UNIVERSITY OF GOTHENBURG

SAHLGRENSKA ACADEMY

Information concerning early study closure, Gothenburg, October 12, 2021

Eudract nr: 2016-000167-16

Study title: Disulfiram response as add-on to chemotherapy in recurrent glioblastoma: A randomized controlled trial (DIRECT)

This is a statement with information concerning early study closure. I (Asgeir S. Jakola) am both sponsor and principal investigator of the study. The study is closed early following a planned interim analysis where there were signs of more adverse events in combination of a very low chance of effect (even if we recruited to the planned sampled size). At time of study closure 1 patient was on experimental treatment, and in this case the experimental treatment was terminated following the decision to close the study early. All patients in the study are now followed according to regular clinical practice.

Overall, the early termination has the consequence that calculations are on smaller sample. Following the interim report, the data monitoring safety group recommendation, that the sponsor fully support, is that a positive effect on survival was highly unlikely, and this in combination with more adverse events led us to the decision to close the study for the overall well-being of patients and for future patients to seek more promising experimental treatment.

A summary of baseline statistics for the included patients is attached below.

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Yours sincerely,

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1.1 Open Statistical Report

Data on recruitment and baseline characteristics:

participant enrolment status	Patients included (N=84)
Female, n/N (%)	24/84 (29%)
Age, median (Q1-Q3)	59 (50-67)
Karnofsky, n/N, (%)	
100	26/82 (32%)
90	26/82 (32%)
80	17/82 (21%)
70	9/82 (11%)
60	4/82 (5%)
MGMT promoter hypermethylation	
Yes	22/84 (26%)
No	39/84 (46%)
Unknown	23/84 (27%)
IDH mutation	
Yes	7/84 (8%)
No	68/84 (81%)
Unknown	9/84 (11%)
Chemotherapy in primary setting, n/N (%)	81/81 (100%)
Radiotherapy in primary setting, n/N (%)	79/83 (95%)
Re-operation, n/N (%)	27/83 (33%)
Type of chemotherapy now indicated, n/N (%)	
Lomustine	51/84 (61%)
Temozolomide	26/84 (31%)
PCV	7/84 (8%)
Potential inclusion period, days (median, Q1-Q3)	521 (236-860)