C87044, 2005-005525-63

CLINICAL STUDY REPORT SYNOPSIS

———————————————————————————————————

Sponsor:

UCB S.A. – Pharma Sector

Chemin du Foriest

1420 Braine-L'Alleud

Belgium

Official study title:

Follow-up of Study C87040: Multicentre, double-blind study to describe the efficacy and safety of retreatment with CDP870 (certolizumab pegol) subcutaneous at 2 different dose regimens (400 mg initial dose at Week 0 with 200 mg every 2 weeks thereafter and 400 mg every 2 weeks) or placebo for 12 weeks, in subjects suffering from moderate-to-severe chronic plaque psoriasis who are candidates for systemic therapy and/or phototherapy and/or photochemotherapy, having responded to treatment in Study C87040 and having subsequently relapsed

2. SYNOPSIS

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

Title of Study:*
Follow-up of Study C87040: Multicentre, double-blind study to describe the efficacy and safety of re-treatment with CDP870 (certolizumab pegol) subcutaneous at 2 different dose regimens (400 mg initial dose at Week 0 with 200 mg every 2 weeks thereafter and 400 mg every 2 weeks) or placebo for 12 weeks, in subjects suffering from moderate-to-severe chronic plaque psoriasis who are candidates for systemic therapy and/or phototherapy and/or photochemotherapy, having responded to treatment in Study C87040 and having subsequently relapsed.

Investigator(s):
Eleven investigators participated in this study. One investigator participated in 2 centres.

Study Centre(s):
The study was conducted at 12 centres in total. Four centres were in [redacted], and 8 centres were in [redacted]

Publication:
None at this time

Studied Period (years):	**Phase of Development:**
From Q1 2006 to Q2 2007	Therapeutic exploratory study / Phase II

Objectives:
The primary objective of this study was to assess the difference in PASI scores between Week 12 score of the first Study C87040 and Week 12 score of re-treatment Study C87044.

The secondary objectives were as follows:
- to assess the effect of re-treatment on psoriasis using PASI score, PGA score, and BSA affected by psoriasis.
- to assess time to discontinuation from re-treatment due to lack of efficacy.
- to assess best re-treatment effect.
- to assess the pharmacokinetic (PK) profile of CDP870 and the development of anti-CDP870 antibodies.
- to assess the safety and tolerability of CDP870.

Efficacy, PK and safety were analysed using data for subjects who participated in both Studies C87040 and C87044.

The exploratory objective was as follows:
- to assess Health-Related Quality of Life (HRQOL).

Methodology:
This was a multicentre, double-blind follow-up study to C87040. Subjects received the same treatment regimens in C87044 as they had received in C87040: CDP870 200 mg or CDP870 400 mg or placebo.

Subjects in the CDP870 200 mg treatment group received 400 mg CDP870 by sc injection at Week 0, followed by 200 mg CDP870 by sc injection every 2 weeks until Week 10 (V7).

*Note: The study title in this document and PharmNet.Bund /EudraCT platform vary slightly. This note was added subsequently to assure transparency on 08 June 2015.
On PharmNet.Bund /EudraCT the study title reads as follows:
Follow-up of study C87040: Multicenter, single blind study to describe the efficacy and safety of re-treatment with CDP870 (certolizumab pegol) subcutaneous at 2 different dose regimens (400 mg initial dose at week 0 with 200 mg every 2 weeks thereafter and 400 mg every 2 weeks) or placebo for 12 weeks, in subjects suffering from moderate-to-severe chronic plaque psoriasis, having responded to treatment in study C87040 and having subsequently relapsed.
The difference is based on:
• a change in the blinding plan that occurred while the study was ongoing. The study had been conducted in a double-blind design until completion.
• as well as the use of a slightly deviating title in the Clinical Trial Application (CTA)

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

Subjects in the CDP870 400 mg treatment group received 400 mg CDP870 by sc injection at Week 0, followed by 400 mg CDP870 by sc injection every 2 weeks until Week 10 (V7).

Subjects in the placebo group were to receive two sc injections of placebo at Week 0, followed by sc injections of placebo every 2 weeks until Week 10 (V7). No placebo treated subjects entered Study C87044 since no placebo responders in Study C87040 met the criteria for relapse.

At the end of the 12-week treatment period, subjects entered a safety follow-up period of 12 weeks.

Number of Subjects:
Planned: approximately 75 subjects from Study C87040 were expected to enter Study C87044.
Participated: 71 subjects entered Study C87044 and were treated either with CDP870 200 mg (34 subjects) or with CDP870 400 mg (37 subjects). No subjects were treated with placebo. Twelve centres participated.

Diagnosis and Main Criteria for Inclusion:

- Subjects having responded to treatment at Week 12 in Study C87040 (having shown an improvement of ≥75% from baseline Psoriasis Area and Severity Index (PASI) and having relapsed during the follow-up period (in the 24 weeks after the end of the study treatment)). The relapse was defined as a reduction by more than 50% of the maximal improvement in PASI score from baseline during the treatment period.
- Subjects able to understand the information provided to them and to give written informed consent for Study C87044.
- Female subjects either postmenopausal for at least one year, surgically incapable of childbearing, or effectively practising an acceptable method of contraception (oral or parenteral hormonal contraceptives; intrauterine device; barrier and spermicide. Abstinence was not acceptable). Subjects agreed to continue using adequate contraception during the study and for 12 weeks after the last dose of CDP870.
- Subjects having a social security system (applicable for [redacted] only).

Test Product:	**Dose and Mode of Administration:**	**Batch Numbers:**
CDP870	CDP870 (200 mg/mL) in saline (10 mM sodium acetate, 125 mM sodium chloride, pH 4.7) administered in dosages of 200 mg or 400 mg, by sc injection.	[redacted]
Placebo	Commercially available 0.9% saline (preservative free) solution of pharmacopoeial (USP/Phr. Eur.) quality administered by sc injection.	Not applicable

Duration of Treatment:
The study lasted for a maximum of 25 weeks: 1 week screening, 12 weeks treatment, and 12 weeks safety follow-up.

Reference Therapy:	**Dose and Mode of Administration:**	**Batch Number:**
Not applicable	Not applicable	Not applicable

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

Criteria for Evaluation:
Efficacy / Pharmacokinetics:
Efficacy
The primary efficacy parameter was the difference in PASI scores between Week 12 score of the C87040 study and Week 12 score of re-treatment (Study C87044). For a subject with a missing PASI score at Week 12 of re-treatment, the last PASI score under re-treatment was used (LOCF).

Secondary efficacy parameters were as follows:

- Proportion of subjects achieving ≥75% decrease from each PASI baseline (Study C87040 and C87044) after 12 weeks of re-treatment. Subjects with a missing PASI score at Week 12 were considered as non-responders.
- PASI score and percent change from each baseline (Study C87040 and C87044), at each visit.
- Proportion of subjects achieving ≥50% and ≥90% decrease from each PASI baseline (Study C87040 and C87044) after 12 weeks of re-treatment. Subjects with a missing PASI score at Week 12 were considered as non-responders.
- Best PASI score over each treatment period (Study C87040 and C87044) and the time to reach best PASI score.
- Psoriasis Global Assessment (PGA) ratings, at each visit.
- Proportion of subjects with a PGA rating 'Clear' or 'Almost Clear' after 12 weeks of re-treatment. Subjects with a missing PGA score at Week 12 were considered as non-responders.
- Absolute BSA affected by psoriasis and change in BSA from each baseline (Study C87040 and C87044), at each visit.
- Time to discontinuation from the re-treatment period due to lack of efficacy.

Exploratory efficacy parameters were changes from baseline in overall Dermatology Life Quality Index (DLQI) after 2 weeks and 12 weeks of re-treatment with CDP870 or at withdrawal from Study C87044.

Pharmacokinetics
Pharmacokinetic assessments were based on plasma concentrations of CDP870 and anti-CDP870 antibodies measured at baseline and every 4 weeks during the study.

Safety:
Safety was assessed by the following criteria:

- Adverse event reporting over the whole duration of Studies C87040 and C87044.
- Physical examination, evaluated every 4 weeks.
- Vital signs, evaluated every 4 weeks.
- ECG parameters, evaluated during first and last visits during the re-treatment period.
- Urinary parameters evaluated by microscopy and dipstick, evaluated every 4 weeks during the re-treatment period.
- Blood parameters (haematology, chemistry, C-reactive protein (CRP) and hepatic enzymes), evaluated every 4 weeks during the re-treatment period.
- Level of autoantibodies (antinuclear antibody (ANA), anti-double stranded deoxyribonucleic acid (anti-dsDNA) antibody, anti-cardiolipin IgG and anti-cardiolipin IgM antibodies), evaluated every 4 weeks during the re-treatment period.

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

Statistical Methods:
Baseline characteristics for the ITT population were summarized descriptively. Evaluations used the Baseline from Study C87040 (first treatment Baseline) and the Baseline from Study C87044 (re-treatment Baseline).
No inferential analyses were performed to compare treatment groups in the C87044 study. These treatment groups were not directly comparable since the C87044 study population consisted of responders that relapsed in the C87040 study and were not re-randomized.

Summary statistics consisted of frequency tables for categorical variables. For continuous variables, descriptive statistics (number of available observations, mean, median, 95% confidence interval, standard deviation, minimum and maximum) were tabulated. Mean values were displayed graphically over time. Kaplan-Meier curves were displayed for "time to" variables.

Primary, Secondary, and Exploratory Efficacy Analyses
All efficacy parameters were analysed descriptively on the ITT population.

Evaluation of Safety
Safety parameters were listed individually for detailed clinical review, when necessary. Clinical laboratory values, vital signs, ECGs and changes from baseline in laboratory values and extent of exposure were presented descriptively by treatment group.

Adverse events were coded according to the Medical Dictionary for Regulatory Activities (MedDRA). Adverse events were summarized descriptively by treatment group, primary system organ class (SOC) and preferred term. Additional tables summarized adverse events by relationship to study drug, adverse events occurring within two hours of injection start, adverse events leading to withdrawal from the study, and SAEs. Safety analyses were performed on the safety population.

Pharmacokinetic Analyses
Pharmacokinetic analyses were performed on the ITT population and were summarized by descriptive statistics.

SUMMARY – CONCLUSIONS:
In total, 73 subjects from Study C87040 were screened and 71 subjects entered the follow-up Study C87044: 34 subjects received CDP870 200 mg, and 37 subjects received CDP870 400 mg. The 71 subjects represented the ITT population. Two subjects were not eligible for Study C87044. No placebo treated subjects entered Study C87044 since no placebo responders in Study C87040 met the criteria for relapse.

The majority of subjects in each group completed the 12-week treatment period of Study C87044: 32 (94.1%) and 35 (94.6%) subjects receiving CDP870 200 mg and CDP870 400 mg, respectively.
Four (5.6%) subjects prematurely discontinued from the treatment period: 2 subjects in each treatment group. The reasons for discontinuing from the treatment period were lack or loss of efficacy (1 CDP870 200 mg subject), and other reasons (1 CDP870 200 mg subject and 2 CDP870 400 mg subjects). Other reasons for discontinuing from the treatment period were subject not available/working abroad, movement to another place, and non-compliant for visit/Decision of Sponsor.

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

The demographic characteristics of subjects in the study were as follows:

Demographic Characteristics – ITT Population

Characteristics	Descriptive statistics	CDP870 200 mg N = 34	CDP870 400 mg N = 37	Overall N = 71
Age (years)[a]	Mean (SD)	44.24 (8.64)	44.57 (12.47)	44.41 (10.73)
	Min - Max	24.7 – 60.4	23.2 – 73.5	23.2 – 73.5
Gender				
Male	n (%)	23 (67.6)	27 (73.0)	50 (70.4)
Female	n (%)	11 (32.4)	10 (27.0)	21 (29.6)
Race				
Caucasian	n (%)	34 (100.0)	37 (100.0)	71 (100.0)
Weight (kg)[b]	Mean (SD)	84.32 (21.29)	82.94 (17.40)	83.61 (19.26)
	Min - Max	50.0 – 147.0	55.0 – 150.0	50.0 – 150.0
Height (cm) [b]	Mean (SD)	173.4 (8.9)	173.8 (8.8)	173.6 (8.8)
	Min - Max	156 – 198	155 – 190	155 – 198
BMI (kg/m^2) [b]	Mean (SD)	27.78 (5.69)	27.45 (5.69)	27.61 (5.65)
	Min - Max	18.8 – 48.3	19.0 – 53.8	18.8 – 53.8

[a] Age (years) at the inclusion visit of Study C87044
[b] At Screening visit of Study C87044
Subjects were not re-randomized, therefore treatment groups may not be comparable.

Psoriasis Baseline Characteristics – ITT Population

Characteristics	Descriptive statistics	CDP870 200 mg N = 34	CDP870 400 mg N = 37	Overall N = 71
Disease duration (years)				
	Mean (SD)	21.73 (10.73)	22.16 (10.19)	21.96 (10.38)
	Min - Max	1.4 – 46.0	5.0 – 49.0	1.4 – 49.0
Severity of psoriasis[a]				
Moderate to severe	n (%)	14 (41.2)	12 (32.4)	26 (36.6)
Severe	n (%)	20 (58.8)	25 (67.6)	45 (63.4)
PASI at First Treatment Baseline[b]	Mean (SD)	21.89 (7.52)	22.99 (8.79)	22.46 (8.16)
	Min - Max	12.0 – 38.7	12.1 – 44.8	12.0 – 44.8
PASI at Re-Treatment Baseline[b]	Mean (SD)	14.80 (4.31)	16.09 (5.70)	15.47 (5.09)
	Min - Max	6.9 – 23.9	7.7 – 28.0	6.9 – 28.0

[a] Severity of psoriasis and previous systemic treatment for psoriasis categories are based on CRF data. Moderate to severe ($12 \leq PASI \leq 20$ and $10\% \leq BSA \leq 20\%$), severe (PASI >20 or BSA >20%).
[b] PASI (Psoriasis Area and Severity Index) ranges from 0 – 72
Subjects were not re-randomized, therefore treatment groups may not be comparable

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

EFFICACY / PHARMACOKINETIC RESULTS:

EFFICACY

The primary efficacy parameter was the difference in PASI scores between Week 12 of Study C87040 (first treatment) and Week 12 of Study C87044 (re-treatment).

Difference in PASI Score Between first Treatment Week 12 and Re-Treatment Week 12Last Observation Carried Forward (LOCF) Analysis

CDP870 200 mg	**Descriptive statistics**	**LOCF[(a)]**
		ITT
Difference in PASI[(b)]	N	34
	Mean (SD)	3.66 (6.12)
	95% CI of mean	[1.53, 5.80]
	Median	**1.25**
	95% CI of median	[0.10, 4.40]
	Min – Max	-3.6 – 21.9
CDP870 400 mg	**Descriptive statistics**	**LOCF[(a)]**
		ITT
Difference in PASI[(b)]	N	37
	Mean (SD)	1.29 (4.00)
	95% CI of mean	[-0.05, 2.62]
	Median	**0.20**
	95% CI of median	[0.00, 0.70]
	Min – Max	-3.0 – 19.2

[(a)] For subjects with a missing PASI score at Week 12 of re-treatment, his/her last PASI score under re-treatment is used (last-observation-carried-forward (LOCF)).

[(b)] Difference in 'PASI score at Re-Treatment Week 12' minus 'PASI score at First Treatment Week 12' Subjects were not re-randomized; therefore treatment groups may not be comparable.

The PP and complete cases analysis supported the findings of the ITT analysis.

Because the PASI scores ranged from 0 to 72, the median differences in PASI scores between first treatment Week 12 and re-treatment Week 12 were not considered to be clinically significant for any of the treatment groups. This observation follows that of another TNF-α antagonist in a re-treatment study.

The study was not designed to test any hypothesis regarding re-treatment effect. No inferential analyses were performed to compare treatment groups in the C87044 study. These treatment groups were not comparable since the C87044 study population consisted of responders that relapsed in the C87040 study and were not re-randomized.

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

A subgroup analysis investigated the treatment effect with CDP870 on the primary efficacy parameter according to anti-CDP870 antibody status. The majority of subjects (45 subjects) were anti-CDP870 antibody negative (200 mg group, 20 subjects; 400 mg group, 25 subjects). Fifteen subjects were transient anti-CDP870 antibody negative (200 mg group, 6 subjects; 400 mg group, 9 subjects), and 11 subjects were anti-CDP870 antibody positive (200 mg group, 8 subjects; 400 mg group, 3 subjects). The subgroup results should be interpreted with caution due to the low number of subjects in the subgroups. The PASI scores of anti-CDP870 antibody negative subjects in both treatment groups were similar at re-treatment Week 12 and first treatment Week 12. The presence of anti-CDP870 antibodies appeared to cause a loss of re-treatment efficacy, and this effect was observed in both treatment groups, but was more pronounced in the CDP870 200 mg group.

Secondary efficacy parameters were PASI75, PASI50, and PASI90 responses to treatment, PASI best score, time to PASI best score, PGA rating, BSA affected by psoriasis, and time to withdrawal from treatment period due to lack of efficacy. PASI responses were computed using the first treatment Baseline.

The proportions of PASI75, PASI50 and PASI90 responders at re-treatment Week 12 in the CDP870 200 mg group were 67.6%, 76.5%, and 35.3%, respectively, and 97.1%, 97.1%, and 52.9%, respectively, at first treatment Week 12.

In the CDP870 400 mg group, the proportions of PASI75, PASI50 and PASI90 responders at re-treatment Week 12 were 86.5%, 89.2%, and 48.6%, respectively, and 97.3%, 100%, and 56.8%, respectively, at first treatment Week 12.

The median PASI best score was 1.60 (95% CI: 0.80, 2.70) in the first treatment period, and 2.00 (95% CI: 1.20, 4.20) in the re-treatment period for the CDP870 200 mg group.
For the CDP870 400 mg group, the median PASI best score was 1.60 (95% CI: 0.80, 2.00) in the first treatment period, and 1.80 (95% CI: 0.60, 2.80) in the re-treatment period. The median PASI best scores were very similar during the first treatment period and during the re-treatment period for both treatment groups.

Median time to PASI best score was 11.00 weeks (95% CI: 10.00, 12.00) in the first treatment period, and 8.00 weeks (95% CI: 6.00, 10.00) in the re-treatment period for the CDP870 200 mg group. For the CDP870 400 mg group, the median time to PASI best score was 12.00 weeks (95% CI: 10.29, 12.00) in the first treatment period, and 9.86 weeks (95% CI: 8.00, 10.14) in the re-treatment period. The median time to reach PASI best score tended to be shorter for both treatment groups during the re-treatment period than during the first treatment period.

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

The proportions of PGA responders (classified as "clear" or "almost clear") during the first treatment period and re-treatment period were as follows. In the CDP870 200 mg group, 22 (64.7%) subjects were PGA responders at first treatment Week 12. Eighteen (52.9%) subjects in this treatment group were PGA responders at re-treatment Week 12. In the CDP870 400 mg group, 30 (81.1%) subjects were PGA responders at first treatment Week 12. At re-treatment Week 12, 21 (56.8%) subjects in this treatment group were PGA responders.

The median changes in BSA scores from first treatment Baseline in the CDP870 200 mg group were as follows. At first treatment Week 12, the median change in BSA score from first treatment Baseline was 15.0 (95% CI: 11.0, 25.0). At re-treatment Week 12, the median change in BSA score from first treatment Baseline was 15.0 (95% CI: 12.0, 23.0).

The median changes in BSA scores from first treatment Baseline in the CDP870 400 mg group were as follows. At first treatment Week 12, the median change in BSA score from first treatment Baseline was 23.0 (95% CI: 18.0, 28.0). At re-treatment Week 12, the median change in BSA score from first treatment Baseline was 20.5 (95% CI: 15.0, 28.0).

One subject (CDP870 200 mg group) withdrew from the treatment period of the Study C87044 due to lack of efficacy. The time to withdrawal from treatment was 56 days for this subject.

Exploratory efficacy parameters were changes from baseline in DLQI mean total scores.
DLQI mean total scores at first treatment Week 12 and re-treatment Week 12 were below the level of remission (i.e., 5 points) for both CDP870 treatment groups. The change in DLQI mean total score from first treatment baseline to first treatment Week 12 was -9.7 (± 6.9) for the CDP870 200 mg group. At re-treatment Week 12, the change in DLQI mean total score from first treatment baseline was -8.3 (± 7.4).
Similar changes in DLQI mean total scores were reported for the CDP870 400 mg group

This indicates that CDP870 treated subjects had clinically meaningful improvements in their HRQOL. Psoriasis had little or no negative impact on their lives at the end of each treatment period.

PHARMACOKINETICS

The geometric mean plasma concentration of CDP870 for the 200 mg group was 22.84 µg/mL at first treatment Week 12, and 16.12 µg/ml at re-treatment Week 12.

For the CDP870 400 mg group, the geometric mean plasma concentration was 43.79 µg/mL at first treatment Week 12, and 34.01 µg/ml at re-treatment Week 12.

Plasma concentration-time profiles for anti-CDP870 antibody subgroups were consistent with the PASI-time profiles. Plasma levels were similar during first treatment period and re-treatment period for anti-CDP870 antibody negative subjects. Plasma levels were reduced in the presence of anti-CDP870 antibodies.

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

SAFETY RESULTS:
Incidence of treatment emergent adverse events (TEAEs) reported during the study were as follows:

Overall Summary of Treatment-Emergent Adverse Events – Safety Population

	CDP870 200 mg N = 34 n (%)	CDP870 400 mg N = 37 n (%)	Overall N = 71 n (%)
Treatment-emergent during 1st or Re-treatment			
Total number of AEs	129	112	241
Any AEs	24 (70.6)	26 (70.3)	50 (70.4)
Related to study drug	13 (38.2)	12 (32.4)	25 (35.2)
Serious AEs	0	2 (5.4)	2 (2.8)
AEs leading to death	0	0	0
AEs leading to permanent discontinuation	0	1 (2.7)	1 (1.4)
Treatment-emergent during 1st treatment			
Total number of AEs	93	76	169
Any AEs	23 (67.6)	24 (64.9)	47 (66.2)
Related to study drug	11 (32.4)	8 (21.6)	19 (26.8)
Serious AEs	0	2 (5.4)	2 (2.8)
AEs leading to death	0	0	0
AEs leading to permanent discontinuation	0	1 (2.7)	1 (1.4)
Treatment-emergent during Re-treatment			
Total number of AEs	36	36	72
Any AEs	14 (41.2)	18 (48.6)	32 (45.1)
Related to study drug	5 (14.7)	7 (18.9)	12 (16.9)
Serious AEs	0	0	0
AEs leading to death	0	0	0
AEs leading to permanent discontinuation	0	0	0

Treatment emergent adverse events (TEAEs) and treatment periods are defined in Appendix 16.1.9 of the report.
TEAEs are events occurring between first dose and (last dose + 12 weeks), both dates included.
Drug-related adverse events are described by the investigator as possibly, probably or highly probably related to study drug. Adverse events (AEs) with missing relationship are counted as 'Related'.
Subjects were not re-randomized, therefore treatment groups may not be comparable.

There were meaningful differences between the first treatment period and the re-treatment period in the overall incidence of TEAEs reported.

The subjects reported fewer TEAEs during the re-treatment period (32 subjects, 45.1%) than during the first treatment period (47 subjects, 66.2%). The most frequently reported TEAEs according to primary system organ class (SOC) during the re-treatment period were infections and infestations (15 subjects, 21.1%), nervous system disorders (9 subjects, 12.7%), and skin and subcutaneous tissue disorders (8 subjects, 11.3%). According to preferred term, nasopharyngitis and headache were the most commonly reported TEAEs. Most TEAEs reported were mild or moderate in intensity. The most frequently reported TEAEs during the re-treatment period were similar to those reported during the first treatment period.

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

During the re-treatment period, no subjects reported SAEs or permanently discontinued from treatment due to adverse events.

One subject scheduled to enter Study C87044 failed screening after reporting a positive PPD test.

No deaths were reported during the treatment period and the 12-week follow-up.

One subject died from cerebral haemorrhage 18 weeks after taking his last dose of study medication in Study C87044. The investigator considered the event as unlikely related to study medication.

There were no clinically meaningful differences between the first treatment period and the re-treatment period with respect to laboratory parameters for haematology and biochemistry.

During both treatment periods, the majority of subjects showed no changes from Baseline for the following antibodies: ANA, anti-dsDNA antibody, and anti-cardiolipin IgG and IgM antibodies.

There were no clinically meaningful differences between the first treatment period and the re-treatment period with respect to shifts in ECG abnormalities.

CONCLUSIONS:
This exploratory Study C87044 evaluated the efficacy, safety and HRQOL of subjects treated with CDP870 during a first treatment period (Study C87040) and a re-treatment period (Study C87044). Subjects from Study C87040 were not re-randomized to enter Study C87044. Therefore, the results for the two treatment groups (200 mg and 400 mg) in Study C87044 are not comparable, and no inferential analysis to compare treatment groups was performed.

The median differences in PASI scores between first treatment Week 12 and re-treatment Week 12 were not clinically significant for any of the treatment groups. This observation follows that of another TNF-α antagonist in a re-treatment study.

Overall, the majority of subjects (45 subjects, 63.4%) were anti-CDP870 antibody negative (200 mg group, 20 subjects; 400 mg group, 25 subjects).

A subgroup analysis investigated the treatment effect with CDP870 on the primary efficacy parameter according to anti-CDP870 antibody status. Although the number of subjects in the subgroups was too small to draw any reliable conclusions, the following trends were observed. The PASI scores of anti-CDP870 antibody negative subjects in both treatment groups were similar at re-treatment Week 12 and first treatment Week 12. However, the presence of anti-CDP870 antibodies appeared to cause a loss of re-treatment efficacy. This effect was observed in both treatment groups and was more pronounced in the CDP870 200 mg group.

The mean plasma concentration time profiles for anti-CDP870 antibody subgroups were consistent with the PASI time profiles, with similar plasma concentrations during first treatment and re-treatment for anti-CDP870 antibody negative subjects, and decreased plasma concentration during re-treatment in the presence of anti-CDP870 antibodies.

Name of Sponsor/Company: UCB Pharma SA	Individual Study Table Referring to Module 5.3.5.1	*(For National Authority Use only)*
Name of Finished Product: Cimzia®	Volume:	
Name of Active Ingredient: CDP870	Page:	

PASI75, PASI50, PASI90 and PGA response rates were lower after 12 weeks of re-treatment than after the initial 12 weeks of treatment, in both treatment groups.

BSA improvement after 12 weeks initial treatment and 12 weeks re-treatment was similar in both treatment groups.

DLQI mean total scores at first treatment Week 12 and re-treatment Week 12 were below the level of remission (i.e., 5 points) for both CDP870 treatment groups. These results indicated that CDP870 treated subjects had clinically meaningful improvements in their HRQOL. Psoriasis had little or no impact on their lives at the end of the treatment period.

No unexpected safety signals were observed with CDP870 in comparison the safety profiles of other available anti-TNF treatments. The two doses of CDP870 showed similar safety profiles. A lower incidence of AEs was reported during re-treatment compared to first treatment.

This study did not reveal any major concerns regarding efficacy or safety for the re-treatment of subjects with moderate-to-severe chronic plaque psoriasis who relapsed after a positive response (≥75% improvement from baseline PASI) to initial treatment with CDP870.

Report Date:
16-Jun-2008