VI.2 Elements for a Public Summary

VI.2.1 Overview of disease epidemiology

There are no regional differences in the incidence or prevalence of acute viral rhinosinusitis between different regions in Europe or differences which can be attributed to sex or ethnic origin.
School children are affected by episodes of acute viral rhinosinusitis more often than adults.

In Germany, from July 2000 to June 2001, 6.3 million separate diagnoses of acute rhinosinusitis were identified resulting in 8.3 million prescriptions. It has been estimated that adults suffer two to five episodes of acute viral rhinosinusitis per year and school children may suffer seven to ten episodes per year (Bachert et al., 2003). Prevalence rates vary from 6-12% depending on the parameters assessed in the study. Prevalence of the disease varies with season (higher in winter months).

VI.2.2 Summary of treatment benefits

A double-blind, randomised trial (ARhiSi-1) was conducted to prove efficacy and safety of Sinupret extract in the indication acute rhinosinusitis. The trial was designed as a confirmatory dose-finding phase III trial, in which the safety and efficacy of two dosages of Sinupret extract (240 mg/day and 480 mg/day) was assessed in comparison to placebo. A total of 455 were treated with BNO 1016 or placebo for a period of 15 days. Primary endpoint was the symptom intensity measured as the major symptom score (MSS), assessed by the investigator at Visit 1 to 5. The respective statistical parameter was calculated as area under the curve (AUC). The resulting relative differences of 6.9% and 5.6% for the AUC for the 240 mg – placebo and the 480 mg – placebo comparisons were too small to reach statistical significance (0.0510 and 0.0325 for 240 mg and 480 mg BNO-1016, respectively (1-sided p-values)).

A double-blind, randomised trial (ARhiSi-2) was conducted to prove efficacy and safety of Sinupret extract in the indication acute rhinosinusitis. The trial was designed as a confirmatory phase III trial, in which the safety and efficacy of Sinupret extract at a dose of 480 mg/day was assessed in comparison to placebo. A total of 386 patients were treated with BNO 1016 or placebo for a period of 15 days. Primary endpoint was the residual symptom intensity at end of treatment. Symptom intensity was measured as the major symptom score (mean MSS). The result of the trial showed that the treatment resulted in a statistically significant difference of 1.03 ± 0.24 (SEM) score points (p=0.0008, FAS) at end of therapy in favour of Sinupret extract. The result exceeded the prospectively defined threshold for clinical relevance (Jund et al., 2012).

VI.2.3 Unknowns relating to treatment benefits

In the ARhiSi-1 and ARhiSi-2 trials nearly all patients were white female and male Caucasians aged between 18 and 75 years. There is no evidence to suggest that results would be any different in non-white patients. There is no evidence for safety and efficacy of Sinupret extract in a younger population (Jund et al., 2012).

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Gastrointestinal disorders: e.g. nausea, flatulence, diarrhoea, dryness of the mouth, stomach ache	Gastrointestinal disorders are common and generally mild to moderate in intensity.	Do not take Sinupret extract in case of peptic or duodenal ulcer. Caution is recommended in case of known gastritis and patients with a sensitive stomach. They should take Sinupret extract preferably after meal with a glass of water.

Risk	What is known	Preventability
Hypersensitivity reactions of the skin (e.g. rash, skin redness, itching)	Hypersensitivity reactions of the skin are uncommon and generally mild to moderate in intensity.	Do not take Sinupret extract if you are allergic (hypersensitive) to the active substances or to any of the other ingredients of this medicine. In case of first signs of a hypersensitivity or allergic reaction Sinupret extract must not be taken again.
Severe allergic reactions (swelling of the lips, tongue and throat and/or larynx with narrowing of the airways, shortness of breath, face swelling)	The frequency of severe allergic reactions is not known (frequency rates cannot be evaluated on the basis of the available data).	

Important potential risks

None

Important missing information

None

VI.2.5 Summary of risk minimisation measures by safety concern

Details on how to use the medicine, the expected risks and recommendations for minimising them are clearly represented in the Summary of Product Characteristics (SPC) and the Package leaflet (PIL) of Sinupret extract.

The Summary of Product Characteristics and the Package leaflet for Sinupret extract can be found in the Sinupret extract's EPAR page

Routine risk minimisation activities are deemed to be sufficient without the need for additional risk minimisation activities.

VI.2.6 Planned post authorisation development plan

Not applicable

VI.2.7 Summary of changes to the Risk Management Plan over time

Not applicable