

Description

AN AGENT FOR TREATING NOCTURNAL POLLAKIURIA

5 **Technical Field**

[0001]

The present invention relates to an agent for treating nocturnal pollakiuria.

10 **Background Art**

[0002]

Nocturnal pollakiuria is a complaint that one has to wake up one or more times for urinating at night, and is one of the symptoms (urinary urgency, pollakiuria, 15 nocturnal pollakiuria, and urge urinary incontinence) resulting from overactive bladder (OAB). Nocturnal pollakiuria causes nocturnal awakening and is closely associated with sleep disorders, thereby reducing QOL remarkably (Non Patent Literature 1).

20 Desmopressin, which is an agonist of vasopressin V2 receptor, has been known so far as a therapeutic drug for nocturnal pollakiuria: however, desmopressin has a risk of serious adverse reactions such as water intoxication (hyponatremia) and can be administered only to a 25 restricted group of patients (Non Patent Literature 2).

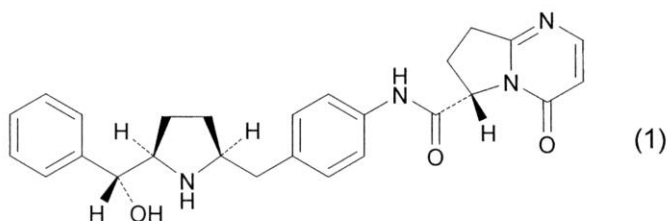
Furthermore, mirabegron, which is an agonist of β_3 adrenergic receptor, can be administered only to a

restricted group of patients. For example,
administration of mirabegron to patients of reproductive
age needs to be avoided (Non Patent Literature 3). There
has been no report on mirabegron indicating a significant
5 difference in therapeutic effect on nocturnal pollakiuria
in Japanese subjects as compared with a placebo (Non
Patent Literatures 4 to 9).

Vibegron (a compound represented by general formula
(1) or expressed as (6S)-N-[4-({(2S,5R)-5-[(R)-
10 hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-
oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-
carboxamide) is known as a compound that is an agonist of
 β 3 adrenergic receptor similarly to mirabegron (Patent
Literature 1).

15 [0003]

[Formula 1]



Citation List

Patent Literature

20 [0004]

Patent Literature 1: International Publication No. WO
2009124167

Non Patent Literature

[0005]

Non Patent Literature 1: Nihon Hainyou Kinou Gakkai
Yakanhinnyou Sinryou Guideline Sakusei Iinkai (in
Japanese) (Preparation Committee on Practice Guideline
5 for Nocturnal Pollakiuria of The Japanese Continence
Society) (2009), Yakanhinnyou Sinryou Guideline Dai 1 Pan
(in Japanese) (Practice Guideline for Nocturnal
Pollakiuria, the first edition).

Non Patent Literature 2: Neurourol Urodyn 2004; 23: 302-
10 305, Package inserts of Minirinmelt OD tablet 60 µg,
Minirinmelt OD tablet 120 µg, and Minirinmelt OD tablet
240 µg, revised in March 2017 (the fourth edition).

Non Patent Literature 3: Package inserts of Betanis (R)
25 mg and Betanis (R) tablet 50 mg, revised in March 2016
15 (the ninth edition).

Non Patent Literature 4: Interview forms of Betanis (R)
tablet 25 mg and Betanis tablet (R) 50 mg, revised in
2016.

Non Patent Literature 5: Neurourology and Urodynamics
20 (2015), 34 (7), 685-692.

Non Patent Literature 6: BJU International (2014), 113
(6), 951-960.

Non Patent Literature 7: International Journal of Urology
(2014), 21 (10), 960-967.

25 Non Patent Literature 8: Neurourology and Urodynamics
(2013), 32 (8), 1116-1122.

Non Patent Literature 9: Journal of Urology (New York, NY, United States) (2013), 189 (4), 1388-1395.

Summary of Invention

5 **Technical Problem**

[0006]

It is an object of the present invention to provide a novel agent for treating nocturnal pollakiuria.

10 **Solution to Problem**

[0007]

The present inventors have conducted extensive studies of a more effective and safe agent for treating nocturnal pollakiuria. Consequently, the present
15 inventors have found that a compound represented by general formula (1), namely, (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide is highly effective as the agent for treating
20 nocturnal pollakiuria and completed the present invention.

[0008]

The present invention includes the following embodiments.

[1] An agent for treating nocturnal pollakiuria
25 comprising (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-

oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide as an active ingredient.

[2] The agent according to [1], wherein the agent for treating nocturnal pollakiuria is administered to a subject belonging to a group of patients whose average value of the frequency of urination at night is 1.0 or more and 1.8 or less.

[3] The agent according to [1] or [2], wherein the agent is administered orally once daily at a daily dosage of 50 mg or more and 100 mg or less of the active ingredient.

[4] An agent for nocturnal pollakiuria comprising (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide as an active ingredient, wherein the agent is administered to an Asian.

[5] An agent for treating nocturnal pollakiuria comprising (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide as an active ingredient, wherein the agent is administered to a Japanese.

[6] An agent for treating sleep disorder associated with nocturnal pollakiuria comprising (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide as an active ingredient.

[7] The agent according to any one of [1] to [6], wherein the nocturnal pollakiuria is nocturnal pollakiuria without nocturnal polyuria.

[8] A method for treating nocturnal pollakiuria,
5 comprising administering to a subject in need thereof
(6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide in an effective amount to treat nocturnal
10 pollakiuria.

[9] The method according to [8], wherein (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide is administered to a subject
15 belonging to a group of patients whose average value of the frequency of urination at night is 1.0 or more and 1.8 or less.

[10] The method according to [8] or [9], wherein (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide is administered orally once
20 daily at a daily dosage of 50 mg or more and 100 mg or less.

[11] Use of (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-

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carboxamide in the manufacture of a medicament for treating nocturnal pollakiuria.

[12] The use according to [11], wherein (6S)-N-[4-({ (2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide is administered to a subject belonging to a group of patients whose average value of the frequency of urination at night is 1.0 or more and 1.8 or less.

10 [13] The use according to [11] or [12], wherein (6S)-N-[4-({ (2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide is administered orally once daily at a daily dosage of 50 mg or more and 100 mg or less.

15 [14] A compound (6S)-N-[4-({ (2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide for treating nocturnal pollakiuria.

20 [15] The compound for treating nocturnal pollakiuria according to [14], wherein the compound is administered to a subject belonging to a group of patients whose average value of the frequency of urination at night is 1.0 or more and 1.8 or less.

25 [16] The compound for treating nocturnal pollakiuria according to [14] or [15], wherein the compound is

administered orally once daily at a daily dosage of 50 mg or more and 100 mg or less.

Advantageous Effects of Invention

5 [0009]

The agent of the present invention has an excellent effect of reducing the frequency of urination at night, and thus, can be used advantageously as the agent for treating nocturnal pollakiuria.

10

Brief Description of Drawings

[0010]

[Figure 1] Figure 1 is a graph showing the least squares mean (ΔLS_{mean}) of the amount of change from baseline in the frequency of urination at night after 12 weeks of administration.

[Figure 2] Figure 2 is a graph showing the least squares mean (ΔLS_{mean}) of the amount of change from baseline in the single voided volume at night after 12 weeks of administration in a group of patients whose frequency of urination at night is one or more times per day at baseline.

[Figure 3] Figure 3 is a graph showing the least squares mean (ΔLS_{mean}) of the amount of change from baseline in the time to first awakening (HUS: hours of undisturbed sleep) after 12 weeks of administration in a group of

patients whose frequency of urination at night is one or more times per day at baseline.

[Figure 4] Figure 4 is a graph showing the least squares mean (ΔLS_{mean}) of the amount of change from baseline in the first voided volume at night after 12 weeks of administration in a group of patients whose frequency of urination at night is one or more times per day at baseline.

10 **Description of Embodiments**

[0011]

Hereinafter, an embodiment of the present invention will be described in detail, but the present invention is not limited to this embodiment.

15 As used herein, "nocturnal pollakiuria" refers to a condition in which one has to wake up one or more times for urinating at night. "At night" refers to the period of time between when one goes to bed to sleep and when one wakes up and gets out of bed.

20 Parameters for expressing the level of nocturnal pollakiuria include "frequency of nocturnal pollakiuria" and "frequency of urination at night." The former represents the frequency of urination that was recorded during sleep at night, provided that one is sleeping
25 before and after urination. Therefore, the number of times when one was unable to sleep after getting into bed and went to the toilet is not counted in the "frequency

of nocturnal pollakiuria." On the other hand, the latter represents the frequency of urination between the timepoint when one went to bed for sleeping and the timepoint when one got up (got out of bed) for rising.

5 Therefore, urination that was done after going to bed and before falling asleep and urination that was done after awaking and urinating early morning and before falling asleep again are counted in the frequency of urination at night. Herein, the frequency of urination at night is
10 used to evaluate the level of nocturnal pollakiuria.

As used herein, "treatment" refers to alleviating or reducing at least one of the diseases or conditions of a subject.

[0012]

15 The agent for treating nocturnal pollakiuria of the present invention relaxes the bladder, thereby enhancing urine storage function thereof. Therefore, the agent is preferably used for "nocturnal pollakiuria associated with a reduced capacity of the bladder", and is more
20 preferably used for "nocturnal pollakiuria associated with overactive bladder."

[0013]

The agent for treating nocturnal pollakiuria of the present invention is preferably administered to a human.
25 In this specification, examples of the human include an Asian, a Caucasian, a colored person, an African American, and a Hispanic. The agent for treating nocturnal

pollakiuria of the present invention is preferably administered to an Asian, and more preferably administered to a Japanese (A significant difference compared with a placebo was seen when the agent for treating nocturnal pollakiuria of the present invention was administered to a Japanese).

[0014]

An "Asian" as used herein is synonymous with the term generally used in clinical studies and examples thereof include a Taiwanese, a Korean, a Chinese, and a Japanese.

[0015]

A "Japanese" as used herein is synonymous with the term generally used in clinical studies, and has a narrower meaning compared with a generally used definition of a Japanese, which is based on nationality. More specifically, the "Japanese" as used herein refers to a person whose parents and grandparents are not a foreigner. Therefore, a person whose at least one of the father and the mother is a foreigner and a person whose at least one of the grandfathers and the grandmothers is a foreigner are excluded from the definition of "Japanese" used herein.

[0016]

An "average value of the frequency of urination at night" as used herein refers to an average value of the frequency of urination between when one goes to bed to

sleep and when one wakes up and gets out of bed. This average value is zero or more and less than one in a population of healthy subjects and is 1.0 or more in a population of patients with nocturnal pollakiuria. A
5 group of patients with a higher numerical value is a group of patients with severer nocturnal pollakiuria. The agent for treating nocturnal pollakiuria of the present invention is more effective for a group of patients with mild to severe nocturnal pollakiuria, and
10 preferably is administered to a subject belonging to a group of patients whose average value of the frequency of urination at night is 1.0 or more. For example, the agent is administered to a subject belonging to a group of patients whose average value of interest is more
15 preferably 1.0 or more and 1.8 or less, even more preferably 1.2 or more and 1.8 or less, and particularly preferably 1.3 or more and 1.7 or less. In this context, the "average value of the frequency of urination at night" may be referred to as "average frequency of
20 urination at night."

[0017]

A "single voided volume at night" as used herein refers to a voided volume per urination at night.

[0018]

25 "Time to first awakening" as used herein may be referred to as HUS (hours of undisturbed sleep) and

refers to time from falling asleep to first awakening to urinate.

[0019]

A "first voided volume at night" as used herein
5 refers to a voided volume of the first urination at night.

[0020]

A pharmaceutical composition comprising a
pharmaceutically acceptable additive may be used as an
agent for treating nocturnal pollakiuria comprising (6S)-
10 N-[4-({ (2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide as an active ingredient.

Examples of the pharmaceutically acceptable additive
include an excipient, a lubricant, a binder, a
15 disintegrant, a stabilizer, a flavoring agent, and a
diluent. These additives are not particularly limited as
long as they can be used for manufacturing a
pharmaceutical preparation, and for example, those listed
in "Japanese Pharmaceutical Excipients Directory
20 (International Pharmaceutical Excipients Council Japan,
Yakuji Nippo, Limited (2016)) can be used as appropriate.

"Comprising (6S)-N-[4-({ (2S,5R)-5-[(R)-
hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-
oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-
25 carboxamide as an active ingredient" means that any
substance can be used as long as the substance comprises
(6S)-N-[4-({ (2S,5R)-5-[(R)-

hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-
oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-
carboxamide as an active ingredient. Thus, a
pharmaceutically acceptable salt or a cocrystal thereof
5 may be administered when administered to a subject.

The pharmaceutically acceptable salt of (6S)-N-[4-
({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-
yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-
a]pyrimidine-6-carboxamide means a salt with a
10 pharmaceutically acceptable nontoxic acid (for example,
an organic acid or an inorganic acid). Examples of the
salt with a pharmaceutically acceptable nontoxic acid
include an acid addition salt with a mineral acid such as
hydrochloric acid, hydrobromic acid, sulfuric acid, and
15 nitric acid and an acid addition salt with an organic
acid such as formic acid, acetic acid, maleic acid,
fumaric acid, succinic acid, lactic acid, malic acid,
tartaric acid, citric acid, methanesulfonic acid, p-
toluenesulfonic acid, salicylic acid, stearic acid, and
20 palmitic acid.

The pharmaceutically acceptable cocrystal of (6S)-N-
[4-((2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-
yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-
a]pyrimidine-6-carboxamide means a cocrystal with a
25 generally used cocrystal former. Examples of the
generally used cocrystal former include those described
in WO 2004078163.

Furthermore, (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide or a pharmaceutically acceptable salt thereof
5 may exist as a hydrate.

Furthermore, (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide or a pharmaceutically acceptable salt thereof
10 may exist in a plurality of crystal forms or non-crystal (amorphous) forms, and any of the crystal forms or non-crystal forms may be administered.

[0021]

The agent of this embodiment can be administered to
15 a subject such as a human by applying a form and an administration route that are conventionally well known in the pharmaceutical field. For example, the agent can be administered orally or parenterally as a formulation such as a powder, a tablet, a capsule, a fine granule, a
20 granule, a syrup, an injection, an ophthalmic solution, an aqueous nasal drop, an aqueous ear drop, and an inhalation solution. Specifically, the agent of this embodiment can be produced for example in the dosage form as described above by mixing the active ingredient with a
25 carrier, an excipient, a binder, a diluent, and the like that are physiologically acceptable.

[0022]

In order that the agent of this embodiment can exert a medicinal effect and reduce adverse reactions, a daily dosage of (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide is preferably 10 mg or more and 250 mg or less, for example in the case of oral administration. The daily dosage is more preferably 30 mg or more and 160 mg or less, even more preferably 40 mg or more and 150 mg or less, and still more preferably 50 mg or more and 100 mg or less. More specific examples of the daily dosage include 50 mg, 62.5 mg, 75 mg, 87.5 mg, and 100 mg, among which 50 mg is more preferable. The daily dosage may be increased up to 100 mg depending on the symptoms.

Although the daily dosage may be administered as a single dose or as two to three divided doses, a once daily dosing is preferable.

When the pharmaceutically acceptable salt, cocrystal, or hydrate of (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide is used, the above daily dosage is an amount in terms of free form thereof.

The "free form" refers to (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl)-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide not in any form of a salt, a

cocrystal, or a hydrate, and is a compound whose molecular formula is $C_{26}H_{28}N_4O_3$ and molecular weight is 444.53.

[0023]

5 This embodiment can provide an agent for treating nocturnal pollakiuria that is excellent in efficacy and safety.

 Furthermore, one aspect of the present invention relates to a method for treating nocturnal pollakiuria, comprising administering to a subject in need thereof
10 (6S)-N-[4-({ (2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide in an effective amount to treat nocturnal
15 pollakiuria.

 Furthermore, one embodiment of the present invention relates to a use of (6S)-N-[4-({ (2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-
20 carboxamide in the manufacture of a medicament for treating nocturnal pollakiuria.

 Furthermore, one aspect of the present invention relates to (6S)-N-[4-({ (2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-
25 carboxamide for treating nocturnal pollakiuria.

Again, in these aspects, any substance can be used as long as (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide is used as the active ingredient. Thus, a pharmaceutically acceptable salt or a cocrystal thereof may be administered when administered to a subject.

Examples

10 [0024]

The present invention will be described in more detail with reference to the following Examples, but these Examples are not intended to limit the scope of the present invention.

15 Vibegron (compound represented by general formula (1) or (6S)-N-[4-({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl)phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-carboxamide) was produced according to the method disclosed in WO 2009124167. A formulation to be administered orally to patients was produced by using an additive and a production method that were generally used.

[0025]

The efficacy of vibegron on nocturnal pollakiuria in OAB patients was evaluated in a twelve-week randomized, double-blind, placebo-controlled, parallel-group study.

[0026]

Japanese OAB patients received either vibegron (50 mg/day or 100 mg/day) or a placebo for 12 weeks. Both 50 mg/day of vibegron and 100 mg/day of vibegron were orally administered in the form of a tablet once daily after
5 breakfast. Table 1 shows the demographic characteristics of subjects. There was no difference among the dose groups in terms of subject background such as gender, age, and BMI.

[0027]

10 The therapeutic effect of vibegron on nocturnal pollakiuria in OAB patients was evaluated based on an average frequency of urination at night, which was determined by using a urination diary to investigate the frequency of urination for three days prior to visits.
15 In this context, nighttime is defined as the period of time between when one goes to bed to sleep and when one wakes up and gets out of bed. The evaluation results are shown in Table 2 and Figure 1. Constrained longitudinal data analysis model (cLDA) was used for statistical
20 analysis to estimate the least squares mean and the two-sided 95% confidence interval of each group. Furthermore, the cLDA method was used to estimate the least squares mean difference at evaluation times between the 50 mg or 100 mg vibegron groups and the placebo group and the two-
25 sided 95% confidence intervals thereof, thereby testing the least squares mean difference compared with placebo.

[0028]

Numerical values in Table 2 represent the average of the frequency of urination at night at baseline (before drug administration), the least squares mean of the amount of change from baseline in the average frequency of urination at night after 12 weeks of administration, the least squares mean of difference in the amount of change between the vibegron groups and the placebo group, and p-values. In this regard, when the amount of change is less than 0, the smaller value represents a greater therapeutic effect. Furthermore, a p-value less than 0.05 indicates that there is a significant difference between the vibegron groups and the placebo group.

"Patients whose frequency of urination at night is not zero at baseline" are represented as a main subject population, and other "patients whose frequency of urination at night is one or more times at baseline" and "patients whose frequency of urination at night is two or more times at baseline" are represented as populations who have more prominent symptoms of nocturnal pollakiuria.

Figure 1 is a graph in which the numerical values represent the least squares mean (ΔLS_{mean}) of the amount of change from baseline in the frequency of urination at night after 12 weeks of administration.

[0029]

[Table 1]

Demographic Characteristics				
	Item	Vibegron 50mg Number of subjects: 370	Vibegron 100mg Number of subjects: 368	Placebo Number of subjects: 369
Gender	Number of female subjects (%)	334 (90.3)	330 (89.7)	333 (90.2)
	Number of male subjects (%)	36 (9.7)	38 (10.3)	36 (9.8)
Age	Mean value $\pm$ standard deviation	58.0 $\pm$ 11.8	58.7 $\pm$ 11.1	58.9 $\pm$ 11.8
BMI (kg/cm ²)	Mean value $\pm$ standard deviation	23.00 $\pm$ 4.00	23.15 $\pm$ 4.16	23.22 $\pm$ 3.96
OAB Disease duration (months)	Mean value $\pm$ standard deviation	58.3 $\pm$ 63.2	69.8 $\pm$ 75.2	58.2 $\pm$ 59.3

[0030]

[Table 2]

The Amount of Change from Baseline in the Frequency of Urination at Night after 12 Weeks of Administration						
Subject population	Dose group	Number of subjects	Average at baseline	Amount of change	Difference in amount of change (vibegron group - placebo group)	
				Least squares mean (95% confidence interval)	Least squares mean (95% confidence interval)	p-value
Patients whose frequency of urination at night is not zero at baseline	Vibegron 50 mg	312	1.37	-0.58 (-0.65, -0.51)	-0.11 (-0.21, -0.02)	0.0158
	Vibegron 100 mg	304	1.36	-0.62 (-0.70, -0.55)	-0.16 (-0.25, -0.06)	0.0012
	Placebo	313	1.41	-0.47 (-0.54, -0.40)		
Patients whose frequency of urination at night is one or more times at baseline	Vibegron 50 mg	227	1.69	-0.74 (-0.82, -0.65)	-0.16 (-0.28, -0.04)	0.0073
	Vibegron 100 mg	218	1.69	-0.78 (-0.87, -0.70)	-0.21 (-0.33, -0.09)	0.0007
	Placebo	224	1.75	-0.58 (-0.66, -0.49)		
Patients whose frequency of urination at night is two or more times at baseline	Vibegron 50 mg	80	2.45	-1.00 (-1.17, -0.83)	-0.15 (-0.38, 0.08)	0.2051
	Vibegron 100 mg	76	2.51	-1.16 (-1.34, -0.99)	-0.31 (-0.55, -0.08)	0.0093
	Placebo	80	2.60	-0.85 (-1.02, -0.68)		

5 [0031]

As can be seen from Table 2 and Figure 1, the 50 mg vibegron group and the 100 mg vibegron group exhibited a significant therapeutic effect on nocturnal pollakiuria in the patients who urinated at night (whose frequency of urination at night was not zero at baseline) compared with the placebo group. Furthermore, the vibegron groups also exhibited an excellent therapeutic effect on nocturnal pollakiuria in the populations having more prominent symptoms of nocturnal pollakiuria whose frequency of urination at night was one or more times or two or more times (one or more at baseline). It was found from the results described above that vibegron

served as a highly effective therapeutic agent on nocturnal pollakiuria.

[0032]

As is shown in Figure 2, the single voided volume at night of the group of patients whose frequency of urination at night was one or more times per day (one or more at baseline) increased significantly in the 50 mg vibegron group (+47.85 mL) and the 100 mg vibegron group (+58.14 mL) compared with the placebo group (+19.42 mL). This result suggests that increase in the single voided volume at night possibly contributed to reduction in the frequency of urination at night.

[0033]

Furthermore, as is shown in Figure 3, the time to first awakening of the group of patients whose frequency of urination at night was one or more times per day (one or more at baseline) was extended in the 50 mg vibegron group (81.79 minutes) and more significantly in the 100 mg vibegron group (90.95 minutes) compared with the placebo group (65.08 minutes). Furthermore, as is shown in Figure 4, the first voided volume at night of the group of patients whose frequency of urination at night was one or more times per day (one or more at baseline) was increased significantly in the 50 mg vibegron group (48.71 mL) and the 100 mg vibegron group (71.42 mL) compared with the placebo group (24.80 mL).

[0034]

[Table 3]

Parameters	Vibegron 50 mg			Vibegron 100 mg		
	n	$\rho^{\dagger}$	p-value	N	$\rho^{\dagger}$	p-value
(1) Time to first awakening vs. frequency of urination at night	224	-0.670	<0.001	208	-0.622	<0.001
(2) Time to first awakening vs. first voided volume at night	224	0.419	<0.001	208	0.423	<0.001

†: Spearman's rank correlation coefficient

[0035]

5 It is found from Table 3 that there is positive correlation between the time to first awakening and the first voided volume at night (50 mg vibegron group: $\rho = 0.419$, 100 mg vibegron group: $\rho = 0.423$). It is also found that there is negative correlation between the time

10 to first awakening and the frequency of urination at night (50 mg vibegron group: $\rho = -0.670$, 100 mg vibegron group: $\rho = -0.622$). The time to first awakening has been reported to be important for ensuring quality of sleep (Eur. Urol. Suppl. 2006; 5: 3-11), and moreover, it has

15 been suggested that the first three hours of sleep contribute to quality of sleep (Sleep 1991; 14: 294-306). As described above, nocturnal pollakiuria greatly affects sleep and reduces QOL of patients. Considering this, vibegron is also promising as an agent for treating sleep

20 disorders resulting from urination at night, since vibegron increases time to first awakening by reducing the frequency of urination at night as well as increasing the first voided volume at night.

[0036]

The groups of patients whose frequency of urination at night was one or more times per day at baseline were compared based on the presence or absence of nocturnal polyuria.

5 In the group of patients with nocturnal pollakiuria without nocturnal polyuria, the frequency of urination at night was significantly reduced in the 50 mg vibegron group and the 100 mg vibegron group compared with the placebo group; and the single voided volume at night was
10 significantly increased in the 50 mg vibegron group and the 100 mg vibegron group compared with the placebo group. On the other hand, in a group of patients with nocturnal pollakiuria with nocturnal polyuria, the frequency of urination at night was reduced in the 50 mg vibegron
15 group and the 100 mg vibegron group compared with the placebo group but the difference was not significant. However, the single voided volume at night was significantly increased in the 50 mg vibegron group and the 100 mg vibegron group compared with the placebo group.
20 [0037]

Desmopressin, which is an agonist of vasopressin V2 receptor, has been known so far as a drug for treating nocturnal pollakiuria: however, desmopressin has a risk of serious adverse reactions such as water intoxication
25 (hyponatremia) and can be administered only to a restricted group of patients (Neurourol Urodyn 2004; 23: 302-305, Package inserts of Minirinmelt OD tablet 60 µg,

Minirinmelt OD tablet 120 µg, and Minirinmelt OD tablet
240 µg, revised in March 2017 (the fourth edition)). In
contrast, vibegron can be administered to more patients
with nocturnal pollakiuria, since it is a highly safe
5 compound, and thus, vibegron is an excellent agent for
treating nocturnal pollakiuria.

Industrial Applicability

[0038]

10 This embodiment can provide a novel agent for
treating nocturnal pollakiuria comprising (6S)-N-[4-
({(2S,5R)-5-[(R)-hydroxy(phenyl)methyl]pyrrolidin-2-
yl)methyl}phenyl]-4-oxo-4,6,7,8-tetrahydropyrrolo[1,2-
a]pyrimidine-6-carboxamide and is industrially useful.

15

Claims

[Claim 1]

An agent for treating nocturnal pollakiuria
5 comprising (6S)-N-[4-({(2S,5R)-5-[(R)-
hydroxy(phenyl)methyl]pyrrolidin-2-yl)methyl}phenyl]-4-
oxo-4,6,7,8-tetrahydropyrrolo[1,2-a]pyrimidine-6-
carboxamide as an active ingredient.

10 [Claim 2]

The agent according to claim 1, wherein the agent
for treating nocturnal pollakiuria is administered to a
subject belonging to a group of patients whose average
value of the frequency of urination at night is 1.0 or
15 more and 1.8 or less.

[Claim 3]

The agent according to claim 1 or 2, wherein the
agent is administered orally once daily at a daily dosage
20 of 50 mg or more and 100 mg or less of the active
ingredient.