

## 1 SYNOPSIS

<b>Sponsor:</b> Laboratorios LETI, S.L.U.	
<b>Name of Finished Product:</b> Prick Test <i>Arachis hypogaea</i> at 5, 1 and 0,1 mg/ml Positive control (histamine dihydrochloride {10 mg/ml}) Negative control (glycerinated phenol saline solution)	
<b>Name of active ingredient</b> Native, depigmented and depigmented-polymerized allergenic extracts of <i>Arachis hypogaea</i>	
<b>Name of Investigational product substance(s):</b> <u>Experimental product:</u> Depigmented <i>Arachis hypogaea</i> allergen extract (DP) Depigmented-polymerized <i>Arachis hypogaea</i> allergenic extract (DPP)	
<b>Name of Non Investigational product substance:</b> <u>Control product:</u> Native <i>Arachis hypogaea</i> allergenic extract. (N) Histamine dihydrochloride (10 mg/ml) Glycerinated phenol saline solution	
<b>Title of study</b> A multicenter study, double-blind, in vivo comparison of the skin wheal size induced by the native, depigmented and depigmented-polymerized allergenic extracts of <i>Arachis hypogaea</i>	
<b>Study period</b> Study start: 27 SEP 2010 Study end: 12 SEP 2012 First patient first visit: 04-OCT-2010 Last patient last visit: 28-MAR-2012	<b>Phase of Development</b> Phase II
<b>Number of subjects</b> A total number of 36 patients were enrolled and received the study medication, but 15 of them were excluded from the PP population since they did not meet eligibility criteria (n = 4) and did not meet the Nordic Guidelines (1) statistical criteria for analysis (n= 11). The wheal data of 21 patients were analysed (PP population)	
Screened:	36
Randomized:	36
Intention-to-treat (ITT):	Total: 36 Children: 22

Per-protocol (PP):	<p>Adolescents: 13 Adults: 1 Total: 32 Children: 19 Adolescents: 12 Adults: 1</p>
Safety (SP):	Same as ITT population
<p><b>Duration of treatment</b></p> <p>The clinical trial consisted of 1 or 2 site visits (Visit 1 and Visit 2) per patient of approximately 30 minutes, depending on the possibility to assess eligibility criteria during Visit 1 (Visit 1 and Visit 2 could be performed as unique visit on the same day provided that all eligibility criteria were met at Screening (Visit 1)).</p>	
<p><b>Summary of results:</b></p> <p><b>1. Efficacy</b></p> <p>A total number of 36 patients were enrolled (male 58%, female 42%; age range : 5-18 yr-old) and received the study medication, but:</p> <ul style="list-style-type: none"> <li>• 4 of them were excluded since they did not meet eligibility criteria</li> <li>• 11 of them did not meet the Nordic Guidelines (1) statistical criteria for analysis</li> </ul> <p>Therefore, 21 patients corresponding to the PP population were included in the statistical analysis, 11 (52%) were males and 10 (48%) females. Their ages ranged from 5 to 17 years, being 11.4 the mean age. Most of the subjects reported allergy not only to peanut but to several allergens (17 out of 21, i.e. 81%). The wheal data of these 21 patients (PP population) were analysed to determine the primary and secondary variables.</p> <p>Regarding the ratios performed to check a possible wheal size reduction of DPP compared to N, of DP compared to Native and, of DPP compared to DP, the results (all of them &gt;1) confirmed the following: the means of wheals caused by DPP and caused by DP were reduced compared to the one caused by N, respectively. In the same way, also the mean of wheals caused by DPP was reduced compared to DP.</p> <p>The statistical results showed a significant inter-individual variance in the response pattern to the different extracts (N, DP , DPP)</p>	

It can be concluded that a reduction of wheal size comparing Native and DPP extracts has been observed in this study, suggesting DPP is less allergenic. There is a high variability in % of reduction when comparing Native vs DPP.

## 2. Safety

After the 324 SPTs performed in this study, 4 Adverse Events (AE) were reported (1.23 % per administration). Two of these AEs were mild local reactions considered as related (0.62% per administration) and were resolved within the onset day, and the other 2 AEs were not related (0.62% per administration). One out the 2 unrelated AEs had moderate intensity and fulfilled seriousness criteria, therefore it was reported as SAE (0.3% per administration). The other not related AE was recorded as mild.

## Conclusions:

Therefore, it can be concluded that a reduction of the wheals size comparing Native and DPP extracts has been observed in this study, suggesting DPP is less allergenic. The results showed a high inter-individual variability in the response pattern to the different extracts (N, DP , DPP). This variability could be due to the fact that in this trial all kind of peanut allergic patients were included trying to cover the whole spectrum of the disease, but no logical relationship was be found exploring the collected clinical data.

Regarding the safety data, the administration of *Arachis hypogaea* allergen extract (either N, DP or DPP) to the tested concentrations (5, 1 and 0.1 mg/ml), was well tolerated and safe (0.62% related AEs per administration = 2 mild local reactions).

**Date of report:** 14 February 2014