However, the incidence of postoperative side effects like sedation, dizziness and visual blurring were more in patients who received pregabalin 300 mg.

[SNACC-55] Intrapatient Variability of the Pupillary Pain Index to Remifentanil

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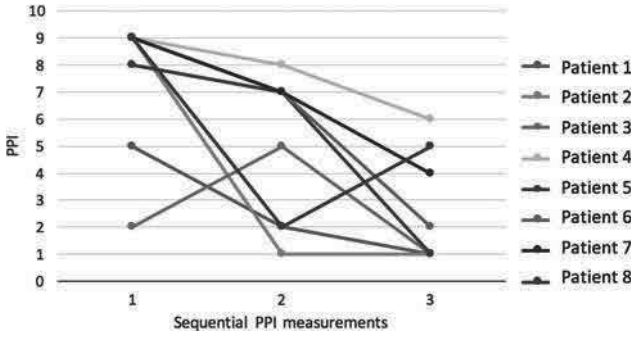

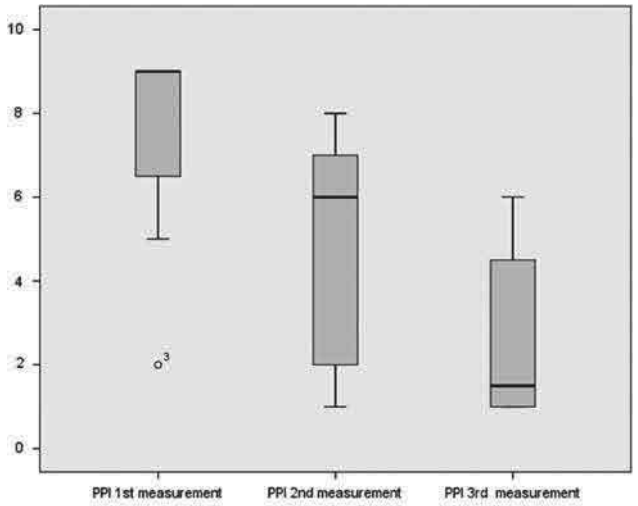

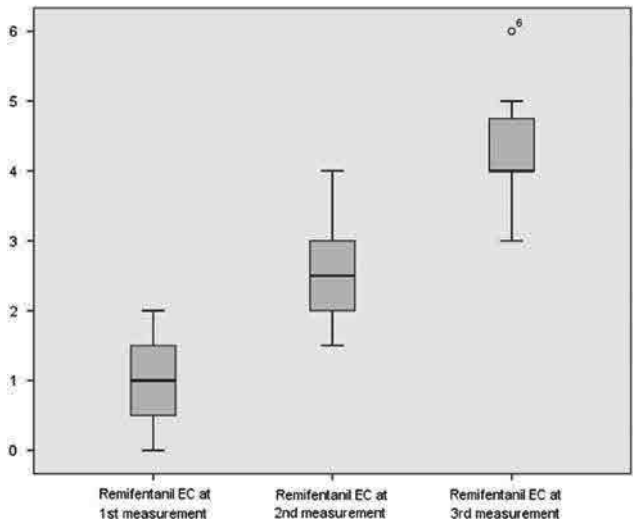

Background: Current PKPD models used by the TCI systems integrate information from covariate factors such as age, weight, height, sex, to decrease variability in the expected response. In our study, we evaluated if Pupillary Pain Index (PPI) could accompany the changes within the same subjects, produced by shifting the target concentrations of Remifentanil through a TCI system with the Minto Model.
Methods: This is an observational prospective study, where 8 patients undergoing neurosurgical procedures with general anesthesia were included. Propofol and remifentanil were administered using TCI system. After loss of consciousness, effect site concentration of remifentanil was increased until the analgesic level was deemed adequate for intubation. Measurements of the analgesic effect were based on the Pupillary Dilation Response determined through pupillometry using AlgiScan and the PPI. The PPI consists in measuring the changes in pupillary dilation in response to a continuously increasing electric stimulus discharge, which then assigns scores from 1 (when pupillary dilation is <5% despite maximal tetanic stimulation intensity) to 10 (when pupillary dilation rises above 13% with the 10 mA). Data analysis was done using Friedman test on SPSS version 22 and data are mean ± SD or %.
Results: Figure 1 shows the PPI trend for each individual across the different measurements with increasing remifentanil. Group analysis of remifentanil effect-site concentrations and PPI measurements are depicted in Figure 2. PPI values were significantly different for each measurement (nonparametric 2-way ANOVA, $P = 0.003$). Remifentanil and propofol estimated concentrations were also different between measurements (Friedman test, $P < 0.001$).
Conclusions: For each individual, increasing the effect site concentrations of remifentanil produced an accompanying change in the PPI measurement. These results show that PPI has the ability to react to the changes produced, within the same patient, by setting different effect-site concentration targets of remifentanil using the Minto Model.
Acknowledgements: LAETA-INEGI.

[SNACC-56] A Proof of Concept Study to Evaluate the Administration of CN-105 in Participants With Acute Supratentorial Intracerebral Hemorrhage (CATCH Trial)

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Background: There is an unmet medical need for a pharmacological intervention to improve outcomes after acute primary intracerebral hemorrhage (ICH). We developed a novel therapeutic approach based on the known biological function of endogenous apolipoprotein E (apoE). ApoE is a key mediator of the neuroinflammatory response and modifies recovery from a variety of acute and chronic brain injuries. Unfortunately, intact apoE holoprotein does not cross the blood-brain barrier (BBB) and cannot be administered as a neurotherapeutic. However, we have previously demonstrated that smaller apoE-mimetic peptides cross the BBB and effectively downregulate neuroinflammatory responses in vitro and in vivo. CN-105, our lead clinical candidate, is a small, 5-amino acid apoE-mimetic peptide that is derived from the receptor-binding region of apoE. CN-105 retains the anti-inflammatory and neuroprotective effects of intact apoE, was well tolerated in preclinical studies, readily crosses the BBB, and demonstrates excellent pharmacokinetic, safety, and tolerability profiles in phase 1 studies.
Objectives: Primary: to assess safety of CN-105 administration in primary ICH. Secondary: to evaluate effects of CN-105 administration on 30-day mortality and functional outcomes. Exploratory: to investigate feasibility of radiographic surrogates of clinical outcomes using perihematomal edema measurements on day 0, 1, 2, and 5 noncontrast head computed tomography and 72-hour magnetic resonance imaging, and to investigate feasibility of using serial biochemical markers of neuroinflammation and neuronal injury as a surrogate measures of perihematomal edema and clinical outcome.
Methods: This is a multicenter, open-label phase 2a trial of CN-105 in patients with acute primary supratentorial ICH. A total of 45 male and