

ClinicalTrials.gov Protocol Registration and Results System (PRS) Receipt

Release Date: November 27, 2024

ClinicalTrials.gov ID: NCT04944784

Study Identification

Unique Protocol ID: CY 5031

Brief Title: A Study to Evaluate the Efficacy and Safety of Reldesemtiv in Patients With Amyotrophic Lateral Sclerosis (ALS) (COURAGE-ALS)

Official Title: A Phase 3, Multi-Center, Double-Blind, Randomized, Placebo-Controlled Trial to Evaluate the Efficacy and Safety of Reldesemtiv in Patients With Amyotrophic Lateral Sclerosis (ALS)

Secondary IDs: 2020-004040-29 [EudraCT Number]

Study Status

Record Verification: November 2024

Overall Status: Terminated [The DMC recommended the trial be discontinued due to futility following a planned second interim analysis.]

Study Start: August 16, 2021 [Actual]

Primary Completion: July 18, 2023 [Actual]

Study Completion: July 18, 2023 [Actual]

Sponsor/Collaborators

Sponsor: Cytokinetics

Responsible Party: Sponsor

Collaborators:

Oversight

U.S. FDA-regulated Drug: Yes

U.S. FDA-regulated Device: No

U.S. FDA IND/IDE: Yes

IND/IDE Information: FDA Center: CDER
IND/IDE Number: 134567
Serial Number: 0059
Has Expanded Access: No

Human Subjects Review: Board Status: Approved
Approval Number: SSU00136250
Board Name: Advarra
Board Affiliation:
Phone:
Email:
Address:

6940 Columbia Gateway Dr.,
Suite 110, Columbia, MD 21046

Data Monitoring: Yes

FDA Regulated Intervention: Yes

Section 801 Clinical Trial: Yes

Study Description

Brief Summary: The purpose of this study is to assess the effect of reldesemtiv versus placebo on functional outcomes in ALS.

Detailed Description: COURAGE-ALS is a Phase 3, double-blind, randomized, placebo-controlled trial of reldesemtiv in patients aged 18 to 80 with ALS.

The screening and qualification period for the trial will be no more than 21 days in duration. Approximately 555 eligible ALS patients will be randomized (2:1) to receive the following dose of reldesemtiv or placebo (stratified by riluzole use/non-use and edaravone use/non-use) for the first 24 weeks (double-blind, placebo-controlled period):

- 300 mg reldesemtiv twice a day for a 600 mg total daily dose (TDD)
- Placebo twice daily

At the end of the 24-week double-blind, placebo-controlled period, patients will transition to the active drug period, where all patients will receive the following dose of reldesemtiv for the next 24 weeks:

- 300 mg reldesemtiv twice a day for a 600 mg TDD for patients who were not down titrated during the 24 weeks of blinded dosing
- 150 mg reldesemtiv twice a day for a 300 mg TDD for patients who were down titrated during the 24 weeks of blinded dosing

Conditions

Conditions: Amyotrophic Lateral Sclerosis

Keywords: Amyotrophic Lateral Sclerosis

ALS

CK-2127107

Reldesemtiv

COURAGE-ALS

Study Design

Study Type: Interventional

Primary Purpose: Treatment

Study Phase: Phase 3

Interventional Study Model: Parallel Assignment

Number of Arms: 4

Masking: Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)

Allocation: Randomized

Enrollment: 489 [Actual]

Arms and Interventions

Arms	Assigned Interventions
Experimental: Reldesemtiv Group, Double-Blind Period Participants in this arm take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Day 1 until Week 24.	Drug: Reldesemtiv Reldesemtiv Oral Tablet Other Names: <ul style="list-style-type: none">• Reldesemtiv
Placebo Comparator: Placebo Group, Double-Blind Period Participants in this arm take 2 placebo oral tablets twice a day from Day 1 until Week 24.	Drug: Placebo Placebo Oral Tablet Other Names: <ul style="list-style-type: none">• Placebo
Experimental: Delayed Start Group, Active Drug Period Participants in this arm were those who received placebo in the double-blind period and reldesemtiv in the active drug period. Participants take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Week 24 until Week 48. Patients who were down-titrated for any	Drug: Reldesemtiv Reldesemtiv Oral Tablet Other Names: <ul style="list-style-type: none">• Reldesemtiv

Arms	Assigned Interventions
<p>reason during the 24 weeks of blinded dosing take 1 reldesemtiv 150 mg oral tablet twice a day for a 300 mg total daily dose from Week 24 until Week 48.</p>	
<p>Experimental: Early Start Group, Active Drug Period Participants in this arm were those who received reldesemtiv in the double-blind and active drug periods. Participants take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Week 24 until Week 48. Patients who were down-titrated for any reason during the 24 weeks of blinded dosing take 1 reldesemtiv 150 mg oral tablet twice a day for a 300 mg total daily dose from Week 24 until Week 48.</p>	<p>Drug: Reldesemtiv Reldesemtiv Oral Tablet</p> <p>Other Names:</p> <ul style="list-style-type: none"> • Reldesemtiv

Outcome Measures

[See Results Section.]

Eligibility

Minimum Age: 18 Years

Maximum Age: 80 Years

Sex: All

Gender Based: No

Accepts Healthy Volunteers: No

Criteria: Key Inclusion Criteria:

- Males or Females between the ages of 18 and 80 years of age, inclusive
- Diagnosis of familial or sporadic ALS (defined as meeting the laboratory-supported probable, probable, or definite criteria for ALS according to the World Federation of Neurology El Escorial criteria). Patients who meet the possible criteria are eligible if they have lower motor neuron findings; those who have purely upper motor neuron findings are ineligible.
- First symptom of ALS \leq 24 months prior to screening. The qualifying first symptoms of ALS are limited to manifestations of weakness in extremity, bulbar, or respiratory muscles.
- ALSFRS-R total score \leq 44 at screening. Patients with a total score of 45 or higher may be rescreened 60 ± 7 days following the original screening date.
- Upright FVC \geq 65.0% of predicted for age, height, sex and ethnicity at screening according to Global Lung Initiative equation
- Must be either on riluzole for \geq 30 days prior to screening or have not taken it for at least 30 days prior to screening
- Must have completed at least 2 cycles of edaravone at the time of screening or have not received it for at least 30 days prior to screening
- Able to swallow whole tablets

Exclusion Criteria:

- eGFR_{CysC} $<$ 45.0 mL/min/1.73 m² at screening

- Urine protein/creatinine ratio > 1 mg/mg (113 mg/mmol) at screening
- Alanine aminotransferase (ALT) or aspartate aminotransferase (AST) ≥ 3-times the upper limit of normal (ULN)
- Total bilirubin (TBL), direct or indirect bilirubin above the ULN.
- Cognitive impairment, related to ALS or otherwise that impairs the patient's ability to understand and/or comply with study procedures and provide informed consent
- Other medically significant neurological conditions that could interfere with the assessment of ALS symptoms, signs or progression.
- Has a tracheostomy

Contacts/Locations

Central Contact Person: Cytokinetics, MD
 Telephone: 650-624-2929
 Email: medicalaffairs@cytokinetics.com

Central Contact Backup:

Study Officials: Cytokinetics, MD
 Study Director
 Cytokinetics

Locations: **Canada, Quebec**

McGill University, Montreal Neurological Institute & Hospital
 Montréal, Quebec, Canada, H3A 2B4
 Contact: Angela Genge als-cru.neuro@mcgill.ca

United States, New York

SUNY Upstate Medical University
 Syracuse, New York, United States, 13210
 Contact: Deborah Bradshaw, MD
 Contact: Sigiriya Smolen 315-464-9767 smolens@upstate.edu

United States, Missouri

Washington University School of Medicine - Center for Advance Medicine
 Saint Louis, Missouri, United States, 63108
 Contact: Timothy M. Miller, MD, PhD
 Contact: 1-844-ALS-CARE als@wustl.edu

United States, Texas

Texas Neurology, P.A.
 Dallas, Texas, United States, 75206
 Contact: Daragh Heitzman, MD
 Contact: Mohamad A. Nasri, MD (214) 827-3610 Ext. 251 mnasri@texasneurology.com

Canada, NB

Stan Cassidy Centre for Rehabilitation
Fredericton, NB, Canada, E3B 0C7
Contact: Colleen O'Connell
Contact: Shane McCullum Shane.a.mccullum@horizonnb.ca

Canada, Alberta

University of Calgary - Heritage Medical Research Clinic
Calgary, Alberta, Canada, T2N 4Z6
Contact: Li Pi Shan Rodney
Contact: Berchman Wong 403-210-7009 wongb@ucalgar.ca

Canada, Quebec

CHU de Quebec-Université Laval
Québec, Quebec, Canada, G1J 1Z4
Contact: Annie Dionne
Contact: Alexandra Simard Alexandra.Simard@crchudequebec.ulaval.ca

United States, Kansas

The University of Kansas Medical Center
Kansas City, Kansas, United States, 66160
Contact: Jeffrey M. Statland, MD
Contact: Katie Lillig 913-945-9932 kjennens2@kumc.edu

Canada, Ontario

Sunnybrook Research Institute
Toronto, Ontario, Canada, M4N 3M5
Contact: Lorne Zinman
Contact: Anita Seghatoleslam (416) 480-6100 Ext. 87561 masoumeh.seghatoleslam@sri.utoronto.ca

United States, Arizona

St. Joseph's Hospital & Medical Center - Barrow Neurological Institute
Phoenix, Arizona, United States, 85013
Contact: Annalee Boyle, MD 602-406-7773 fulton.research@dignityhealth.org

United States, Florida

University of South Florida - Carol and Frank Morsani Center for Advanced Health Care
Tampa, Florida, United States, 33612
Contact: Tuan H. Vu, MD
Contact: Jessica Shaw (813) 974-9413 jessshaw@usf.edu

United States, Illinois

Duchossois Center for Advanced Medicine
Chicago, Illinois, United States, 60637
Contact: Kouros Rezania
Contact: Javaria Anwer (908)392-8303 qve6497@uchicago.edu

Canada, Alberta

University of Alberta

Edmonton, Alberta, Canada, T6G 2B7

Contact: Wendy Johnston

Contact: Kelsey Tymkow 780-492-7690 tymkow@ualberta.ca

United States, Maryland

Johns Hopkins Outpatient Center

Baltimore, Maryland, United States, 21287

Contact: Jeffrey D. Rothstein, MD, PhD

Contact: Kristen Riley kriley@jhmi.edu

United States, Vermont

University of Vermont Medical Center

Burlington, Vermont, United States, 05401

Contact: Rup Tandan, MD

Contact: Avery St. Sauveur Avery.St.Sauveur@uvmhealth.org

United States, Virginia

VCU Neuroscience Orthopaedic and Wellness Center (NOW)

Henrico, Virginia, United States, 23233

Contact: Kelly Gwathmey, MD

United States, New York

Hospital for Special Surgery

New York, New York, United States, 10021

Contact: Dale J. Lange

Contact: Shara Holzberg 646-797-8592 holzbergs@hss.edu

Canada, SK

Saskatoon City Hospital

Saskatoon, SK, Canada, S7K 0M7

Contact: Kerri Schellenberg

United States, Nebraska

Neurology Associates, PC

Lincoln, Nebraska, United States, 68506

Contact: Gary L. Pattee, MD

United States, California

Stanford Hospital and Clinics

Stanford, California, United States, 94305

Contact: Yuen T. So, MD, PhD 650-725-4341 neuromuscularresearch@stanford.edu

Canada, ON

Ottawa Hospital Research Institute - Civic Campus

Ottawa, ON, Canada, K1Y 4E9
Contact: Ariel Breiner

United States, Colorado

University of Colorado Hospital Anschutz Outpatient Pavilion
Aurora, Colorado, United States, 80045
Contact: 303-724-4644 neuroresearch@cuanschutz.edu

United States, California

University of California Irvine - ALS & Neuromuscular Center
Orange, California, United States, 92868
Contact: Namita Goyal, MD
Contact: Cindy Vo 714-456-6192 cindynv1@hs.uci.edu

United States, Michigan

Henry Ford Health System
Detroit, Michigan, United States, 48202
Contact: Ximena Arcila-Londono, MD
Contact: Kathryn Swiftney 313-916-3501 kswift1@hfhs.org

Canada, Ontario

McMaster University Medical Centre
Hamilton, Ontario, Canada, L8N 3Z5
Contact: John Turnbull
Contact: Daniela Trapsa 905-521-2100 Ext. 76368 trapsd@mcmaster.ca

United States, North Carolina

Atrium Health Neuroscience Institute - Charlotte
Charlotte, North Carolina, United States, 28207
Contact: Leo McCluskey
Contact: Cynthia Lary (704) 446-6063 Cynthia.Lary@atriumhealth.org

United States, Wisconsin

Froedtert Hospital
Milwaukee, Wisconsin, United States, 53226
Contact: Dominic Fee, MD
Contact: Taylor Aderman 414-955-0667 taderman@mcw.edu

United States, District of Columbia

GW Medical Faculty Associates
Washington, District of Columbia, United States, 20037
Contact: Elham Bayat, MD
Contact: Anosha Khan 202-741-2745 anoskhan@mfa.gwu.edu

Australia, WA

The Perron Institute

Nedlands, WA, Australia, 6009
Contact: Merrilee Needham
Contact: +61 (08) 6457 0312 info@perron.uwa.edu.au

United States, Florida

University of Florida Jacksonville
Jacksonville, Florida, United States, 32209
Contact: Michael Pulley, MD, PhD
Contact: Deepa Nagaraju (904) 244-9480 Deepa.Nagaraju@jax.ufl.edu

Mayo Clinic Florida

Jacksonville, Florida, United States, 32224
Contact: Bjorn E. Oskarsson, MD
Contact: Colette McHugh-Strong (904) 953-4965 McHugh-Strong.Colette@mayo.edu

United States, California

California Pacific Medical Center - Forbes Norris MDA/ALS Research Center
San Francisco, California, United States, 94109
Contact: Jonathan Katz, MD
Contact: Henry Chen Chenh10@sutterhealth.org

United States, New York

Columbia University Medical Center
New York, New York, United States, 10032
Contact: Jinsy Andrews, MD, MSc

Canada, Quebec

Centre de recherche du CHUM
Montréal, Quebec, Canada, H2X 0A9
Contact: Genevieve Matte

United States, Ohio

Cleveland Clinic
Cleveland, Ohio, United States, 44195
Contact: Rebecca Kuenzler, MD

Canada, ON

London Health Sciences Centre
London, ON, Canada, N6A 5A5
Contact: Christen Shoesmith Christen.Shoesmith@lhsc.on.ca

Australia, Qld

Royal Brisbane and Women's Hospital
Herston, Qld, Australia, 4029
Contact: Susan Heggie
Contact: +61 7 36468111 Susan.Heggie@health.qld.gov.au

United States, Massachusetts

University of Massachusetts Memorial Medical Center/Medical School

Worcester, Massachusetts, United States, 01655

Contact: Margaret A. Owegi, DO

Contact: Catherine Douthwright 774-441-7696 Catherine.douthwright@umassmed.edu

Australia, NSW

Concord Repatriation General Hospital

Concord, NSW, Australia, 2139

Contact: Steve Vucic

Contact: +61 (02) 9767 8461 SLHD-BNRC@health.nsw.gov.au

Ireland

RSCI Education and Research Centre, Beaumont Hospital

Beaumont, Dublin, Ireland, 9

Contact: Orla Hardiman

Netherlands

UMC Utrecht, Department of Neurology, ALS Center

Utrecht, Netherlands, 3584 CX

Contact: L.H. van den Berg, Dr.

United States, Michigan

Michigan Medicine

Ann Arbor, Michigan, United States, 48109

Contact: Stephen A. Goutman, MD, MS

Contact: Jayna Duell 734-936-8776 jkballar@med.umich.edu

United States, Tennessee

Vanderbilt University Medical Center - Clinical Research Center

Nashville, Tennessee, United States, 37232

Contact: Amanda C. Peltier, MD

United States, Massachusetts

Massachusetts General Hospital - Neurological Clinical Research Institute

Boston, Massachusetts, United States, 02114

Contact: Sabrina Paganoni, MD, PhD

Contact: Isabel Cepeda icepeda@mgh.harvard.edu

Spain

Hospital San Rafael

Madrid, Spain, 28016

Contact: Jesus Mora

United States, Pennsylvania

Lewis Katz School of Medicine at Temple University

Philadelphia, Pennsylvania, United States, 19140
Contact: Terry Heiman-Patterson, MD
Contact: Kathleen Hatala (215) 707-4171 Kathleen.hatala@tuhs.temple.edu

Belgium

UZ Leuven Gasthuisberg, Department of Neurology
Leuven, Belgium, 3000
Contact: Philip Van Damme

United States, Indiana

Indiana University
Indianapolis, Indiana, United States, 46202
Contact: Cynthia Bodkin, MD

United States, California

Cedars-Sinai Medical Center
Los Angeles, California, United States, 90048
Contact: Richard Lewis, MD
Contact: Sophia Mostowy 310-423-0827 Groupneuromuscularresearch@cshs.org

Switzerland

Muskelzentrum/ALS Clinic
Saint Gallen, Switzerland, 9007
Contact: Markus Weber, MD

United States, Pennsylvania

Penn State Health Milton S. Hershey Medical Center
Hershey, Pennsylvania, United States, 17033
Contact: James Grogan, MD
Contact: Dodi Schaak dschaak@pennstatehealth.psu.edu

Australia, SA

Flinders Medical Centre
Bedford Park, SA, Australia, 5042
Contact: Eldira Dishnica +61 (08) 8204 5168

Germany

Medical School Hannover - Department of Neurology
Hanover, Germany, 30625
Contact: Susanne Petri

United States, Iowa

University of Iowa Hospitals and Clinics
Iowa City, Iowa, United States, 52242
Contact: Andrea Swenson
Contact: Heena Olalde 319-356-8326 heena-olalde@uiowa.edu

United States, Oregon

Providence ALS Center

Portland, Oregon, United States, 97213

Contact: Nicholas T. Olney, MD

Contact: Ashley Adamo (503) 962-1171 ashley.adamo@providence.org

United Kingdom

The Walton Centre NHS Foundation Trust

Liverpool, United Kingdom, L9 7LJ

Contact: Carolyn Young

Italy

Ospedale San Luca

Milan, Italy, 20149

Contact: Vincenzo Silani neurotrial@auxologico.it

Australia, NSW

Brain and Mind Centre

Camperdown, NSW, Australia, 2050

Contact: Matthew Kiernan

Contact: +61 2 9351 0976 hannah.timmins@sydney.edu.au

Spain

Hospital Universitari i Politecnic La Fe

Valencia, Spain, 46026

Contact: Juan Francisco Vazquez Costa

Italy

AOU Città della Salute e Scienza (Molinette),

Turin, Italy, 10126

Contact: Andrea Calvo

Sweden

Studieenheten Akademiskt Specialistcentrum, Sabbatsberg Hospital

Stockholm, Sweden, 11361

Contact: Caroline Ingre

France

CHRU de Tours, Hopital Bretonneau, Clinical Research Center

Tours, France, 37044

Contact: Philippe Corcia, Pr.

Italy

Centro Clinical Nemo - Fondazione Serena Onlus

Milan, Italy, 20162

Contact: Christian Lunetta

France

CHU de Limoges - Hopital Dupuytren
Limoges, France, 87 042
Contact: Couratier Philippe

CHU de la Timone
Marseille, France, 13005
Contact: Shahram Attarian

Poland

City Clinic Research
Warsaw, Poland, 02-473
Contact: Magdalena Kuzma-Kozakiewicz

Portugal

Centro Hospitalar Universitario Lisboa Norte, Department of Neurology
Lisboa, Portugal, 1649-035
Contact: Mamede Carvalho

France

CHU de Nice - Hôpital Pasteur 2
Nice, France, 06 001
Contact: Marie-Helene Soriani

Germany

Universitätsklinikum Jena
Jena, Germany, 07747
Contact: Annekathrin Rodiger

Spain

Hospital Universitari de Bellvitge
Barcelona, Spain, 08907
Contact: Monica Povedano

Germany

Universitätsklinikum Ulm
Ulm, Germany, 89081
Contact: Albert C. Ludolph, Prof. Dr.

France

Hopital La Pitie Salpetriere
Paris, France, 75013
Contact: Francois Salachas

Germany

Universitätsklinikum Bonn

Bonn, Germany, 53127
Contact: Patrick Weydt

Spain

Hospital Universitario Basurto
Bilbao, Spain, 48013
Contact: Luis Varona Franco

Germany

Universitätsklinikum Schleswig Holstein
Lübeck, Germany, 23538
Contact: Grosskreutz Julian

United Kingdom

Maurice Wohl Clinical Neuroscience Institute
London, United Kingdom, SE5 9RX
Contact: Ammar Al-Chalabi

United States, New York

University of Rochester Medical Center
Rochester, New York, United States, 14642

Germany

Charité - Universitätsmedizin Berlin
Berlin, Germany, 13353

United States, Oregon

Oregon Health and Science University
Portland, Oregon, United States, 97239
Contact: Nizar Chahin, MD
Contact: Yvel Maspinas maspinas@ohsu.edu

France

CHRU de Lille Hopital Roger Salengro
Lille, France, 59037
Contact: Veronique Danel

CRC SLA de Lyon
Bron, France, 69677
Contact: Emilien Bernard

Italy

Instituti Clinici Scientifici Maugeri
Milano, Italy, 20138

Sweden

Neurologimottagningen Skane University Hospital
Malmö, Sweden, 21428
Contact: Nilsson Christer

Denmark
Department of Neurology Bispebjerg University Hospital
Copenhagen, Denmark, 2400
Contact: Lisette Salvesen

IPDSharing

Plan to Share IPD: No

References

Citations:

Links:

Available IPD/Information:

Documents

Study Protocol

Document Date: February 24, 2023

Uploaded: 07/16/2024 00:56

Statistical Analysis Plan

Document Date: February 24, 2023

Uploaded: 07/16/2024 00:57

Study Results

Participant Flow

Pre-assignment Details	Three participants were randomized but never dosed in the study.
------------------------	--

Reporting Groups

	Description
Reldesemtiv Group, Double-Blind Period	Participants in this arm take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Day 1 until Week 24. Reldesemtiv: Reldesemtiv Oral Tablet
Placebo Group, Double-Blind Period	Participants in this arm take 2 placebo oral tablets twice a day from Day 1 until Week 24. Placebo: Placebo Oral Tablet
Delayed Start Group, Active Drug Period	Participants in this arm were those who received placebo in the double-blind period and reldesemtiv in the active drug period. Participants take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Week 24 until Week 48. Patients who were down-titrated for any reason during the 24 weeks of blinded dosing take 1 reldesemtiv 150 mg oral tablet twice a day for a 300 mg total daily dose from Week 24 until Week 48. Reldesemtiv: Reldesemtiv Oral Tablet
Early Start Group, Active Drug Period	Participants in this arm were those who received reldesemtiv in the double-blind and active drug periods. Participants take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Week 24 until Week 48. Patients who were down-titrated for any reason during the 24 weeks of blinded dosing take 1 reldesemtiv 150 mg oral tablet twice a day for a 300 mg total daily dose from Week 24 until Week 48. Reldesemtiv: Reldesemtiv Oral Tablet

Double-blind Period

	Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period	Delayed Start Group, Active Drug Period	Early Start Group, Active Drug Period
Started	325	161	0	0
Completed	180	96	0	0
Not Completed	145	65	0	0
Study Terminated by Sponsor	96	46	0	0
Adverse Event	20	4	0	0
Withdrawal by Subject	15	4	0	0
Death	7	2	0	0
Physician Decision	2	1	0	0

	Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period	Delayed Start Group, Active Drug Period	Early Start Group, Active Drug Period
Lack of Efficacy	0	1	0	0
Sponsor Request	2	1	0	0
Planned Medical Assistance in Dying	0	3	0	0
Participant Choice	1	1	0	0
Progressive Disease	2	2	0	0

Active Drug Period

	Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period	Delayed Start Group, Active Drug Period	Early Start Group, Active Drug Period
Started	0	0	96	180
Completed	0	0	31	62
Not Completed	0	0	65	118
Study Terminated by Sponsor	0	0	49	92
Adverse Event	0	0	3	6
Withdrawal by Subject	0	0	4	7
Death	0	0	3	4
Lack of Efficacy	0	0	2	2
Planned Medical Assistance in Dying	0	0	0	1

	Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period	Delayed Start Group, Active Drug Period	Early Start Group, Active Drug Period
Participant Choice	0	0	0	1
Progressive Disease	0	0	4	4
Lost to Follow-up	0	0	0	1

Baseline Characteristics

Baseline Analysis Population Description

The Safety Analysis Set, which included all enrolled participants, was used for the baseline analysis population.

Reporting Groups

	Description
Reldesemtiv Group, Double-Blind Period	Participants in this arm take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Day 1 until Week 24. Reldesemtiv: Reldesemtiv Oral Tablet
Placebo Group, Double-Blind Period	Participants in this arm take 2 placebo oral tablets twice a day from Day 1 until Week 24. Placebo: Placebo Oral Tablet

Baseline Measures

		Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period	Total
Overall Number of Participants		325	161	486
Age, Continuous [1]	Number Analyzed	323 participants	159 participants	482 participants
	Mean (Standard Deviation) Unit of measure: years	59.2 (11.00)	59.8 (10.79)	59.4 (10.92)
		[1] Measure Analysis Population Description: The Full Analysis Set, which was used for efficacy outcome measures, was used for the baseline measure analysis population.		

		Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period	Total
Sex: Female, Male Measure Type: Count of Participants Unit of measure: participants	Number Analyzed	325 participants	161 participants	486 participants
	Female	113 34.77%	64 39.75%	177 36.42%
	Male	212 65.23%	97 60.25%	309 63.58%
Ethnicity (NIH/ OMB) Measure Type: Count of Participants Unit of measure: participants	Number Analyzed	325 participants	161 participants	486 participants
	Hispanic or Latino	15 4.62%	12 7.45%	27 5.56%
	Not Hispanic or Latino	278 85.54%	132 81.99%	410 84.36%
	Unknown or Not Reported	32 9.85%	17 10.56%	49 10.08%
Race (NIH/OMB) Measure Type: Count of Participants Unit of measure: participants	Number Analyzed	325 participants	161 participants	486 participants
	American Indian or Alaska Native	1 0.31%	0 0%	1 0.21%
	Asian	6 1.85%	3 1.86%	9 1.85%
	Native Hawaiian or Other Pacific Islander	0 0%	0 0%	0 0%
	Black or African American	1 0.31%	4 2.48%	5 1.03%
	White	308 94.77%	149 92.55%	457 94.03%
	More than one race	9 2.77%	5 3.11%	14 2.88%

		Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period	Total
	Unknown or Not Reported	0 0%	0 0%	0 0%
Region of Enrollment	Number Analyzed	325 participants	161 participants	486 participants
Measure Type:	Count of Participants			
Unit of measure:	participants			
United States		97 29.85%	56 34.78%	153 31.48%
United Kingdom		0 0%	3 1.86%	3 0.62%
Switzerland		2 0.62%	0 0%	2 0.41%
Portugal		12 3.69%	3 1.86%	15 3.09%
Spain		29 8.92%	10 6.21%	39 8.02%
Canada		48 14.77%	24 14.91%	72 14.81%
Netherlands		5 1.54%	7 4.35%	12 2.47%
Sweden		8 2.46%	7 4.35%	15 3.09%
Belgium		6 1.85%	1 0.62%	7 1.44%
Ireland		6 1.85%	2 1.24%	8 1.65%
Poland		9 2.77%	7 4.35%	16 3.29%
Denmark		1 0.31%	0 0%	1 0.21%
Italy		21 6.46%	11 6.83%	32 6.58%
Australia		22 6.77%	5 3.11%	27 5.56%
France		24 7.38%	14 8.7%	38 7.82%
Germany		35 10.77%	11 6.83%	46 9.47%

		Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period	Total
Forced vital capacity (FVC) percent predicted [1] Mean (Standard Deviation) Unit of measure: percent predicted	Number Analyzed	323 participants	159 participants	482 participants
		84.5 (14.69)	85.8 (14.19)	84.9 (14.53)
		[1] Measure Analysis Population Description: Full Analysis Set was used.		
ALSFRS-R total score [1, 2] Mean (Standard Deviation) Unit of measure: score on a scale	Number Analyzed	323 participants	159 participants	482 participants
		37.2 (4.97)	36.6 (5.44)	37.0 (5.14)
		[1] Measure Description: Amyotrophic Lateral Sclerosis Functional Rating Scale-Revised (ALSFRS-R) total score; rating scale 0 to 48; higher scores indicate better functional		
		[2] Measure Analysis Population Description: Full Analysis Set was used.		
Body Mass Index [1] Mean (Standard Deviation) Unit of measure: kg/m ²	Number Analyzed	323 participants	159 participants	482 participants
		26.9 (5.67)	26.4 (4.41)	26.8 (5.29)
		[1] Measure Analysis Population Description: Full Analysis Set was used.		

		Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period	Total
ALSAQ-40 Total Score [1, 2] Mean (Standard Deviation) Unit of score on a measure: scale	Number Analyzed	323 participants	159 participants	482 participants
		29.1 (15.56)	31.6 (16.80)	29.9 (16.00)
		[1] Measure Description: ALSAQ-40 = Amyotrophic Lateral Sclerosis Assessment Questionnaire; summary scores range from 0 (best health status) to 100 (worst health status); ALSAQ-40 total score is calculated as the sum of the summary scores from the 5 domains; lower score corresponds to better health-related quality of life. [2] Measure Analysis Population Description: Full Analysis Set was used.		
Average Maximum Handgrip Strength [1] Mean (Standard Deviation) Unit of pounds measure:	Number Analyzed	323 participants	159 participants	482 participants
		40.22 (26.122)	38.28 (26.439)	39.58 (26.216)
		[1] Measure Analysis Population Description: Full Analysis Set was used.		

Outcome Measures

1. Primary Outcome Measure:

Measure Title	Effect of Reldesemtiv Versus Placebo on Functional Outcomes in Amyotrophic Lateral Sclerosis (ALS)
Measure Description	Change from baseline to Week 24 in Amyotrophic Lateral Sclerosis Functional Rating Scale-Revised (ALSFRS-R) total score using MMRM without multiple imputation; rating scale 0 to 48; higher scores indicate better functional status
Time Frame	Baseline to Week 24

Analysis Population Description
Full Analysis Set

Reporting Groups

	Description
Reldesemtiv Group, Double-Blind Period	Participants in this arm take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Day 1 until Week 24. Reldesemtiv: Reldesemtiv Oral Tablet
Placebo Group, Double-Blind Period	Participants in this arm take 2 placebo oral tablets twice a day from Day 1 until Week 24. Placebo: Placebo Oral Tablet

Measured Values

	Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period
Overall Number of Participants Analyzed	323	159
Effect of Reldesemtiv Versus Placebo on Functional Outcomes in Amyotrophic Lateral Sclerosis (ALS) Mean (Standard Deviation) Unit of measure: score on a scale	-5.57 (5.307)	-4.76 (4.420)

2. Secondary Outcome Measure:

Measure Title	Effect of Reldesemtiv Versus Placebo on Combined Functional and Survival Outcomes in Amyotrophic Lateral Sclerosis (ALS)
Measure Description	Composite Assessment of Function and Survival (CAFS) compares ranked outcomes based on change from baseline in ALS Functional Rating Scale-Revised (ALSFRRS-R) score (0-48; higher scores indicate better function), time in months to dependence on assisted ventilation (DOAV) and time in months to death. Deceased participants are ranked by time-to-death; earliest deaths ranked the lowest. DOAV survivors are ranked more favorably than those who have died but lower than those alive and not DOAV. Non-DOAV survivors are ranked based on change in ALSFRRS-R (largest decline in ALSFRRS-R ranked lower than less decline or improvement in ALSFRRS-R). Unitless ranked scores range from 1-482 (Full Analysis Set) with larger rank scores associated with a better outcome. Ranks were analyzed using stratified Wilcoxon test comparing the ranked scores between reldesemtiv and placebo, adjusting for baseline riluzole and edaravone use. The win probability and the ratio (rel-desemtiv vs placebo) are presented.
Time Frame	Baseline to Week 24

Analysis Population Description
Full Analysis Set

Reporting Groups

	Description
Reldesemtiv Group, Double-Blind Period	Participants in this arm take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Day 1 until Week 24. Reldesemtiv: Reldesemtiv Oral Tablet
Placebo Group, Double-Blind Period	Participants in this arm take 2 placebo oral tablets twice a day from Day 1 until Week 24. Placebo: Placebo Oral Tablet

Measured Values

	Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period
Overall Number of Participants Analyzed	323	159
Effect of Reldesemtiv Versus Placebo on Combined Functional and Survival Outcomes in Amyotrophic Lateral Sclerosis (ALS) Median (95% Confidence Interval) Unit of measure: unitless	232.5 (211.0 to 257.0)	264.0 (209.0 to 291.0)

3. Secondary Outcome Measure:

Measure Title	Effect of Reldesemtiv Versus Placebo on Ventilatory Function
Measure Description	Change from baseline in percent predicted forced vital capacity (FVC) using an in-clinic spirometer; a negative number for change from baseline indicates respiratory function decline relative to baseline
Time Frame	Baseline to Week 24

Analysis Population Description Full Analysis Set

Reporting Groups

	Description
Reldesemtiv Group, Double-Blind Period	Participants in this arm take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Day 1 until Week 24. Reldesemtiv: Reldesemtiv Oral Tablet

	Description
Placebo Group, Double-Blind Period	Participants in this arm take 2 placebo oral tablets twice a day from Day 1 until Week 24. Placebo: Placebo Oral Tablet

Measured Values

	Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period
Overall Number of Participants Analyzed	323	159
Effect of Reldesemtiv Versus Placebo on Ventilatory Function Mean (Standard Deviation) Unit of measure: percent predicted	-10.562 (12.8178)	-9.677 (13.1073)

4. Secondary Outcome Measure:

Measure Title	Effect of Reldesemtiv Versus Placebo on Quality of Life
Measure Description	Change from baseline in ALSAQ-40 total score. ALSAQ-40 = Amyotrophic Lateral Sclerosis Assessment Questionnaire; summary scores range from 0 (best health status) to 100 (worst health status); ALSAQ-40 total score is calculated as the sum of the summary scores from the 5 domains; lower score corresponds to better health-related quality of life.
Time Frame	Baseline to Week 24

Analysis Population Description Full Analysis Set

Reporting Groups

	Description
Reldesemtiv Group, Double-Blind Period	Participants in this arm take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Day 1 until Week 24. Reldesemtiv: Reldesemtiv Oral Tablet
Placebo Group, Double-Blind Period	Participants in this arm take 2 placebo oral tablets twice a day from Day 1 until Week 24. Placebo: Placebo Oral Tablet

Measured Values

	Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period
Overall Number of Participants Analyzed	323	159
Effect of Reldesemtiv Versus Placebo on Quality of Life Mean (Standard Deviation) Unit of measure: score on a scale	11.426 (12.2102)	9.766 (11.3662)

5. Secondary Outcome Measure:

Measure Title	Effect of Reldesemtiv Versus Placebo on Handgrip Strength
Measure Description	Change from baseline in maximum handgrip strength (average of both hands) measured bilaterally by an electronic hand dynamometer
Time Frame	Baseline to Week 24

Analysis Population Description
Full Analysis Set

Reporting Groups

	Description
Reldesemtiv Group, Double-Blind Period	Participants in this arm take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Day 1 until Week 24. Reldesemtiv: Reldesemtiv Oral Tablet
Placebo Group, Double-Blind Period	Participants in this arm take 2 placebo oral tablets twice a day from Day 1 until Week 24. Placebo: Placebo Oral Tablet

Measured Values

	Reldesemtiv Group, Double-Blind Period	Placebo Group, Double-Blind Period
Overall Number of Participants Analyzed	323	159
Effect of Reldesemtiv Versus Placebo on Handgrip Strength Mean (Standard Deviation) Unit of measure: pounds	-10.134 (9.6821)	-7.370 (9.7733)

Reported Adverse Events

Time Frame	up to 48 weeks
Adverse Event Reporting Description	[Not specified]

Reporting Groups

	Description
Reldesemtiv Group, Double-Blind Period	Participants in this arm take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Day 1 until Week 24. Reldesemtiv: Reldesemtiv Oral Tablet
Placebo Group, Double-Blind Period	Participants in this arm take 2 placebo oral tablets twice a day from Day 1 until Week 24. Placebo: Placebo Oral Tablet
Delayed Start Group, Active Drug Period	Participants in this arm were those who received placebo in the double-blind period and reldesemtiv in the active drug period. Participants take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Week 24 until Week 48. Patients who were down-titrated for any reason during the 24 weeks of blinded dosing take 1 reldesemtiv 150 mg oral tablet twice a day for a 300 mg total daily dose from Week 24 until Week 48. Reldesemtiv: Reldesemtiv Oral Tablet
Early Start Group, Active Drug Period	Participants in this arm were those who received reldesemtiv in the double-blind and active drug periods. Participants take 2 reldesemtiv 150 mg oral tablets twice a day for a 600 mg total daily dose from Week 24 until Week 48. Patients who were down-titrated for any reason during the 24 weeks of blinded dosing take 1 reldesemtiv 150 mg oral tablet twice a day for a 300 mg total daily dose from Week 24 until Week 48. Reldesemtiv: Reldesemtiv Oral Tablet

All-Cause Mortality

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
Total All-Cause Mortality	9/325 (2.77%)		6/161 (3.73%)		5/96 (5.21%)		8/180 (4.44%)	

Serious Adverse Events

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
Total	41/325 (12.62%)		25/161 (15.53%)		14/96 (14.58%)		33/180 (18.33%)	
Cardiac disorders								
atrial tachycardia ^{A †}	0/325 (0%)	0	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
cardiac arrest ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
myocardial infarction ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
Gastrointestinal disorders								
colitis ischaemic ^{A †}	0/325 (0%)	0	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
diarrhoea ^{A †}	0/325 (0%)	0	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
dysphagia ^{A †}	6/325 (1.85%)	6	5/161 (3.11%)	5	2/96 (2.08%)	2	8/180 (4.44%)	8
faecaloma ^{A †}	0/325 (0%)	0	0/161 (0%)	0	2/96 (2.08%)	2	0/180 (0%)	0
intestinal obstruction ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
intestinal pseudo-obstruction ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
lower gastrointestinal haemorrhage ^{A †}	0/325 (0%)	0	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
oesophagitis ^{A †}	0/325 (0%)	0	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
pancreatitis ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
subileus ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
vomiting ^{A †}	0/325 (0%)	0	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
General disorders								
generalised oedema ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
Hepatobiliary disorders								
cholecystitis acute ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
cholelithiasis ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
hepatitis ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
hepatotoxicity ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
Infections and infestations								
COVID-19 ^{A †}	2/325 (0.62%)	2	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
appendicitis ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
infectious mononucleosis ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
medical device site infection ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
peritonitis ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
pneumonia ^{A †}	1/325 (0.31%)	1	1/161 (0.62%)	1	1/96 (1.04%)	1	4/180 (2.22%)	4

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
pneumonia aspiration ^{A †}	0/325 (0%)	0	1/161 (0.62%)	1	0/96 (0%)	0	2/180 (1.11%)	2
respiratory syncytial virus infection ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
sepsis ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	2/180 (1.11%)	2
systemic infection ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
tooth infection ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
upper respiratory tract infection ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
urinary tract infection ^{A †}	1/325 (0.31%)	1	1/161 (0.62%)	1	0/96 (0%)	0	3/180 (1.67%)	3
urosepsis ^{A †}	0/325 (0%)	0	0/161 (0%)	0	1/96 (1.04%)	1	1/180 (0.56%)	1
vascular device infection ^{A †}	1/325 (0.31%)	1	1/161 (0.62%)	1	0/96 (0%)	0	0/180 (0%)	0
Injury, poisoning and procedural complications								
ankle fracture ^{A †}	0/325 (0%)	0	1/161 (0.62%)	1	0/96 (0%)	0	0/180 (0%)	0
clavicle fracture ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
concussion ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
fall ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
hip fracture ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
jaw fracture ^A †	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
procedural pain ^A †	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
rib fracture ^A †	0/325 (0%)	0	1/161 (0.62%)	1	0/96 (0%)	0	0/180 (0%)	0
Investigations								
SARS-CoV-2 test positive ^A †	0/325 (0%)	0	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
alanine aminotransferase increased ^A †	2/325 (0.62%)	2	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
aspartate aminotransferase increased ^A †	2/325 (0.62%)	2	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
blood bilirubin increased ^A †	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
hepatic enzyme increased ^A †	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
oxygen saturation decreased ^A †	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
transaminases increased ^A †	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	2/180 (1.11%)	2
vital capacity decreased ^A †	0/325 (0%)	0	1/161 (0.62%)	1	0/96 (0%)	0	0/180 (0%)	0
weight decreased ^A †	2/325 (0.62%)	2	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
Metabolism and nutrition disorders								
hypokalaemia ^A †	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
hyponatraemia ^A †	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
malnutrition ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
refeeding syndrome ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
Musculoskeletal and connective tissue disorders								
muscle spasms ^{A †}	0/325 (0%)	0	1/161 (0.62%)	1	0/96 (0%)	0	0/180 (0%)	0
Neoplasms benign, malignant and unspecified (incl cysts and polyps)								
metastases to liver ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
pancreatic carcinoma ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
Nervous system disorders								
amyotrophic lateral sclerosis ^{A †}	1/325 (0.31%)	1	1/161 (0.62%)	1	1/96 (1.04%)	1	2/180 (1.11%)	2
cerebellar stroke ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
motor neurone disease ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	2/180 (1.11%)	2
subarachnoid haemorrhage ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
Product Issues								
device dislocation ^{A †}	0/325 (0%)	0	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
device malfunction ^{A †}	0/325 (0%)	0	1/161 (0.62%)	1	0/96 (0%)	0	0/180 (0%)	0
Psychiatric disorders								
assisted suicide ^{A †}	3/325 (0.92%)	3	3/161 (1.86%)	3	0/96 (0%)	0	1/180 (0.56%)	1

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
Renal and urinary disorders								
nephrolithiasis ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
prerenal failure ^{A †}	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
Respiratory, thoracic and mediastinal disorders								
acute respiratory failure ^{A †}	0/325 (0%)	0	2/161 (1.24%)	2	0/96 (0%)	0	1/180 (0.56%)	1
bronchial secretion retention ^{A †}	1/325 (0.31%)	1	1/161 (0.62%)	1	1/96 (1.04%)	1	0/180 (0%)	0
chronic respiratory failure ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
dyspnoea ^{A †}	0/325 (0%)	0	2/161 (1.24%)	2	0/96 (0%)	0	0/180 (0%)	0
hypercapnia ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
pulmonary embolism ^{A †}	2/325 (0.62%)	2	3/161 (1.86%)	3	0/96 (0%)	0	1/180 (0.56%)	1
respiratory arrest ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
respiratory disorder ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	1/96 (1.04%)	1	0/180 (0%)	0
respiratory distress ^{A †}	1/325 (0.31%)	1	0/161 (0%)	0	0/96 (0%)	0	0/180 (0%)	0
respiratory failure ^{A †}	8/325 (2.46%)	8	3/161 (1.86%)	3	4/96 (4.17%)	4	7/180 (3.89%)	7
Surgical and medical procedures								
euthanasia ^{A †}	0/325 (0%)	0	1/161 (0.62%)	1	0/96 (0%)	0	0/180 (0%)	0

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
mechanical ventilation ^A †	0/325 (0%)	0	0/161 (0%)	0	0/96 (0%)	0	1/180 (0.56%)	1
medical device change ^A †	0/325 (0%)	0	1/161 (0.62%)	1	0/96 (0%)	0	0/180 (0%)	0

† Indicates events were collected by systematic assessment.

A Term from vocabulary, MedDRA 23.0

Other Adverse Events

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

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
Total	258/325 (79.38%)		125/161 (77.64%)		65/96 (67.71%)		122/180 (67.78%)	
Gastrointestinal disorders								
constipation ^A †	26/325 (8%)	26	12/161 (7.45%)	12	3/96 (3.12%)	3	10/180 (5.56%)	10
diarrhoea ^A †	22/325 (6.77%)	22	14/161 (8.7%)	14	4/96 (4.17%)	4	13/180 (7.22%)	13
dysphagia ^A †	7/325 (2.15%)	7	6/161 (3.73%)	6	2/96 (2.08%)	2	9/180 (5%)	9
nausea ^A †	24/325 (7.38%)	24	6/161 (3.73%)	6	2/96 (2.08%)	2	6/180 (3.33%)	6
General disorders								
fatigue ^A †	18/325 (5.54%)	18	10/161 (6.21%)	10	2/96 (2.08%)	2	3/180 (1.67%)	3
Infections and infestations								
COVID-19 ^A †	30/325 (9.23%)	30	13/161 (8.07%)	13	8/96 (8.33%)	8	12/180 (6.67%)	12

	Reldesemtiv Group, Double-Blind Period		Placebo Group, Double-Blind Period		Delayed Start Group, Active Drug Period		Early Start Group, Active Drug Period	
	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events	Affected/At Risk (%)	# Events
nasopharyngitis ^{A †}	17/325 (5.23%)	17	6/161 (3.73%)	6	3/96 (3.12%)	3	2/180 (1.11%)	2
urinary tract infection ^{A †}	20/325 (6.15%)	20	9/161 (5.59%)	9	6/96 (6.25%)	6	13/180 (7.22%)	13
Injury, poisoning and procedural complications								
contusion ^{A †}	12/325 (3.69%)	12	6/161 (3.73%)	6	2/96 (2.08%)	2	11/180 (6.11%)	11
fall ^{A †}	58/325 (17.85%)	58	23/161 (14.29%)	23	12/96 (12.5%)	12	27/180 (15%)	27
Investigations								
alanine aminotransferase increased ^{A †}	21/325 (6.46%)	21	3/161 (1.86%)	3	5/96 (5.21%)	5	3/180 (1.67%)	3
aspartate aminotransferase increased ^{A †}	18/325 (5.54%)	18	1/161 (0.62%)	1	5/96 (5.21%)	5	2/180 (1.11%)	2
Musculoskeletal and connective tissue disorders								
arthralgia ^{A †}	19/325 (5.85%)	19	10/161 (6.21%)	10	3/96 (3.12%)	3	9/180 (5%)	9
Nervous system disorders								
dizziness ^{A †}	14/325 (4.31%)	14	8/161 (4.97%)	8	1/96 (1.04%)	1	2/180 (1.11%)	2
headache ^{A †}	25/325 (7.69%)	25	13/161 (8.07%)	13	7/96 (7.29%)	7	6/180 (3.33%)	6

† Indicates events were collected by systematic assessment.

A Term from vocabulary, MedDRA 23.0

Limitations and Caveats

The Data Monitoring Committee reviewed unblinded data at the second planned interim analysis and recommended discontinuation of the clinical trial due to futility.

More Information

Certain Agreements:

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

There is NOT 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.

Results Point of Contact:

Name/Official Title: Cytokinetics MD

Organization: Cytokinetics

Phone: 6506242929

Email: medicalaffairs@cytokinetics.com

U.S. National Library of Medicine | U.S. National Institutes of Health | U.S. Department of Health & Human Services