20139 Milano - Viale Ortles, 12 - Tel. 02.57496.1

Milan, June 2022

EudraCT number 2015-001742-29
Sponsor code XIL02/15
Title Tolerability, safety and activity of IDN5243, 4 mg bid intramuscularly in the treatment of low back pain.
A prospective, open label, single-center, uncontrolled study.

This declaration is to inform that no patients were enrolled in the clinical study with EUDRACT number 2015-001742-29 and no results are available as reported in the *Appendice 12* sent to AIFA and to the Ethical Committee of Policlinico Gemelli (Rome, Italy) dated December 14th, 2017.

Attached documentation:

- Notification letter of closing study to Ethical Committee of Fondazione Policlinico Gemelli and AIFA dated 15/12/2017
- "*Appendice 12*" to AIFA and Ethical Committee of Fondazione Policlinico Gemelli (Rome) dated 14/12/2017

Thanking you in advance for your attention.

Kind regards,

Antonella Riva

Antonella Riva
Product Manager
Innovation and Development & Life Cycle Management
Indena S.p.A.
Viale Ortles, 12
20139 Milan, Italy

Email: antonella.riva@indena.com
Phone: +39 02 57496 237

Sintesi Research
Via M. Bandello, 6 - 20123 Milano - Italy • Tel. 02 873512 - Fax 02 97374301

Spettabile
AIFA
Agenzia Italiana del Farmaco
Ufficio Ricerca e Sperimentazione Clinica
Via del Tritone, 181
00187 Roma

Spett.le
Comitato Etico della Fondazione Policlinico Universitario "A. Gemelli"
Policlinico A. Gemelli
Largo Francesco Vito, 1
00168 Roma

Egregio
Direttore Generale
Fondazione Policlinico Universitario "A. Gemelli"
Largo Francesco Vito, 1
00168 Roma

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c.c. Egregio
Sperimentatore Principale
Prof. G. Ferraccioli
Istituto di Reumatologia
Complesso Integrato Columbus
Fondazione Policlinico Universitario "A. Gemelli"
Università Cattolica del Sacro Cuore
L.go Francesco Vito, 1
00168 Roma

Milano, 15/12/2017

Oggetto: "***Tolerability, safety and activity of IDN5243, 4 mg bid intramuscularly in the treatment of low back pain. A prospective, open label, single-center, uncontrolled study".***

Invio Modulo di Dichiarazione di Conclusione della Sperimentazione Clinica

CODICE STUDIO:	**XIL02/15**
TITOLO BREVE:	**IDN 5243 in LBP**
NUMERO EudraCT:	**2015-001742-29**

Con la presente, la scrivente Società Sintesi Research s.r.l., Soc. Unipersonale, (in qualità di Organizzazione di Ricerca e Contratto), con sede in Via M. Bandello, 6 – 20123 Milano, per conto di Indena SpA, Azienda promotrice dello studio in oggetto con sede in Viale Ortles, 12 – 20139 Milano,

invia

Il Modulo di Dichiarazione di Conclusione della Sperimentazione Clinica, firmato in data 14/12/2017, al fine di notificare il termine dello studio in oggetto.

Cordiali saluti

Veronica Maraschi
Clinical Trial Assistant
Sintesi Research S.r.l.

Per AIFA: 1 copia cartacea della presente lettera firmata in originale in data 15/12/2017 + 1 copia cartacea dell'Appendice 12 firmata in originale in data 15/12/2017

Per il Comitato Etico: . 1 copia cartacea della presente lettera firmata in data 15/12/2017 + 1 copia cartacea dell'Appendice 12 firmata in data 15/12/2017

Per il Direttore Generale: 1 copia cartacea della presente lettera firmata in data 15/12/2017 + 1 copia cartacea dell'Appendice 12 firmata in data 15/12/2017

Per lo Sperimentatore Principale: 1 copia cartacea della presente lettera firmata in data 15/12/2017 + 1 copia cartacea dell'Appendice 12 firmata in data 15/12/2017

MODULO DI DICHIARAZIONE DI CONCLUSIONE DELLA SPERIMENTAZIONE CLINICA

A. IDENTIFICAZIONE DELLA SPERIMENTAZIONE

A.1 Numero EudraCT: 2015-001742-29
A.2 Titolo completo della sperimentazione: Tolerability, safety and activity of IDN5243, 4 mg bid intramuscularly in the treatment of low back pain.
A prospective, open label, single-center, uncontrolled study.

A.3 Codice, versione e data del protocollo sperimentale
A.3.1 Codice: XIL02/15
A.3.2 Versione: 1.1
A.3.3 Data: 24/06/2015

B. IDENTIFICAZIONE DEL RICHIEDENTE

B.1 Promotore	Si ☐	No ☒
B.2 Organizzazione autorizzata dal promotore a presentare la domanda	Si ☒	No ☐
B.3 Rappresentante legale del promotore nella UE ai fini della presente sperimentazione	Si ☐	No ☒

B.4 Dati anagrafici
B.4.1 Ente: SINTESI RESEARCH SRL
B.4.2 Nome della persona di riferimento: ~~ALESSANDRA~~ PAOLO
B.4.2 Cognome della persona di riferimento: ~~AMADORI~~ DE SIMONI
B.4.3 Indirizzo: VIA MATTEO BANDELLO, 6
B.4.4 Numero di Telefono: 02 873512
B.4.5 Numero di Fax: 02 97374301
B.4.6 E-mail: p.desimoni@sintesiresearch.com

C. CONCLUSIONE DELLA SPERIMENTAZIONE

C.1 Data di conclusione in Italia [1]: 28/11/2017
C.1.1 Numero di soggetti arruolati in Italia (inclusi nello studio): 0

C.2 La sperimentazione e' terminata in tutti gli altri Paesi interessati?	Si ☒	No ☐
C.3 La sperimentazione è terminata in anticipo	Si ☐	No ☒

C.3.1 Se sì, indicare la data:
C.3.2 Motivazioni della conclusione anticipata:

C.3.2.1 Ragioni di sicurezza	Si ☐	No ☐
C.3.2.2 Mancanza di efficacia	Si ☐	No ☐
C.3.2.3 Qualita' dell'IMP	Si ☐	No ☐
C.3.2.4 Mancato inizio della sperimentazione	Si ☐	No ☐
C.3.2.5 Revoca definitiva dell'autorizzazione da parte dell'AIFA	Si ☐	No ☐
C.3.2.6 Revoca definitiva del Parere Unico	Si ☐	No ☐
C.3.2.7 altro	Si ☐	No ☐
C.3.2.8 se si è risposto 'sì' a una delle precedenti domande, descrivere:	Si ☐	No ☐

C.3.2.8.1 Il motivo della conclusione prematura della sperimentazione (breve testo):
C.3.2.8.2 Il numero di pazienti in Italia ancora sottoposti a terapia al momento dell'interruzione anticipata della sperimentazione e il trattamento proposto per tali pazienti (breve testo):
C.3.2.8.3 le conseguenze della conclusione anticipata sulla valutazione dei risultati e sul rapporto rischio/beneficio complessivo del medicinale in fase di sperimentazione (breve testo):

Note:
1 - Per conclusione si intende l'ultima visita dell'ultimo paziente, se non definita diversamente nel protocollo. Qualora non sia stato arruolato nessun paziente, per conclusione si intende la data in cui il richiedente ha chiuso formalmente l'ultimo centro (es. visita di chiusura). Qualora la sperimentazione non sia mai iniziata, pur avendo ottenuto il parere unico favorevole da parte del comitato etico e / o l'autorizzazione dell'AIFA, per conclusione si intende la data della decisione del promotore di non avviare lo studio in Italia.

D. FIRMA DEL RICHIEDENTE

D.1 Il sottoscritto attesta / attesta per conto del promotore:

· Le predette informazioni sono esatte

· Provvederà ad inviare per via telematica all'Osservatorio una sintesi dei risultati della sperimentazione clinica, non appena questa sarà disponibile e comunque entro dodici mesi dalla conclusione dello studio in tutti i Paesi partecipanti.

D.2 Richiedente che inoltra la domanda

D.2.1 Data: 14/12/2017

D.2.2 Firma: 

D.2.3 Nome: PAOLO

D.2.4 Cognome: DE SIMONI

Allegato: Lettera_Autorizzazione_a_Condizione_Studio_2015-001742-29_25Aug15.pdf

Sintesi Research	CLOSURE VISIT FORM	FMON.17.02

SPONSOR	Indena SPA	**PROTOCOL N°**	XIL02/15
Investigator's Name	Prof. Ferracioli	**Site number**	01
Site address	Dipartimento Reumatologia, Complesso Integrato Columbus, Fondazione Policlinico Universitario A.Gemelli- Università cattolica del Sacro Cuore		
Reference person	Silvia Violetti		
Date of visit	28/11/2017	**CRA's name**	Arianna Cesetti

PARTICIPANTS		
Name	**Role**	**Study responsibility**
Dr Petricca	Sub-Investigator	
Dr. Silvia Violetti	Sr CRA	Cra on site for CTC SpA
Dr. Della Sala	Pharmacist	

FINAL ENROLEMENT INFORMATION	**TOTAL**
1) Subjects expected:	NA
2) Subjects enrolled:	NA
3) Screening failure:	NA
4) Randomised:	NA
5) Withdrawn :	NA
6) Completed:	NA
7) SAEs:	NA

GENERAL ISSUES		**Yes/No*/Na**
1	**The ISF is completed and up-to-date in all sections**	YES
2	**All signed ICFs are present and securely stored**	NA
3	**Completed Patient Identification Form filed in the ISF.**	YES
4	**Outstanding CRFs and DCFs; if yes, please specify**	NA
5	**Signed, dated and completed CRFs and corresponding DCFs properly stored**	NA

GENERAL ISSUES		Yes/No*/Na
6	Final Report by Investigator to IRB/IEC where required, and where applicable, to Competent Authorities (CAs) and to the site Pharmacy	NA
7	Request of updated Financial Disclosure Form after the close-out visit (if applicable)	NA
8	Investigational Medicinal Product (IMP) accountability completed	YES
9	Study specific equipment retrieved (if applicable)	YES
10	Study specific material accountability completed	NA
11	SAEs follow-up status	NA
12	Responsibilities about archiving of study essential documents (ISF and source data)	YES
13	Study Essential Documents storage location – please specify	YES
14	Possibility about inspection or audit	YES
15	End of study notification by the Sponsor to CA and IRB/IEC who it concerns	NO
16	Results and Publications	NA
17	Clinical Study Report	NO
18	Other, if yes please specify	NO
** Please comment any "NO" and "NA" in the in COMMENTS section below*		

GENERAL ISSUES	Yes/No*/Na
COMMENTS	
As per Sponsor's decision,the close out study visit was conducted by A. Cesetti, CRA in charge in Sintesi Research . Until that date, the study monitoring activities were followed by Silvia Violetti, the Sr. CRA in charge at the CRO Unit of the former Clinical Trial Center of the Fondazione Policlinico Universitario Agostino Gemelli (FPG) (now CTC SpA). During the visit the Sintesi's CRA was supported by S. Violetti. The study was discontinued becuase of patients recruitment failure, according to Sponsor's decision. All the documents requested during the COV were signed by Dr. Luca Petricca, the Sub-Investigator of the study, due to the retirement of the PI, Prof. Gianfranco Ferraccioli. A NTF was prepared and signed by Silvia Violetti to clarify this issue. 2 – any patient has entered the study 4/5 - no eCRF page was completed due to the absence of patient.(see above) 6 – 15 As no patients were recruited in the study, no clinical final report has to be finalized. 8 – No IMP was used as no patients were randomized in the study. IMP was located in the FPG experimental product Pharmacy. All the instructions for receiving, handling and delivering the experimental product from the FPG experimental product Pharmacy to the clinical department are illustrated in the operative instruction IO/XIL02_15/01.1. Copy of this working instruction was collected during the visit. Accountability was performed by the designated CRA in order to complete the COV. The CRA carried out the product reconciliation and made arrangements for the withdrawal of the parcel containing the experimental product by courier. The pharmacist, V. Della Sala, will be informed by Sintesi Research about the date of withdrawal by email. 9 - The 2 data loggers, provided by the Sponsor for the maintenance at controlled temperature of theproduct at the site and for the handling of the product to carry out the intramuscular administration route to the patient at home, were collected and packed together with the product to be sent back to the Sponsor 12 – 13 All study essential documents were archived in a closet with limited access located at the Clinical Trial Center of the FPG, 2nd floor, C Wing.	

MATERIAL AND DOCUMENT COLLECTED	Yes/No/Na
19 Completed Site Delegation Signature List and Site staff CVs as applicable (copy filed in the ISF)	YES
20 Patient screening and enrolment log completed (copy filed in the ISF)	YES
21 Informed Consent Form checklist (copy filed in the ISF)	YES
22 Copy of the Final Report by Investigator to IRB/IEC, CA and to the Site Pharmacy , if applicable (copy filed in the ISF)	NA
23 CRFs accountability form completed (copy filed in the ISF)	NA
24 Updated Financial Disclosure, if applicable (copy filed in the ISF)	NA
25 IMPs accountability forms completed (copy filed in the ISF)	YES
26 Documentation of IMPs Return or Destruction (copy filed in the ISF)	YES

MATERIAL AND DOCUMENT COLLECTED	Yes/No/Na
27 IMP Temperature Log (copy filed in the ISF)	NO
28 Not used sealed codes (if applicable)	NA
29 Sealed code Accountability form completed (copy filed in the ISF)	NA
30 Monitoring Visit log updated and completed (copy filed in the ISF)	YES
31 Source Data Location Form updated and completed (copy filed in the ISF)	YES
32 Source Data Verification Form completed (copy filed in the ISF)	NA
33 Documentation of retained biological samples management (copy filed in the ISF)	NA
34 Not used study specific material such as CRF, Diaries, Questionnaires	NA
35 Not used laboratory study specific supplies such as labels, tubes or syringes etc.)	NA
36 Other, if yes please specify	NO

COMMENTS

19 - Sponsor requested Dr Gremese's CV, but she didn't participate to this study as per SIV report.
20/21 - These documents have not been filled in as no patients were enrolled in the study

27- During the COV, the experimental product Pharmacy was visited and accountability form completed. The printout of the temperature plot was not available at the time of the COV. It will be provided to the CRA as soon as available by the Pharmacist, V. Della Sala. The requested period to be traced was from 31 March 2016 to Nov. 2017.
32- During this study the CTC's SOPs were applied. The copies of the SOPs were not filed in the ISF. The SOPs were stored in a locked cabinet, with limited access, at the CRO Unit offices of the CTC SpA., They can be consulted upon specific and formal request

Documents collected during COV

- Monitoring Plan Vers.1 20/01/2016 (copy)
- Data Management Plan Vers.1 09/03/2016 (copy)
- SIV Report 09/05/2016 (copy)
- SIV FU letter 02/05/2016 (copy)
- Certificate of validation data logger (copy)
- Shipping form data logger (copy)
- Instruction for use data logger (copy)
- Data logger corrispondence dated on 24/05/2016 ; on 25/05/2016 ; on 06/06/2016 and on

Documents collected during COV
15/07/2016 (copy) • Source data location form signed on 27/04/2016 (copy) • Pharmacy declaration dated on 26/06/2016 (copy) • NTF 6 signed on 20/12/2016 (copy) • Memo TC on 23/09/2016 (copy) • Protocol procedure rev 1 IO/XIL02_15/01.1 (copy) • 12:4013:017 signed on 28/11/2017(copy) • Subject screening log vers1 19/02/2016 signed and dated 28/11/2017 (copy) • Registro identificativo dei soggetti vers 1 19/02/2016 signed and dated 28/11/2017 (copy) • Registro visite al centro vers1 19/02/2016 (monitoring visit log) (copy) • Registro deleghe staff clinico vers1 19/02/2016 (copy) • NTF 5 signed on 12/05/2016 (copy) • Registro training staff clinico vers 1 19/02/2016 signed (copy) • eCRF training signed and dated on 27/04/2017 (copy) • eCRF validation vers 3,5 31/03/2016 (copy) • User acceptance approval form signed 31/03/2016 (copy) • Data validation plan approval form signed 31/03/2016 (copy) • Case report approval form signed 24/03/2014 (copy) • Patient's diary approval form signed 13/04/2016 (copy) • User acceptance test Discrepancies report (30/03/2016;01/03/2016;29/02/2016) • Expeted field 19/02/2016 (copy) • IMP shipment letter (copy) • Patient's drug dispensing log (copy) • Investigational product accountability form signed and dated on 28/11/2017(copy) • Investigational product reconciliation form signed and dated on 28/11/2017 (copy)

ADDITIONAL COMMENTS
CTC SOP procedures were requested by the CRA. Mrs Violetti assured that they were already requested to their quality assurance department. The CTC QA member will send the requested copies to the Sponsor as soon as possible.

	NAME and SIGNATURE	DATE
CRA	ARIANNA CESETTI	/ / N.A.C
PM	Paolo De Simi	/ / 1/2/2018