Average screening seated resting ("office") BP: systolic 130–155 mmHg, diastolic ≤95 mmHg[11]

Study Design

- Multicenter, open-label, single-arm, switch study in the US and EU
- Hybrid enrollment permitted on-site or decentralized (at-home) participation
- Duration of study participation was approximately 11 weeks
- 6 weeks, twice-nightly, low-sodium treatment intervention
- An interim analysis was conducted based on prespecified criteria when 75% of the participants completed. If the primary efficacy endpoint was met, enrollment would stop and the interim analysis would represent the final analysis for the study[11]



The study has been completed

*Meeting ICSD-3 or DSM-5 criteria.
ABPM, ambulatory BP monitoring; BP, blood pressure; DSM-5, *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition; EU, European Union; ICSD-3, *International Classification of Sleep Disorders*, third edition; V, visit.

ClinicalTrials.gov Identifier: NCT05869773; XYLO branding is for US material only.

[a]Exploratory endpoint.

References: 1. Ben-Joseph RH, et al. *Sleep*. 2023;46:zsad161. **2.** Mohammadi S, et al. *Sleep Med*. 2021;81:268-284. **3.** Ohayon MM. *Sleep Med*. 2013;14:488-492. **4.** Black J, et al. *Sleep Med*. 2017;33:13-18. **5.** Chen C, et al. *Clin Transl Sci*. 2021;14:2278-2287. **6.** Bogan RK, et al. *Sleep*. 2021;44:zsaa206. **7.** Ma Y, et al. *N Engl J Med*. 2022;386:252-263. **8.** Whelton PK, et al. *Hypertension*. 2018;71:e13-e115. **9.** Aburto NJ, et al. *BMJ*. 2013;346:f1326. **10.** Mozaffarian D, et al. *N Engl J Med*. 2014;371:624-634. **11.** Data on file. Jazz Pharmaceuticals. **12.** White WB, et al. Presented at Associated Professional Sleep Societies; June 1-5, 2024; Houston, TX. Poster 259.

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