Protocol Registration Receipt
04/24/2014

Grantor: CDER IND/IDE Number: 11719 Serial Number: 0247

Efficacy and Safety of Ofatumumab Retreatment and Maintenance Treatment in Patients With B-cell Chronic Lymphocytic Leukemia (CLL)

This study has been completed.

Sponsor:	GlaxoSmithKline
Collaborators:	Genmab
Information provided by (Responsible Party):	GlaxoSmithKline
ClinicalTrials.gov Identifier:	NCT00802737

Purpose

The purpose of the trial is to investigate the efficacy and safety of ofatumumab retreatment and maintenance in patients with chronic lymphocytic leukemia who have previously responded or had disease stabilization after ofatumumab in an ongoing trial (Hx-CD20-406).

Condition	Intervention	Phase
Leukaemia, Lymphocytic, Chronic	Drug: Ofatumumab	Phase 4

Study Type: Interventional

Study Design: Treatment, Single Group Assignment, Open Label, N/A, Efficacy Study

Official Title: A Single-arm, International, Multi-center Trial Investigating the Efficacy and Safety of Ofatumumab Retreatment and Maintenance in CLL Patients Who Progressed Following Response or Stable Disease After Ofatumumab Treatment in Hx-CD20-406

Further study details as provided by GlaxoSmithKline:

Primary Outcome Measure:

- Number of Participants (Par.) Classified as Responders (Rs) and Non-responders (NRs) for Objective Response in Accordance With the National Cancer Institute Working Group (NCIWG) 1996 Guidelines [Time Frame: Start of treatment (Week 0/Visit 2) until Week 52] [Designated as safety issue: No]

  Par. with complete remission (CR), nodular partial remission (nPR), and partial remission (PR) on 2 consecutive visits >=56 days apart were classified as Rs; those with stable disease (SD)/progressive disease (PD) were classified as NRs. Per the NCIWG 1996 guidelines: CR; no lymphadenopathy/hepatomegaly/splenomegaly/constitutional symptoms, normal hematology, normocellular bone marrow sample for age, <30% lymphocytes (LC), no lymphoid nodule; PR: >=50% decrease in LC/lymphadenopathy; nPR: persistent bone marrow nodules; PD: new lesion or increase by >=50% from baseline; SD: no CR, PR, or PD.

Secondary Outcome Measures:

- Duration of Response [Time Frame: From the time of the initial response until progression or death (average of 14.1 study months)] [Designated as safety issue: No]

  Duration of response is defined as the time from the initial response (first visit at which response is observed) to progression or death. If the participant had progression between scheduled visits, no progression at the end of the trial, treatment discontinuation for undocumented progression, treatment discontinuation for toxicity or other reason, new anti-cancer treatment, and experienced death or progression after two or more missed visits in a row the endpoint was censored.
- Progression-Free Survival (PFS) [Time Frame: Start of treatment (Week 0 of Visit 2) until progression or death (average of 14.1 study months)] [Designated as safety issue: No]

  PFS is defined as the time from randomization until progression (prog.)/death. Prog. events are defined by well-documented and verifiable data; other data are censored. If the par. had prog. between scheduled visits, died before the first assessment, or died between adequate visits, the endpoint was considered progressed. If there was no prog. at the end of the trial, treatment discontinuation for undocumented prog./toxicity/other reason, new anti-cancer treatment, and death/prog. after >=2 missed visits in a row, the endpoint was censored. Clinical prog. is not considered as a prog. endpoint.
- Time to Next Chronic Lymphocytic Leukemia (CLL) Treatment [Time Frame: Time from start of study treatment (Week 0 of Visit 2) until the time of first administration of a CLL treatment other than ofatumumab (average of 14.8 study months)] [Designated as safety issue: No]

  Time to next chronic lymphocytic leukemia (CLL) treatment is defined as the time from treatment allocation/randomization (Visit 2) until the time of the first administration of the next CLL treatment other than ofatumumab (or HuMaxCD20, a fully human monoclonal antibody to CD20 that is expressed on the surface of B-cells).
- Overall Survival (OS) [Time Frame: Time from start of study treatment (Week 0 of Visit 2) until date of death or time that participant was no longer followed (median of 18.0 months)] [Designated as safety issue: No]

OS is defined as the time from allocation to death.

- Median Percent Change of Tumor Size (Sum of Products Dimensions [SPD]) From Baseline (Visit 2) at Month 4 [Time Frame: Baseline (Visit 2) and Month 4] [Designated as safety issue: No]

  Reduction in tumor size was measured as the percent change in the sum of the products of the diameters of the largest abnormal lymph nodes from Baseline to Week 24. Percent change was calculated as (Week 24 SPD minus Baseline SPD)/Baseline SPD * 100.
- Median Percent Change of Tumor Size (Sum of Products Dimensions [SPD]) From Baseline (Visit 2) at Month 12 [Time Frame: Baseline (Visit 2) and Month 12] [Designated as safety issue: No]

  Reduction in tumor size was measured by the percentage change in the sum of products of the diameters of the largest abnormal lymph nodes from Baseline to Month 12. Percent change was calculated as (Month 12 SPD minus Baseline SPD)/Baseline SPD * 100.
- Median Percent Change of Tumor Size (Sum of Products Dimensions [SPD]) From Baseline (Visit 2) at Month 24 [Time Frame: Baseline (Visit 2) and Month 24] [Designated as safety issue: No]

  Reduction in tumor size was measured by the percentage change in the sum of products of the diameters of the largest abnormal lymph nodes from Baseline to Month 24. Percent change was calculated as (Month 24 SPD minus Baseline SPD)/Baseline SPD * 100.
- Number of Participants With Negative and Positive Human Anti-human Antibody (HAHA) Results at the Time of Screening and Post Ofatumumab [Time Frame: Screening and post ofatumumab (up to Study Month 32)] [Designated as safety issue: No]

  HAHAs are indicators of immunogenicity to ofatumumab. HAHA levels were assessed for each participant at the end of participation in the study (at their last visit). A positive HAHA status indicates a positive enzyme-linked immunosorbent assay (ELISA) result, an inconclusive status indicates a negative ELISA result at ofatumumab concentration above the threshold at which ofatumumab may interfere with the assay, and a negative status indicates a negative ELISA result at ofatumumab concentration below the threshold.
- Number of Participants Who Experienced Any Adverse Event [Time Frame: From the first infusion (Visit 2/Week 0) until the last visit of the Extended Follow-up Phase (up to Study Month 26 [visit 34])] [Designated as safety issue: Yes]

  An adverse event (AE) is defined as any untoward medical occurrence in a participant administered a pharmaceutical product and which did not necessarily have a causal relationship with the treatment. A list of AEs experienced in the study with a frequency threshold of 5% can be found in the AE section of this results record.
- Number of Participants With the Indicated Major Infections [Time Frame: From the first infusion (Visit 2/Week 0) until the last visit of the Extended Follow-up Phase (up to Study Month 26 [visit 34])] [Designated as safety issue: Yes]

  The data collected for this analysis are reported in the overall Serious Adverse Events (SAEs) of infections rather than reported separately for this specific analysis. This is a conservative approach for reporting all infectious SAEs in order to ensure that all of the infectious SAEs are represented.
- Number of Participants With Infections Requiring Hospitalization or Intravenous Antibiotics [Time Frame: From the first infusion (Visit 2/Week 0) until the last visit of the Extended Follow-up Phase (up to Study Month 26 [visit 34])] [Designated as safety issue: Yes]

  The data collected for this analysis are reported in the overall SAEs of infections rather than reported separately for this specific analysis. This is a conservative approach for reporting all infectious SAEs in order to ensure that all of the infectious SAEs are represented.
- Cmax and Ctrough at Visit 2 (Week 0) and at Visit 14 (Month 4) [Time Frame: Visit 2 (Week 0) and Visit 14 (Month 4)] [Designated as safety issue: No]

  Cmax is defined as the maximum concentration of drug in plasma samples (collected at the end of the infusion). Ctrough is defined as the concentration of drug in plasma samples at the end of a dosing interval (collected directly before next administration). Ctrough before the first infusion represents

residual ofatumumab from participation in Study Hx-CD20-406.

Enrollment: 29
Study Start Date: January 2009
Study Completion Date: May 2013
Primary Completion Date: September 2011

Arms	Assigned Interventions
Experimental: Ofatumumab Eight once weekly infusions (1 x 300 mg + 7 x 2000 mg), then 2000 mg once monthly for two years	Drug: Ofatumumab Eight once weekly infusions (1 x 300 mg + 7 x 2000 mg), then 2000 mg once monthly for two years Other Names: HuMax-CD20

Eligibility

Ages Eligible for Study: 18 Years and older
Genders Eligible for Study: Both

Inclusion Criteria:

- Has responded to ofatumumab treatment (CR, nPR, PR) or has had SD at least up to and including visit number 14 (24 weeks after first infusion) in the Hx-CD20-406 trial.
- Has disease progression after visit number 14 (24 weeks after first infusion) in the Hx CD20 406 trial.
- Received at least eight ofatumumab infusions.
- Has active CLL with an indication for treatment.
- Has Eastern Cooperative Oncology Group (ECOG) performance status grade 0, 1 or 2.
- Provides signed informed consent, following receipt of verbal and written information about the trial, before any trial related activity is carried out.
- If previously treated in GEN416 (this trial), the patient must have achieved CR with subsequent disease progression 24 weeks or later after the first infusion in the GEN416 trial.

Exclusion Criteria:

- The disease has transformed to more aggressive B-cell malignancies (e.g. diffuse large B-cell lymphoma, Richter's syndrome or prolymphocytic leukemia).
- Has a suspected treatment requiring malignancy other than CLL.

- Has received treatment other than ofatumumab within two weeks prior to visit 2.
- Has clinically significant cardiac disease including unstable angina, acute myocardial infarction within six months from visit 1, congestive heart failure (NYHA III IV), and arrhythmia requiring therapy, with the exception of clinically non-significant extra systoles or minor conduction abnormalities.
- Has significant concurrent, uncontrolled medical condition including, but not limited to, renal, hepatic, hematological, gastrointestinal, endocrine, pulmonary, neurological, cerebral or psychiatric disease.
- Has a history of significant cerebrovascular disease.
- Is known HIV positive.
- Has positive serology for hepatitis B, defined as a positive test for HBsAg and/or positive tests for both anti-HBs and anti-HBc.
- Has known or suspected hypersensitivity to components of the IMP.
- Has received treatment with any non-marketed drug substance or experimental therapy other than ofatumumab within four weeks prior to visit 2.
- Currently participates in any other interventional clinical trial other than Hx-CD20-406.
- Known or suspected to not being able to comply with a trial protocol (e.g. due to alcoholism, drug dependency or psychiatric disorder).
- Is breast feeding (women only).
- Has a positive pregnancy test at screening (women only).
- Is not willing to use adequate contraception during the trial and one year after last dose of ofatumumab (women only). Adequate contraception is defined as hormonal birth control or intrauterine device. For patients in the US the use of double barrier method is considered adequate.

Contacts and Locations

Locations

Sweden

GSK Investigational Site
Stockholm, Sweden, SE-171 76

GSK Investigational Site
Örebro, Sweden, SE-701 85

Investigators

Study Director: GSK Clinical Trials GlaxoSmithKline

More Information

Responsible Party: GlaxoSmithKline
Study ID Numbers: 111827

	GEN416
Health Authority:	United Kingdom: Medicines and Healthcare Products Regulatory Agency Poland: Office for Registration of Medicinal Products, Medical Devices and Biocidal Products France: Afssaps - Agence française de sécurité sanitaire des produits de santé (Saint-Denis) Italy: National Monitoring Centre for Clinical Trials - Ministry of Health Germany: Paul-Ehrlich-Institut Sweden: Medical Products Agency United States: Food and Drug Administration Czech Republic: State Institute for Drug Control

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Study Results

Participant Flow

Recruitment Details

Per study protocol

Pre-Assignment Details

Completed study Hx-CD20-406 (Study OMB111773; NCT00349349)

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up

	Description
	to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Overall Study

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Started	17	11	1
Completed	0	0	0
Not Completed	17	11	1
Withdrawn due to Disease Progression	9	3	0
Death	6	5	1
Adverse Event	1	0	0
Received Prohibited Therapy	1	0	0
Ongoing CLL-Treatment	0	1	0
Participant too Unwell	0	2	0

Baseline Characteristics

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up

	Description
	phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Baseline Measures

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other	Total
Number of Participants	17	11	1	29
Age, Continuous [units: Years] Mean (Standard Deviation)	64.8 (5.83)	66.9 (9.08)	84.0 (NA) [1]	66.3 (7.85)
Gender, Male/Female [units: Participants]				
Female	4	4	1	9
Male	13	7	0	20
Race/Ethnicity, Customized [units: participants]				
Asian	1	0	0	1
White	16	11	1	28

[1] A standard deviation of the mean was not calculated for one participant.

Outcome Measures

1. Primary Outcome Measure:

Measure Title	Number of Participants (Par.) Classified as Responders (Rs) and Non-responders (NRs) for Objective Response in Accordance With the National Cancer Institute Working Group (NCIWG) 1996 Guidelines
Measure Description	Par. with complete remission (CR), nodular partial remission (nPR), and partial remission (PR) on 2 consecutive visits >=56 days apart were classified as Rs; those with stable disease (SD)/progressive

	disease (PD) were classified as NRs. Per the NCIWG 1996 guidelines: CR; no lymphadenopathy/hepatomegaly/splenomegaly/constitutional symptoms, normal hematology, normocellular bone marrow sample for age, <30% lymphocytes (LC), no lymphoid nodule; PR: >=50% decrease in LC/lymphadenopathy; nPR: persistent bone marrow nodules; PD: new lesion or increase by >=50% from baseline; SD: no CR, PR, or PD.
Time Frame	Start of treatment (Week 0/Visit 2) until Week 52
Safety Issue?	No

Analysis Population Description

Full Analysis Set (FAS): all participants who had been exposed to study drug irrespective of their compliance to the planned course of treatment. Some participants were not evaluable (NE) due to participant withdraw, refusal, non-trial drug-related adverse events, and death.

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and

	Description
	maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	17	11	1
Number of Participants (Par.) Classified as Responders (Rs) and Non-responders (NRs) for Objective Response in			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Accordance With the National Cancer Institute Working Group (NCIWG) 1996 Guidelines [units: participants]			
Responders with CR	2	0	0
Responders with nPR	0	0	0
Responders with PR	2	2	1
Non-responders with SD	8	7	0
Non-responders with PD	3	0	0
NE	2	2	0

Statistical Analysis 1 for Number of Participants (Par.) Classified as Responders (Rs) and Non-responders (NRs) for Objective Response in Accordance With the National Cancer Institute Working Group (NCIWG) 1996 Guidelines

Groups	2000 mg Ofatumumab + DR
Method	
Other Estimated Parameter [proportion of responders]	0.24
95% Confidence Interval	0.07 to 0.50

Additional details about the analysis, such as null hypothesis and power calculation:

[Not specified.]

Other relevant estimation information:

Two-sided 95% exact confidence intervals were calculated based on the binomial distribution. The estimated value was calculated using the number of responders (CR+nPR+PR) as the numerator and the total number of par. in the group as the

denominator.

Statistical Analysis 2 for Number of Participants (Par.) Classified as Responders (Rs) and Non-responders (NRs) for Objective Response in Accordance With the National Cancer Institute Working Group (NCIWG) 1996 Guidelines

Groups	2000 mg Ofatumumab + BFR
Method	
Other Estimated Parameter [proportion of responders]	0.18
95% Confidence Interval	0.02 to 0.52

Additional details about the analysis, such as null hypothesis and power calculation:

[Not specified.]

Other relevant estimation information:

Two-sided 95% exact confidence intervals were calculated based on the binomial distribution. The estimated value was calculated using the number of responders (CR+nPR+PR) as the numerator and the total number of par. in the group as the denominator.

Statistical Analysis 3 for Number of Participants (Par.) Classified as Responders (Rs) and Non-responders (NRs) for Objective Response in Accordance With the National Cancer Institute Working Group (NCIWG) 1996 Guidelines

Groups	2000 mg Ofatumumab + Other
Method	
Other Estimated Parameter [proportion of responders]	1.00
95% Confidence Interval	0.03 to 1.00

Additional details about the analysis, such as null hypothesis and power calculation:

[Not specified.]

Other relevant estimation information:

Two-sided 95% exact confidence intervals were calculated based on the binomial distribution. The estimated value was

calculated using the number of responders (CR+nPR+PR) as the numerator and the total number of par. in the group as the denominator.

2. Secondary Outcome Measure:

Measure Title	Duration of Response
Measure Description	Duration of response is defined as the time from the initial response (first visit at which response is observed) to progression or death. If the participant had progression between scheduled visits, no progression at the end of the trial, treatment discontinuation for undocumented progression, treatment discontinuation for toxicity or other reason, new anti-cancer treatment, and experienced death or progression after two or more missed visits in a row the endpoint was censored.
Time Frame	From the time of the initial response until progression or death (average of 14.1 study months)
Safety Issue?	No

Analysis Population Description

FAS

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double

	Description
	refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	17	11	1
Duration of Response [units: months] Median (95% Confidence Interval)	NA (7.2 to NA) [1]	NA (24.1 to NA) [2]	NA (NA to NA) [3]

[1] There were not enough events on the survival curve to estimate a median or upper limit of confidence interval.

[2] There were not enough events on the survival curve to estimate a median or upper limit of confidence interval

[3] There were not enough events on the survival curve to estimate a median or confidence interval.

3. Secondary Outcome Measure:

Measure Title	Progression-Free Survival (PFS)
Measure Description	PFS is defined as the time from randomization until progression (prog.)/death. Prog. events are defined by well-documented and verifiable data; other data are censored. If the par. had prog. between scheduled visits, died before the first assessment, or died between adequate visits, the endpoint was considered progressed. If there was no prog. at the end of the trial, treatment discontinuation for undocumented prog./toxicity/other reason, new anti-cancer treatment, and death/prog. after >=2 missed visits in a row, the endpoint was censored. Clinical prog. is not considered as a prog. endpoint.
Time Frame	Start of treatment (Week 0 of Visit 2) until progression or death (average of 14.1 study months)
Safety Issue?	No

Analysis Population Description

FAS

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions

	Description
	of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	17	11	1
Progression-Free Survival (PFS) [units: months] Median (95% Confidence Interval)	7.9 (3.2 to 12.9)	7.2 (2.0 to 11.6)	NA (NA to NA) [1]

[1] There were not enough events on the survival curve to estimate a median or confidence interval.

4. Secondary Outcome Measure:

Measure Title	Time to Next Chronic Lymphocytic Leukemia (CLL) Treatment
Measure Description	Time to next chronic lymphocytic leukemia (CLL) treatment is defined as the time from treatment allocation/randomization (Visit 2) until the time of the first administration of the next CLL treatment other than ofatumumab (or HuMaxCD20, a fully human monoclonal antibody to CD20 that is expressed on the surface of B-cells).
Time Frame	Time from start of study treatment (Week 0 of Visit 2) until the time of first administration of a CLL treatment other than ofatumumab (average

	of 14.8 study months)
Safety Issue?	No

Analysis Population Description

FAS

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the

	Description
	Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	17	11	1
Time to Next Chronic Lymphocytic Leukemia (CLL) Treatment [units: months] Median (95% Confidence Interval)	13.9 (3.9 to NA) [1]	11.6 (7.0 to NA) [2]	NA (NA to NA) [3]

[1] There were not enough events on the survival curve to estimate the upper limit of the confidence interval.

[2] There were not enough events on the survival curve to estimate the upper limit of the confidence interval.

[3] There were not enough events on the survival curve to estimate a median or confidence interval.

5. Secondary Outcome Measure:

Measure Title	Overall Survival (OS)
Measure Description	OS is defined as the time from allocation to death.
Time Frame	Time from start of study treatment (Week 0 of Visit 2) until date of death or time that participant was no longer followed (median of 18.0 months)
Safety Issue?	No

Analysis Population Description

FAS

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up

	Description
	to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	17	11	1
Overall Survival (OS) [units: months] Median (95% Confidence Interval)	27.6 (5.4 to NA) [1]	11.3 (5.3 to NA) [2]	12.3 (NA to NA) [3]

[1] There were not enough events on the survival curve to estimate the upper limit of the confidence interval.

[2] There were not enough events on the survival curve to estimate the upper limit of the confidence interval.

[3] There were not enough events on the survival curve to estimate a confidence interval.

6. Secondary Outcome Measure:

Measure Title	Median Percent Change of Tumor Size (Sum of Products Dimensions [SPD]) From Baseline (Visit 2) at Month 4
Measure Description	Reduction in tumor size was measured as the percent change in the sum of the products of the diameters of the largest abnormal lymph nodes from Baseline to Week 24. Percent change was calculated as (Week 24 SPD minus Baseline SPD)/Baseline SPD * 100.
Time Frame	Baseline (Visit 2) and Month 4
Safety Issue?	No

Analysis Population Description

FAS. Measurement of tumor size was completed by physical examination for participants remaining in the study at Month 4. Only participants with a baseline value and a post-baseline value at Month 4 were included in the calculation.

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

	Description
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	8	6	1
Median Percent Change of Tumor Size	-55.3 (-100 to	-64.8 (-82 to	0 (0 to 0)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
(Sum of Products Dimensions [SPD]) From Baseline (Visit 2) at Month 4 [units: Percent change in tumor size] Median (Full Range)	157)	3)	

7. Secondary Outcome Measure:

Measure Title	Median Percent Change of Tumor Size (Sum of Products Dimensions [SPD]) From Baseline (Visit 2) at Month 12
Measure Description	Reduction in tumor size was measured by the percentage change in the sum of products of the diameters of the largest abnormal lymph nodes from Baseline to Month 12. Percent change was calculated as (Month 12 SPD minus Baseline SPD)/Baseline SPD * 100.
Time Frame	Baseline (Visit 2) and Month 12
Safety Issue?	No

Analysis Population Description

FAS. No participants in the 2000 mg Ofatumumab + Other treatment arm were able to contribute to this measure. Measurement of tumor size was completed by physical examination for participants remaining in the study at Month 12. Only participants with a baseline value and a post-baseline value at Month 12 were included in the calculation.

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300

	Description
	milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended

	Description
	Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	4	1	0
Median Percent Change of Tumor Size (Sum of Products Dimensions [SPD]) From Baseline (Visit 2) at Month 12 [units: Percent change in tumor size] Median (Full Range)	-65.2 (-100 to 0)	-68.9 (-68.9 to -68.9)	

8. Secondary Outcome Measure:

Measure Title	Median Percent Change of Tumor Size (Sum of Products Dimensions [SPD]) From Baseline (Visit 2) at Month 24
Measure Description	Reduction in tumor size was measured by the percentage change in the sum of products of the diameters of the largest abnormal lymph nodes from Baseline to Month 24. Percent change was calculated as (Month 24 SPD minus Baseline SPD)/Baseline SPD * 100.
Time Frame	Baseline (Visit 2) and Month 24
Safety Issue?	No

Analysis Population Description

FAS. No participants in the 2000 mg Ofatumumab + Other treatment arm were able to contribute to this measure. Measurement of tumor size was completed by physical examination for participants remaining in the study at Month 24. Only participants with a baseline value and a post-baseline value at Month 24 were included in the calculation.

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions

	Description
	of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	2	1	0
Median Percent Change of Tumor Size (Sum of Products Dimensions [SPD]) From Baseline (Visit 2) at Month 24 [units: Percent change in tumor size] Median (Full Range)	-83.3 (-100 to -67)	-64.0 (-64 to -64)	

9. Secondary Outcome Measure:

Measure Title	Number of Participants With Negative and Positive Human Anti-human Antibody (HAHA) Results at the Time of Screening and Post Ofatumumab
Measure Description	HAHAs are indicators of immunogenicity to ofatumumab. HAHA levels were assessed for each participant at the end of participation in the study (at their last visit). A positive HAHA status indicates a positive enzyme-linked immunosorbent assay (ELISA) result, an inconclusive status indicates a negative ELISA result at ofatumumab concentration above the threshold at which ofatumumab may interfere with the

	assay, and a negative status indicates a negative ELISA result at ofatumumab concentration below the threshold.
Time Frame	Screening and post ofatumumab (up to Study Month 32)
Safety Issue?	No

Analysis Population Description

FAS. During the study, samples were to be taken at the last visit; however, this may not have been possible, such as in cases of death, or when the visit was not obvious as the "last visit." Therefore, some samples were not available or were not collected.

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up

	Description
	phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
Total	This arm includes a total of all three arms combined.

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other	Total
Number of Participants Analyzed	17	11	1	29
Number of Participants With Negative and Positive Human Anti-human Antibody (HAHA) Results at the Time of Screening and Post Ofatumumab [units: participants]				
Screening, Positive, n=15 , 11, 1, 27	0	0	0	0

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other	Total
Screening, Inconclusive, n = 15 , 11 , 1, 27	5	6	0	11
Screening, Negative, n = 15 , 11 , 1, 27	10	5	1	16
Post-ofatumumab, Positive, n = 12 , 8 , 1, 21	0	0	0	0
Post-ofatumumab, Inconclusive, n=12 , 8, 1, 21	9	8	1	18
Post-ofatumumab, Negative, n =12 , 8, 1 , 21	3	0	0	3

10. Secondary Outcome Measure:

Measure Title	Number of Participants Who Experienced Any Adverse Event
Measure Description	An adverse event (AE) is defined as any untoward medical occurrence in a participant administered a pharmaceutical product and which did not necessarily have a causal relationship with the treatment. A list of AEs experienced in the study with a frequency threshold of 5% can be found in the AE section of this results record.
Time Frame	From the first infusion (Visit 2/Week 0) until the last visit of the Extended Follow-up Phase (up to Study Month 26 [visit 34])
Safety Issue?	Yes

Analysis Population Description

FAS

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions

	Description
	of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	17	11	1
Number of Participants Who Experienced Any Adverse Event [units: participants]	15	11	1

11. Secondary Outcome Measure:

Measure Title	Number of Participants With the Indicated Major Infections
Measure Description	The data collected for this analysis are reported in the overall Serious Adverse Events (SAEs) of infections rather than reported separately for this specific analysis. This is a conservative approach for reporting all infectious SAEs in order to ensure that all of the infectious SAEs are represented.
Time Frame	From the first infusion (Visit 2/Week 0) until the last visit of the Extended Follow-up Phase (up to Study Month 26 [visit 34])
Safety Issue?	Yes

Analysis Population Description

FAS

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and

	Description
	maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	0	0	0

No data displayed because Outcome Measure has zero total participants analyzed.

12. Secondary Outcome Measure:

Measure Title	Number of Participants With Infections Requiring Hospitalization or Intravenous Antibiotics
Measure Description	The data collected for this analysis are reported in the overall SAEs of infections rather than reported separately for this specific analysis. This is a conservative approach for reporting all infectious SAEs in order to ensure that all of the infectious SAEs are represented.
Time Frame	From the first infusion (Visit 2/Week 0) until the last visit of the Extended Follow-up Phase (up to Study Month 26 [visit 34])
Safety Issue?	Yes

Analysis Population Description

FAS

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and

	Description
	maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Number of Participants Analyzed	0	0	0

No data displayed because Outcome Measure has zero total participants analyzed.

13. Secondary Outcome Measure:

Measure Title	Cmax and Ctrough at Visit 2 (Week 0) and at Visit 14 (Month 4)
Measure Description	Cmax is defined as the maximum concentration of drug in plasma samples (collected at the end of the infusion). Ctrough is defined as the concentration of drug in plasma samples at the end of a dosing interval (collected directly before next administration). Ctrough before the first infusion represents residual ofatumumab from participation in Study Hx-CD20-406.
Time Frame	Visit 2 (Week 0) and Visit 14 (Month 4)

Safety Issue?	No

Analysis Population Description

FAS. Data are provided for the number of participants attending each visit. Participants withdrawn during the study were not analyzed.

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).

	Description
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
Total	This arm includes a total of all three arms combined.

Measured Values

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other	Total
Number of Participants Analyzed	17	11	1	29
Cmax and Ctrough at Visit 2 (Week 0) and at Visit 14 (Month 4) [units: Milligrams per liter (mg/L)] Geometric Mean (95% Confidence Interval)				
Cmax Visit 2, n= 16, 11, 1, 28	54.8 (30.7 to 97.7)	58.8 (38.6 to 89.5)	110 (NA to NA) [1]	57.7 (40.7 to 82.0)
Cmax Visit 14, n= 8, 5, 0, 13	617 (413 to 922)	708 (352 to 1424)	NA (NA to NA) [2]	651 (482 to 877)
Ctrough Visit 2, n= 16, 11, 1, 28	1.1 (0.32 to 4.0)	2.8 (1.1 to 7.5)	0.0 (NA to NA) [3]	1.7 (0.77 to 3.6)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other	Total
Ctrough Visit 14, n= 8, 5, 0, 13	42.6 (6.4 to 285)	59.5 (4.7 to 757)	NA (NA to NA) [4]	48.5 (13.6 to 173)

[1] The 95% CI could not be calculated due to the sample size (n=1).

[2] Participants in group Ofatumumab + Other did not have a sample collection at Visit 14.

[3] The 95% CI could not be calculated due to the sample size (n=1).

[4] Participants in group Ofatumumab + Other did not have a sample collection at Visit 14.

Reported Adverse Events

Reporting Groups

	Description
2000 mg Ofatumumab + DR	Participants (Par.) who had responded to ofatumumab or had stable disease in Hx-CD20-406 (Study OMB111773; NCT00349349) and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab intravenous (iv) infusion was initiated at 300 milligrams (mg), followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as double refractory (DR), defined as participants who were enrolled in Study Hx-CD20-406 and were refractory to both fludarabine and alemtuzumab. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + BFR	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and

	Description
	maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions. For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up phase (Months 29-44). These participants were classified as bulky fludarabine refractory (BFR), defined as participants who were enrolled in the study and were refractory to fludarabine with bulky lymphadenopathy. Par. with disease progression entered into the Extended Follow-up phase (Months 47 to 62).
2000 mg Ofatumumab + Other	Participants who had responded to ofatumumab or had stable disease in Hx-CD20-406 and then progressed were offered retreatment and maintenance. For retreatment, ofatumumab iv infusion was initiated at 300 mg, followed by seven weekly 2000 mg infusions For the maintenance of responders, participants received 24 monthly infusions of 2000 mg for up to 24 months, for a total duration of treatment of up to 26 months after which, if possible, the par. entered the Follow-up (Months 29-44). These participants were classified as "other," defined as participants who were enrolled in the study but did not meet criteria for DR or BFR. Par. with disease progression entered the Extended Follow-up phase (Months 47 to 62).

Time Frame

On-treatment serious adverse events (SAEs) and non-serious adverse events (AEs) were collected from the first dose of investigational product until the last visit of the Extended Follow-up Phase (up to Study Month 26 [visit 34]).

Additional Description

SAEs and non-serious AEs were reported for members of the Safety Population, comprised of all participants randomized to treatment who received >=1 dose of trial medication.

Serious Adverse Events

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Total # participants affected/at risk	11/17 (64.71%)	10/11 (90.91%)	1/1 (100%)
Blood and lymphatic system disorders			
Haemolytic anaemia † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Lymphadenopathy † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Neutropenia † [A]			
# participants affected/at risk	3/17 (17.65%)	0/11 (0%)	0/1 (0%)
# events			
Cardiac disorders			
Atrial fibrillation † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Gastrointestinal			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
disorders			
Diarrhea † [A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Enteritis † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Inguinal hernia † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
General disorders			
Death † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Disease progression † [A]			
# participants affected/at risk	2/17 (11.76%)	1/11 (9.09%)	1/1 (100%)
# events			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Pyrexia †[A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Infections and infestations			
Bronchopneumonia †[A]			
# participants affected/at risk	2/17 (11.76%)	1/11 (9.09%)	0/1 (0%)
# events			
Candida pneumonia †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Herpes zoster †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Infection †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Infection Respiratory tract infection †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Lung infection pseudomonal †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Pneumocystis jiroveci pneumonia †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Pneumonia †[A]			
# participants affected/at risk	1/17 (5.88%)	2/11 (18.18%)	0/1 (0%)
# events			
Respiratory tract infection fungal †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# events			
Rhinitis † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Sepsis † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Upper respiratory tract infection † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Urinary tract infection † [A]			
# participants affected/at risk	0/17 (0%)	0/11 (0%)	1/1 (100%)
# events			
Injury, poisoning and procedural complications			
Femoral neck fracture † [A]			
# participants affected/at	0/17 (0%)	1/11 (9.09%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
risk			
# events			
Investigations			
Weight decreased † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Metabolism and nutrition disorders			
Dehydration † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
Chronic lymphocytic leukaemia refractory † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Chronic lympocytic leukaemia †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Malignant neoplasm of pleura †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Melanoma, recurrent †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Renal and urinary disorders			
Renal failure †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Respiratory, thoracic and mediastinal disorders			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Bronchiectasis † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Dyspnea † [A]			
# participants affected/at risk	3/17 (17.65%)	0/11 (0%)	0/1 (0%)
# events			
Skin and subcutaneous tissue disorders			
Rash † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Vascular disorders			
Femoral artery occlusion † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			

† Indicates events were collected by systematic assessment.

A Term from vocabulary, MedDRA

Other Adverse Events

Frequency Threshold Above Which Other Adverse Events are Reported: 5%

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Total # participants affected/at risk	15/17 (88.24%)	11/11 (100%)	1/1 (100%)
Blood and lymphatic system disorders			
Anaemia † [A]			
# participants affected/at risk	2/17 (11.76%)	1/11 (9.09%)	0/1 (0%)
# events			
Lymphopenia † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Neutropenia † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Splenomegaly † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Thrombocytopenia † [A]			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Cardiac disorders			
Atrial fibrillation † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Ear and labyrinth disorders			
Vertigo † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Eye disorders			
Conjunctivitis † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	1/1 (100%)
# events			
Eyelid oedema † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# events			
Gastrointestinal disorders			
Abdominal distension † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Abdominal pain † [A]			
# participants affected/at risk	4/17 (23.53%)	1/11 (9.09%)	0/1 (0%)
# events			
Abdominal pain upper † [A]			
# participants affected/at risk	1/17 (5.88%)	2/11 (18.18%)	0/1 (0%)
# events			
Constipation † [A]			
# participants affected/at risk	1/17 (5.88%)	3/11 (27.27%)	0/1 (0%)
# events			
Diarrhea † [A]			
# participants affected/at risk	4/17 (23.53%)	5/11 (45.45%)	1/1 (100%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# events			
Dry mouth † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Dyspepsia † [A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Gastroesophageal reflux disease † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Gingivitis † [A]			
# participants affected/at risk	0/17 (0%)	2/11 (18.18%)	0/1 (0%)
# events			
Hiatus hernia † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Mouth ulceration † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Nausea † [A]			
# participants affected/at risk	5/17 (29.41%)	2/11 (18.18%)	0/1 (0%)
# events			
Oral pain † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Paraesthesia oral † [A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Stomatitis † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Tongue blistering † [A]			
# participants affected/at	0/17 (0%)	1/11 (9.09%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
risk			
# events			
Vomiting † [A]			
# participants affected/at risk	4/17 (23.53%)	2/11 (18.18%)	0/1 (0%)
# events			
General disorders			
Asthenia † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Chest discomfort † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Chest pain † [A]			
# participants affected/at risk	2/17 (11.76%)	0/11 (0%)	0/1 (0%)
# events			
Chills † [A]			
# participants affected/at risk	1/17 (5.88%)	4/11 (36.36%)	1/1 (100%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# events			
Fatigue †[A]			
# participants affected/at risk	0/17 (0%)	2/11 (18.18%)	0/1 (0%)
# events			
Influenza like illness †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Infusion site extravasation †[A]			
# participants affected/at risk	0/17 (0%)	2/11 (18.18%)	0/1 (0%)
# events			
Oedema †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Oedema peripheral †[A]			
# participants affected/at risk	1/17 (5.88%)	3/11 (27.27%)	0/1 (0%)
# events			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Pyrexia †[A]			
# participants affected/at risk	4/17 (23.53%)	3/11 (27.27%)	0/1 (0%)
# events			
Immune system disorders			
Allergy to arthropod bite †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Hypersensitivity †[A]			
# participants affected/at risk	2/17 (11.76%)	0/11 (0%)	0/1 (0%)
# events			
Infections and infestations			
Bronchitis †[A]			
# participants affected/at risk	2/17 (11.76%)	1/11 (9.09%)	0/1 (0%)
# events			
Candidiasis †[A]			
# participants affected/at	0/17 (0%)	1/11 (9.09%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
risk			
# events			
Erysipelas † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Fungal infection † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Fungal skin infection † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Furuncle † [A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Haemophilus infection † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Herpes zoster †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	1/1 (100%)
# events			
Infected bites †[A]			
# participants affected/at risk	2/17 (11.76%)	0/11 (0%)	0/1 (0%)
# events			
Influenza †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Lower respiratory tract infection †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Lung infection †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Nasopharyngitis †[A]			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Oral herpes † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Respiratory tract infection † [A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Rhinitis † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Skin infection † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Upper respiratory tract infection † [A]			
# participants affected/at	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
risk			
# events			
Urinary tract infection † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Injury, poisoning and procedural complications			
Contusion † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Humerus fracture † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Muscle strain † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Rib fracture † [A]			
# participants affected/at	0/17 (0%)	1/11 (9.09%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
risk			
# events			
Wound † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Investigations			
Alanine aminotransferase increased † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
C-Reactive protein increased † [A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Platelet count decreased † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Reticulocyte count increased † [A]			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Weight decreased †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Metabolism and nutrition disorders			
Cachexia †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	1/1 (100%)
# events			
Decreased appetite †[A]			
# participants affected/at risk	2/17 (11.76%)	2/11 (18.18%)	0/1 (0%)
# events			
Dehydration †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Hyperglycaemia †[A]			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Hypocalcaemia † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Hypokalaemia † [A]			
# participants affected/at risk	2/17 (11.76%)	2/11 (18.18%)	0/1 (0%)
# events			
Hypophosphataemia † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Magnesium deficiency † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Musculoskeletal and connective tissue disorders			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Arthralgia †[A]			
# participants affected/at risk	2/17 (11.76%)	1/11 (9.09%)	0/1 (0%)
# events			
Back pains †[A]			
# participants affected/at risk	3/17 (17.65%)	3/11 (27.27%)	0/1 (0%)
# events			
Joint swelling †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Muscle spasms †[A]			
# participants affected/at risk	2/17 (11.76%)	1/11 (9.09%)	0/1 (0%)
# events			
Musculoskeletal chest pains †[A]			
# participants affected/at risk	2/17 (11.76%)	0/11 (0%)	0/1 (0%)
# events			
Musculoskeletal pain †[A]			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# participants affected/at risk	2/17 (11.76%)	0/11 (0%)	0/1 (0%)
# events			
Pain in extremity †[A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
Basal cell carcinoma †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Squamous cell carcinoma †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Squamous cell carcinoma of skin †[A]			
# participants affected/at	1/17 (5.88%)	0/11 (0%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
risk			
# events			
Nervous system disorders			
Dizziness †[A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Dizziness postural †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Headache †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Neuralgia †[A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Paraesthesia †[A]			
# participants affected/at	0/17 (0%)	2/11 (18.18%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
risk			
# events			
Psychiatric disorders			
Anxiety † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Insomnia † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Renal and urinary disorders			
Dysuria † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Renal impairment † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
Reproductive system and breast disorders			
Vaginal haemorrhage †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Respiratory, thoracic and mediastinal disorders			
Chronic obstructive pulmonary disease †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Cough †[A]			
# participants affected/at risk	3/17 (17.65%)	4/11 (36.36%)	1/1 (100%)
# events			
Dysphonia †[A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Dyspnoea †[A]			

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# participants affected/at risk	1/17 (5.88%)	2/11 (18.18%)	0/1 (0%)
# events			
Dyspnoea exertional † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Nasal polyps † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Oropharyngeal pain † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Productive cough † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Rales † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# events			
Rhinorrhoea † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Sneezing † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Upper respiratory tract congestion † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Skin and subcutaneous tissue disorders			
Actinic keratosis † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Blister † [A]			
# participants affected/at	0/17 (0%)	2/11 (18.18%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
risk			
# events			
Eczema † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Hyperhidrosis † [A]			
# participants affected/at risk	2/17 (11.76%)	1/11 (9.09%)	0/1 (0%)
# events			
Pruritus † [A]			
# participants affected/at risk	1/17 (5.88%)	0/11 (0%)	0/1 (0%)
# events			
Rash † [A]			
# participants affected/at risk	3/17 (17.65%)	1/11 (9.09%)	0/1 (0%)
# events			
Vascular disorders			
Flushing † [A]			
# participants affected/at risk	3/17 (17.65%)	1/11 (9.09%)	0/1 (0%)

	2000 mg Ofatumumab + DR	2000 mg Ofatumumab + BFR	2000 mg Ofatumumab + Other
# events			
Hot flush † [A]			
# participants affected/at risk	0/17 (0%)	1/11 (9.09%)	0/1 (0%)
# events			
Hypertension † [A]			
# participants affected/at risk	1/17 (5.88%)	1/11 (9.09%)	0/1 (0%)
# events			
Hypotension † [A]			
# participants affected/at risk	1/17 (5.88%)	2/11 (18.18%)	0/1 (0%)
# events			

† Indicates events were collected by systematic assessment.

A Term from vocabulary, MedDRA

More Information

Certain Agreements:

Principal Investigators are NOT employed by the organization sponsoring the study.

There IS an agreement between the Principal Investigator and the Sponsor (or its agents) that restricts the PI's rights to discuss or publish trial results after the trial is completed.

GSK agreements may vary with individual investigators, but will not prohibit any investigator from publishing. GSK supports the

publication of results from all centers of a multi-center trial but requests that reports based on single-site data not precede the primary publication of the entire clinical trial.

Limitations and Caveats:

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