



Clinical trial results:

A Phase III study of efficacy, safety and tolerability of Chronocort® compared with standard glucocorticoid replacement therapy in the treatment of congenital adrenal hyperplasia.

Summary

| | |
|--------------------------|----------------|
| EudraCT number | 2015-000711-40 |
| Trial protocol | GB DE SE NL DK |
| Global end of trial date | 28 July 2018 |

Results information

| | |
|--------------------------------|--------------|
| Result version number | v1 (current) |
| This version publication date | 26 July 2019 |
| First version publication date | 26 July 2019 |

Trial information

Trial identification

| | |
|-----------------------|----------|
| Sponsor protocol code | DIUR-005 |
|-----------------------|----------|

Additional study identifiers

| | |
|------------------------------------|-------------|
| ISRCTN number | - |
| ClinicalTrials.gov id (NCT number) | NCT02716818 |
| WHO universal trial number (UTN) | - |

Notes:

Sponsors

| | |
|------------------------------|--|
| Sponsor organisation name | Diurnal Ltd |
| Sponsor organisation address | Cardiff Medicentre, Cardiff, United Kingdom, CF14 4UJ |
| Public contact | Clinical Trials Information, Diurnal Ltd, info@diurnal.co.uk |
| Scientific contact | Clinical Trials Information, Diurnal Ltd, info@diurnal.co.uk |

Notes:

Paediatric regulatory details

| | |
|--|----|
| Is trial part of an agreed paediatric investigation plan (PIP) | No |
| Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial? | No |
| Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial? | No |

Notes:

Results analysis stage

| | |
|--|--------------|
| Analysis stage | Final |
| Date of interim/final analysis | 28 July 2018 |
| Is this the analysis of the primary completion data? | Yes |
| Primary completion date | 28 July 2018 |
| Global end of trial reached? | Yes |
| Global end of trial date | 28 July 2018 |
| Was the trial ended prematurely? | No |

Notes:

General information about the trial

Main objective of the trial:

To demonstrate the superior efficacy of Chronocort compared with standard glucocorticoid replacement therapy in the treatment of congenital adrenal hyperplasia (CAH). This will be assessed by establishing whether Chronocort can provide improved control of serum androgen levels compared to current glucocorticoid treatment regimens.

Protection of trial subjects:

The principles of informed consent in the Declaration of Helsinki, in the current requirements of Good Clinical Practice, (published by the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use) and local regulation, whichever afforded the greater participant protection, were implemented before any protocol-specified procedures or interventions were carried out. At Dutch centres only, potential participants were approached by their own treating physician. If the treating physician was also the study Investigator, the participant information sheet was provided immediately. If this was not the case, then the treating physician asked the participant for permission for the Investigator to approach them about study participation.

All data computer-processed by Diurnal Ltd. was identified by participant number/study code. Extra precautions were taken to preserve confidentiality and prevent genetic information being linked to the identity of the participant. This involved coding of the samples and data. For coded samples this meant that there was segregation of the databases containing coded genotypic and clinical information, with protection of confidentiality achieved by limited access.

Background therapy:

Fludrocortisone was prescribed to patients with the salt-wasting form of CAH.

Evidence for comparator:

The comparator used in this trial was standard glucocorticoid therapy, according to the patient's normal standard of care. Standard glucocorticoid therapy consists of hydrocortisone, prednisone, prednisolone and/or dexamethasone, or any combination of the aforementioned drugs.

| | |
|---|-------------------|
| Actual start date of recruitment | 30 September 2015 |
| Long term follow-up planned | No |
| Independent data monitoring committee (IDMC) involvement? | Yes |

Notes:

Population of trial subjects

Subjects enrolled per country

| | |
|--------------------------------------|--------------------|
| Country: Number of subjects enrolled | Netherlands: 15 |
| Country: Number of subjects enrolled | Sweden: 20 |
| Country: Number of subjects enrolled | United Kingdom: 31 |
| Country: Number of subjects enrolled | Denmark: 3 |
| Country: Number of subjects enrolled | France: 32 |
| Country: Number of subjects enrolled | Germany: 29 |
| Country: Number of subjects enrolled | United States: 8 |

| | |
|------------------------------------|-----|
| Worldwide total number of subjects | 138 |
| EEA total number of subjects | 130 |

Notes:

| Subjects enrolled per age group | |
|---|-----|
| In utero | 0 |
| Preterm newborn - gestational age < 37 wk | 0 |
| Newborns (0-27 days) | 0 |
| Infants and toddlers (28 days-23 months) | 0 |
| Children (2-11 years) | 0 |
| Adolescents (12-17 years) | 0 |
| Adults (18-64 years) | 136 |
| From 65 to 84 years | 2 |
| 85 years and over | 0 |

Subject disposition

Recruitment

Recruitment details:

This study was conducted at 11 study sites in 7 countries: Denmark 1, France 2, Germany 1, Netherlands 1, Sweden 1, UK 4, and USA 1.

Pre-assignment

Screening details:

Following written informed consent and screening tests (Visit 0), eligible participants were called back for the baseline visit. As part of the baseline assessment, participants were admitted overnight for a 24-hour endocrine profile whilst remaining on their standard GC therapy. Participants were then randomised to Chronocort or standard therapy.

Period 1

| | |
|------------------------------|-----------------------------------|
| Period 1 title | Treatment Period (overall period) |
| Is this the baseline period? | Yes |
| Allocation method | Randomised - controlled |
| Blinding used | Not blinded |

Arms

| | |
|--|--------------|
| Are arms mutually exclusive? | Yes |
| Arm title | Chronocort |
| Arm description: - | |
| Arm type | Experimental |
| Investigational medicinal product name | Chronocort |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Capsule |
| Routes of administration | Oral use |

Dosage and administration details:

Patients randomised to the Chronocort arm were provided a total daily dose that was equivalent to their previous daily dose of standard glucocorticoid therapy, up to a maximum of 30mg per day.

| | |
|--|---------------------------------|
| Arm title | Standard Glucocorticoid Therapy |
| Arm description: - | |
| Arm type | Active comparator |
| Investigational medicinal product name | Hydrocortisone |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Tablet |
| Routes of administration | Oral use |

Dosage and administration details:

Patients randomised to the standard glucocorticoid therapy arm continued taking the same dose that they had taken prior to study participation.

| | |
|--|------------|
| Investigational medicinal product name | Prednisone |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Tablet |
| Routes of administration | Oral use |

Dosage and administration details:

Patients randomised to the standard glucocorticoid therapy arm continued taking the same dose that they had taken prior to study participation.

| | |
|--|--------------|
| Investigational medicinal product name | Prednisolone |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Tablet |
| Routes of administration | Oral use |

Dosage and administration details:

Patients randomised to the standard glucocorticoid therapy arm continued taking the same dose that they had taken prior to study participation.

| | |
|--|---------------|
| Investigational medicinal product name | Dexamethasone |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Tablet |
| Routes of administration | Oral use |

Dosage and administration details:

Patients randomised to the standard glucocorticoid therapy arm continued taking the same dose that they had taken prior to study participation.

| Number of subjects in period 1 ^[1] | Chronocort | Standard Glucocorticoid Therapy |
|---|------------|---------------------------------|
| | Started | 61 |
| Completed | 58 | 59 |
| Not completed | 3 | 2 |
| Consent withdrawn by subject | 2 | 1 |
| Physician decision | - | 1 |
| Adverse event, non-fatal | 1 | - |

Notes:

[1] - The number of subjects reported to be in the baseline period are not the same as the worldwide number enrolled in the trial. It is expected that these numbers will be the same.

Justification: There are 122 subjects overall reported in the baseline period (61 in Chronocort arm, 61 in standard GC therapy). The number of subjects entering the treatment period is the same as this, but the number of "Completed" subjects is lower due to dropouts.

Baseline characteristics

Reporting groups

| | |
|--------------------------------|---------------------------------|
| Reporting group title | Chronocort |
| Reporting group description: - | |
| Reporting group title | Standard Glucocorticoid Therapy |
| Reporting group description: - | |

| Reporting group values | Chronocort | Standard Glucocorticoid Therapy | Total |
|--|------------|---------------------------------|-------|
| Number of subjects | 61 | 61 | 122 |
| Age categorical | | | |
| Units: Subjects | | | |
| In utero | 0 | 0 | 0 |
| Preterm newborn infants (gestational age < 37 wks) | 0 | 0 | 0 |
| Newborns (0-27 days) | 0 | 0 | 0 |
| Infants and toddlers (28 days-23 months) | 0 | 0 | 0 |
| Children (2-11 years) | 0 | 0 | 0 |
| Adolescents (12-17 years) | 0 | 0 | 0 |
| Adults (18-64 years) | 61 | 59 | 120 |
| From 65-84 years | 0 | 2 | 2 |
| 85 years and over | 0 | 0 | 0 |
| Gender categorical | | | |
| Units: Subjects | | | |
| Female | 42 | 36 | 78 |
| Male | 19 | 25 | 44 |

End points

End points reporting groups

| | |
|---|--|
| Reporting group title | Chronocort |
| Reporting group description: - | |
| Reporting group title | Standard Glucocorticoid Therapy |
| Reporting group description: - | |
| Subject analysis set title | Pre-Baseline - Hydrocortisone - 17-OHP |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of 17-OHP (17-Hydroxyprogesterone) by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set). | |
| Subject analysis set title | Pre-Baseline - Prednisone/Prednisolone - 17-OHP |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of 17-OHP by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set). | |
| Subject analysis set title | Pre-Baseline - Dexamethasone - 17-OHP |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of 17-OHP by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set). | |
| Subject analysis set title | Pre-Baseline - Chronocort vs. Hydrocortisone - 17-OHP |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of 17-OHP by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set). | |
| Subject analysis set title | Pre-Baseline - Chronocort vs. Prednisone/Prednisolone - 17-OHP |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of 17-OHP by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set) | |
| Subject analysis set title | Pre-Baseline - Chronocort vs. Dexamethasone - 17-OHP |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of 17-OHP by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set) | |
| Subject analysis set title | Pre-Baseline - Hydrocortisone - Androstenedione (A4) |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of A4 by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set) | |
| Subject analysis set title | Pre-Baseline - Prednisone/Prednisolone - A4 |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of A4 by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set) | |
| Subject analysis set title | Pre-Baseline - Dexamethasone - A4 |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of A4 by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set) | |

| | |
|---|--|
| Subject analysis set title | Pre-Baseline - Chronocort vs. Hydrocortisone - A4 |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of A4 by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set) | |
| Subject analysis set title | Pre-Baseline - Chronocort vs. Prednisone/Prednisolone - A4 |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of A4 by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set) | |
| Subject analysis set title | Pre-Baseline - Chronocort vs. Dexamethasone - A4 |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of A4 by pre-treatment strata, change from baseline to 24 weeks in primary efficacy variable, analysis of covariance model (Efficacy evaluable analysis set) | |
| Subject analysis set title | Chronocort - 09:00h response - 17-OHP |
| Subject analysis set type | Per protocol |
| Subject analysis set description: A subject will be considered a responder if their 09:00h results at week 24 are in the optimal range for 17-OHP. | |
| Subject analysis set title | Chronocort - 09:00h response - A4 |
| Subject analysis set type | Per protocol |
| Subject analysis set description: A subject will be considered a responder if their 09:00h results at week 24 are in the optimal range for A4. | |
| Subject analysis set title | Standard GC Therapy - 09:00h response - 17-OHP |
| Subject analysis set type | Per protocol |
| Subject analysis set description: A subject will be considered a responder if their 09:00h results at week 24 are in the optimal range for 17-OHP. | |
| Subject analysis set title | Standard GC Therapy - 09:00h response - A4 |
| Subject analysis set type | Per protocol |
| Subject analysis set description: A subject will be considered a responder if their 09:00h results at week 24 are in the optimal range for A4. | |
| Subject analysis set title | Chronocort - DEXA - Fat Mass |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of change from baseline to 24 weeks in body composition (fat mass) - Dual Energy X-ray Absorptiometry (DEXA), analysis of covariance model (Efficacy evaluable analysis set) | |
| Subject analysis set title | Standard GC Therapy - DEXA - Fat Mass |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of change from baseline to 24 weeks in body composition - DEXA; analysis of covariance model (Efficacy evaluable analysis set). | |
| Subject analysis set title | Chronocort - DEXA - Lean Mass |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of change from baseline to 24 weeks in body composition - DEXA; analysis of covariance model (Efficacy evaluable analysis set). | |
| Subject analysis set title | Standard GC Therapy - DEXA - Lean Mass |
| Subject analysis set type | Per protocol |
| Subject analysis set description: Secondary efficacy analysis of change from baseline to 24 weeks in body composition - DEXA; analysis of covariance model (Efficacy evaluable analysis set). | |

| | |
|---|---|
| Subject analysis set title | Chronocort - DEXA - Bone Mineral Density |
| Subject analysis set type | Per protocol |
| Subject analysis set description: | |
| Secondary efficacy analysis of change from baseline to 24 weeks in body composition - DEXA; analysis of covariance model (Efficacy evaluable analysis set). | |
| Subject analysis set title | Standard GC Therapy - DEXA - Bone Mineral Density |
| Subject analysis set type | Per protocol |
| Subject analysis set description: | |
| Secondary efficacy analysis of change from baseline to 24 weeks in body composition - DEXA; analysis of covariance model (Efficacy evaluable analysis set). | |

Primary: Change from baseline to 24 weeks of the mean of the 24-hour standard deviation score (SDS) profile for 17-OHP

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|---|---|
| End point title | Change from baseline to 24 weeks of the mean of the 24-hour standard deviation score (SDS) profile for 17-OHP |
| End point description: | |
| The primary efficacy endpoint was the change from baseline to 24 weeks of the mean of the 24-hour standard deviation score (SDS) profile for 17-OHP (efficacy evaluable analysis set). The SDS profile was calculated as the SDS of log transformed 17-OHP concentration unsigned. A negative value indicates better hormonal control versus baseline, and a difference in LS means < 0 favours Chronocort. | |
| End point type | Primary |
| End point timeframe: | |
| 24 weeks. | |

| End point values | Chronocort | Standard Glucocorticoid Therapy | | |
|--------------------------------------|-------------------|---------------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 53 | 52 | | |
| Units: N/A - SDS | | | | |
| arithmetic mean (standard deviation) | -0.403 (± 0.8499) | -0.172 (± 0.7776) | | |

Statistical analyses

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|---|--|
| Statistical analysis title | Primary efficacy analysis for 17-OHP |
| Statistical analysis description: | |
| The primary efficacy variable was the natural logarithm of the mean of the 24-hour SDS profile for the natural logarithm of 17-OHP. The SDS profile was calculated as the SDS of log transformed 17-OHP concentration unsigned. The mean of the 24-hour SDS profile for each visit was the arithmetic mean of all the SDSs, with the first and last (13th) weighted one half relative to the intermediate SDSs. | |
| Comparison groups | Chronocort v Standard Glucocorticoid Therapy |
| Number of subjects included in analysis | 105 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.5521 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | -0.069 |

| Confidence interval | |
|---------------------|---------|
| level | 95 % |
| sides | 2-sided |
| lower limit | -0.299 |
| upper limit | 0.161 |

Secondary: Change from baseline to 24 weeks of the mean of the 24-hour SDS profile for A4.

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|-----------------|---|
| End point title | Change from baseline to 24 weeks of the mean of the 24-hour SDS profile for A4. |
|-----------------|---|

End point description:

The change from baseline to 24 weeks of the mean of the 24-hour SDS profile for A4 (calculated in the same way as the primary endpoint).

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

24 weeks

| End point values | Chronocort | Standard Glucocorticoid Therapy | | |
|--------------------------------------|-----------------------|---------------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 53 | 52 | | |
| Units: N/A - SDS | | | | |
| arithmetic mean (standard deviation) | 0.113 (\pm 0.9221) | -0.041 (\pm 0.7731) | | |

Statistical analyses

| | |
|----------------------------|--|
| Statistical analysis title | Change from Baseline to 24 Weeks in A4 |
|----------------------------|--|

Statistical analysis description:

Change from Baseline to 24 Weeks in A4 Using an ANCOVA Model - The analysis conducted for the primary endpoint variable analysis of 17-OHP was repeated for A4.

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|---|--|
| Comparison groups | Standard Glucocorticoid Therapy v Chronocort |
| Number of subjects included in analysis | 105 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.7405 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 0.047 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -0.234 |
| upper limit | 0.329 |

Secondary: 17-OHP and A4 by individual baseline treatment strata

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|------------------------|---|
| End point title | 17-OHP and A4 by individual baseline treatment strata |
| End point description: | 17-OHP and A4 by individual baseline treatment strata presented in the same manner as the primary endpoint (using 24-hour SDS profile at 24 weeks). |
| End point type | Secondary |
| End point timeframe: | 24 weeks |

| End point values | Pre-Baseline - Hydrocortisone - 17-OHP | Pre-Baseline - Prednisone/Prednisolone - 17-OHP | Pre-Baseline - Dexamethasone - 17-OHP | Pre-Baseline - Chronocort vs. Hydrocortisone - 17-OHP |
|--------------------------------------|--|---|---------------------------------------|---|
| Subject group type | Subject analysis set | Subject analysis set | Subject analysis set | Subject analysis set |
| Number of subjects analysed | 27 | 21 | 4 | 31 |
| Units: N/A - SDS | | | | |
| arithmetic mean (standard deviation) | -0.248 (\pm 0.7661) | -0.061 (\pm 0.8051) | -0.245 (\pm 0.8522) | -0.431 (\pm 0.8727) |

| End point values | Pre-Baseline - Chronocort vs. Prednisone/Prednisolone - 17-OHP | Pre-Baseline - Chronocort vs. Dexamethasone - 17-OHP | Pre-Baseline - Hydrocortisone - Androstenedione (A4) | Pre-Baseline - Prednisone/Prednisolone - A4 |
|--------------------------------------|--|--|--|---|
| Subject group type | Subject analysis set | Subject analysis set | Subject analysis set | Subject analysis set |
| Number of subjects analysed | 18 | 4 | 27 | 21 |
| Units: N/A - SDS | | | | |
| arithmetic mean (standard deviation) | -0.320 (\pm 0.7627) | -0.565 (\pm 1.2343) | -0.211 (\pm 0.7426) | 0.100 (\pm 0.8339) |

| End point values | Pre-Baseline - Dexamethasone - A4 | Pre-Baseline - Chronocort vs. Hydrocortisone - A4 | Pre-Baseline - Chronocort vs. Prednisone/Prednisolone - A4 | Pre-Baseline - Chronocort vs. Dexamethasone - A4 |
|--------------------------------------|-----------------------------------|---|--|--|
| Subject group type | Subject analysis set | Subject analysis set | Subject analysis set | Subject analysis set |
| Number of subjects analysed | 4 | 31 | 18 | 4 |
| Units: N/A - SDS | | | | |
| arithmetic mean (standard deviation) | 0.368 (\pm 0.3521) | 0.015 (\pm 1.0128) | 0.328 (\pm 0.7256) | -0.092 (\pm 1.0310) |

Statistical analyses

| | |
|---|--|
| Statistical analysis title | Chronocort vs. Hydrocortisone - 17-OHP |
| Comparison groups | Pre-Baseline - Hydrocortisone - 17-OHP v Pre-Baseline - Chronocort vs. Hydrocortisone - 17-OHP |
| Number of subjects included in analysis | 58 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.8186 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | -0.037 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -0.354 |
| upper limit | 0.281 |

| | |
|---|--|
| Statistical analysis title | Chronocort vs. Prednisone/Prednisolone - 17-OHP |
| Comparison groups | Pre-Baseline - Prednisone/Prednisolone - 17-OHP v Pre-Baseline - Chronocort vs. Prednisone/Prednisolone - 17-OHP |
| Number of subjects included in analysis | 39 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.4655 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | -0.135 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -0.508 |
| upper limit | 0.237 |

| | |
|---|--|
| Statistical analysis title | Chronocort vs. Dexamethasone - 17-OHP |
| Comparison groups | Pre-Baseline - Dexamethasone - 17-OHP v Pre-Baseline - Chronocort vs. Dexamethasone - 17-OHP |
| Number of subjects included in analysis | 8 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.9081 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 0.065 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -1.32 |
| upper limit | 1.451 |

| | |
|---|--|
| Statistical analysis title | Chronocort vs. Hydrocortisone - A4 |
| Comparison groups | Pre-Baseline - Hydrocortisone - Androstenedione (A4) v Pre-Baseline - Chronocort vs. Hydrocortisone - A4 |
| Number of subjects included in analysis | 58 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.6729 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 0.092 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -0.343 |
| upper limit | 0.527 |

| | |
|---|--|
| Statistical analysis title | Chronocort vs. Prednisone/Prednisolone - A4 |
| Comparison groups | Pre-Baseline - Prednisone/Prednisolone - A4 v Pre-Baseline - Chronocort vs. Prednisone/Prednisolone - A4 |
| Number of subjects included in analysis | 39 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.5322 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 0.116 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -0.257 |
| upper limit | 0.489 |

| | |
|---|--|
| Statistical analysis title | Chronocort vs. Dexamethasone - A4 |
| Comparison groups | Pre-Baseline - Dexamethasone - A4 v Pre-Baseline - Chronocort vs. Dexamethasone - A4 |
| Number of subjects included in analysis | 8 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.2885 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | -0.568 |

| | |
|---------------------|---------|
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -1.799 |
| upper limit | 0.662 |

Secondary: 17-OHP and A4 levels at 09:00 as a responder analysis

| | |
|------------------------|---|
| End point title | 17-OHP and A4 levels at 09:00 as a responder analysis |
| End point description: | 17-OHP and A4 levels at 09:00 as a responder analysis (i.e. the number of participants achieving results in the optimal range). |
| End point type | Secondary |
| End point timeframe: | 24 weeks |

| End point values | Chronocort - 09:00h response - 17-OHP | Chronocort - 09:00h response - A4 | Standard GC Therapy - 09:00h response - 17-OHP | Standard GC Therapy - 09:00h response - A4 |
|---|---------------------------------------|-----------------------------------|--|--|
| Subject group type | Subject analysis set | Subject analysis set | Subject analysis set | Subject analysis set |
| Number of subjects analysed | 53 | 53 | 52 | 52 |
| Units: Number of subjects with a response | 30 | 25 | 30 | 30 |

Statistical analyses

| | |
|---|--|
| Statistical analysis title | Responders at 09:00 - 17-OHP |
| Comparison groups | Chronocort - 09:00h response - 17-OHP v Standard GC Therapy - 09:00h response - 17-OHP |
| Number of subjects included in analysis | 105 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.9877 |
| Method | Regression, Logistic |
| Parameter estimate | Odds ratio (OR) |
| Point estimate | 0.99 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.45 |
| upper limit | 2.19 |

| | |
|-----------------------------------|--------------------------|
| Statistical analysis title | Responders at 09:00 - A4 |
|-----------------------------------|--------------------------|

| | |
|---|--|
| Comparison groups | Chronocort - 09:00h response - A4 v Standard GC Therapy - 09:00h response - A4 |
| Number of subjects included in analysis | 105 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.8498 |
| Method | Regression, Logistic |
| Parameter estimate | Odds ratio (OR) |
| Point estimate | 0.93 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.43 |
| upper limit | 2.02 |

Secondary: Changes relative to standard GC therapy in body composition (DEXA) (fat mass, lean mass) - measured at all sites except Germany.

| | |
|---|--|
| End point title | Changes relative to standard GC therapy in body composition (DEXA) (fat mass, lean mass) - measured at all sites except Germany. |
| End point description: Changes relative to standard GC therapy in body composition (DEXA) (fat mass and lean mass) - measured at all sites except Germany. | |
| End point type | Secondary |
| End point timeframe: 24 weeks | |

| End point values | Chronocort - DEXA - Fat Mass | Standard GC Therapy - DEXA - Fat Mass | Chronocort - DEXA - Lean Mass | Standard GC Therapy - DEXA - Lean Mass |
|--------------------------------------|------------------------------|---------------------------------------|-------------------------------|--|
| Subject group type | Subject analysis set | Subject analysis set | Subject analysis set | Subject analysis set |
| Number of subjects analysed | 43 | 39 | 43 | 39 |
| Units: kilograms | | | | |
| arithmetic mean (standard deviation) | -0.575 (± 3.2744) | 0.445 (± 2.4660) | 0.640 (± 2.3304) | 0.234 (± 1.3689) |

Statistical analyses

| | |
|---|--|
| Statistical analysis title | Change in Fat Mass - Chronocort vs. Standard GC |
| Statistical analysis description: German subjects have been excluded from this analysis as DEXA scans were not performed at the German site. | |
| Comparison groups | Chronocort - DEXA - Fat Mass v Standard GC Therapy - DEXA - Fat Mass |

| | |
|---|--------------------------------|
| Number of subjects included in analysis | 82 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.156 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | -0.96 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -2.294 |
| upper limit | 0.374 |

| | |
|-----------------------------------|--|
| Statistical analysis title | Change in Lean Mass - Chronocort vs. Standard GC |
|-----------------------------------|--|

Statistical analysis description:

German subjects have been excluded from this analysis as DEXA scans were not performed at the German site.

| | |
|---|--|
| Comparison groups | Chronocort - DEXA - Lean Mass v Standard GC Therapy - DEXA - Lean Mass |
| Number of subjects included in analysis | 82 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.3392 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 0.425 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -0.455 |
| upper limit | 1.305 |

Secondary: Changes relative to standard GC therapy in body composition (DEXA) (bone mineral density) - measured at all sites except Germany.

| | |
|-----------------|---|
| End point title | Changes relative to standard GC therapy in body composition (DEXA) (bone mineral density) - measured at all sites except Germany. |
|-----------------|---|

End point description:

Secondary efficacy analysis of change from baseline to 24 weeks in body composition (DEXA), analysis of covariance model (Efficacy evaluable analysis set)

| | |
|----------------------|-----------|
| End point type | Secondary |
| End point timeframe: | 24 weeks |

| End point values | Chronocort - DEXA - Bone Mineral Density | Standard GC Therapy - DEXA - Bone Mineral Density | | |
|--------------------------------------|--|---|--|--|
| Subject group type | Subject analysis set | Subject analysis set | | |
| Number of subjects analysed | 35 | 36 | | |
| Units: g/cm ² | | | | |
| arithmetic mean (standard deviation) | -0.001 (± 0.0250) | -0.008 (± 0.0399) | | |

Statistical analyses

| Statistical analysis title | Change in Bone Mineral Density - Chronocort vs GC |
|---|--|
| Statistical analysis description: | |
| German subjects have been excluded from the analysis as DEXA scans are not performed at German sites. | |
| Comparison groups | Chronocort - DEXA - Bone Mineral Density v Standard GC Therapy - DEXA - Bone Mineral Density |
| Number of subjects included in analysis | 71 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.2614 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 0.009 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -0.007 |
| upper limit | 0.025 |

Adverse events

Adverse events information

Timeframe for reporting adverse events:

Adverse events were reported from enrolment to study completion (24 weeks).

| | |
|-----------------|------------|
| Assessment type | Systematic |
|-----------------|------------|

Dictionary used

| | |
|--------------------|--------|
| Dictionary name | MedDRA |
| Dictionary version | 20 |

Reporting groups

| | |
|-----------------------|------------|
| Reporting group title | Chronocort |
|-----------------------|------------|

Reporting group description: -

| | |
|-----------------------|---------------------------------|
| Reporting group title | Standard Glucocorticoid Therapy |
|-----------------------|---------------------------------|

Reporting group description: -

| Serious adverse events | Chronocort | Standard Glucocorticoid Therapy | |
|--|-----------------|---------------------------------|--|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 7 / 61 (11.48%) | 5 / 61 (8.20%) | |
| number of deaths (all causes) | 0 | 0 | |
| number of deaths resulting from adverse events | 0 | 0 | |
| General disorders and administration site conditions | | | |
| Odema Peripheral | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Pyrexia | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Gastrointestinal disorders | | | |
| Diarrhoea | | | |
| alternative assessment type: Non-systematic | | | |

| | | | |
|---|----------------|----------------|--|
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Vomiting | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Respiratory, thoracic and mediastinal disorders | | | |
| Dyspnoea | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Endocrine disorders | | | |
| Adrenal Insufficiency | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Andrenocortical Insufficiency Acute | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 3 / 61 (4.92%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 3 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Infections and infestations | | | |
| Appendicitis | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Diverticulitis | | | |
| alternative assessment type: Non-systematic | | | |

| | | | |
|---|----------------|----------------|--|
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Gastroenteritis | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 1 / 61 (1.64%) | |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Gastroenteritis Viral | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Herpes Zoster | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Salpingitis | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Tonsillitis | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |

Frequency threshold for reporting non-serious adverse events: 0 %

| Non-serious adverse events | Chronocort | Standard Glucocorticoid Therapy | |
|--|---|--|--|
| Total subjects affected by non-serious adverse events subjects affected / exposed | 59 / 61 (96.72%) | 48 / 61 (78.69%) | |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) Basal cell carcinoma alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 0 / 61 (0.00%) 0 | 1 / 61 (1.64%) 1 | |
| Vascular disorders Haematoma alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) Hypertension alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) Hypotension alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) Pallor alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 1 / 61 (1.64%) 1 0 / 61 (0.00%) 0 1 / 61 (1.64%) 1 0 / 61 (0.00%) 1 0 / 61 (0.00%) 0 | 0 / 61 (0.00%) 0 1 / 61 (1.64%) 1 0 / 61 (0.00%) 0 1 / 61 (1.64%) 1 | |
| General disorders and administration site conditions Asthenia alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) Chest pain alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 4 / 61 (6.56%) 6 1 / 61 (1.64%) 1 | 3 / 61 (4.92%) 3 0 / 61 (0.00%) 0 | |

| | | |
|---|-----------------|------------------|
| Fat tissue increased | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 2 | 0 |
| Fatigue | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 9 / 61 (14.75%) | 10 / 61 (16.39%) |
| occurrences (all) | 13 | 20 |
| Inflammation | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Influenza like illness | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 4 / 61 (6.56%) |
| occurrences (all) | 3 | 4 |
| Malaise | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 5 / 61 (8.20%) | 2 / 61 (3.28%) |
| occurrences (all) | 5 | 2 |
| Oedema peripheral | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 3 |
| Peripheral swelling | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Pyrexia | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 9 / 61 (14.75%) | 4 / 61 (6.56%) |
| occurrences (all) | 9 | 4 |
| Sensation of foreign body | | |
| alternative assessment type: Non-systematic | | |

| | | | |
|---|---|--|--|
| <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Therapeutic response unexpected alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Thirst alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> | <p>0 / 61 (0.00%)</p> <p>0</p> <p>10 / 61 (16.39%)</p> <p>15</p> <p>1 / 61 (1.64%)</p> <p>1</p> | <p>1 / 61 (1.64%)</p> <p>1</p> <p>1 / 61 (1.64%)</p> <p>0 / 61 (0.00%)</p> <p>0</p> | |
| <p>Reproductive system and breast disorders</p> <p>Erectile dysfunction alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Menstruation irregular alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> | <p>0 / 61 (0.00%)</p> <p>0</p> <p>1 / 61 (1.64%)</p> <p>1</p> | <p>1 / 61 (1.64%)</p> <p>1</p> <p>0 / 61 (0.00%)</p> <p>0</p> | |
| <p>Respiratory, thoracic and mediastinal disorders</p> <p>Asthma alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Cough alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Dyspnoea alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Nasal congestion alternative assessment type: Non-systematic</p> | <p>1 / 61 (1.64%)</p> <p>1</p> <p>3 / 61 (4.92%)</p> <p>4</p> <p>1 / 61 (1.64%)</p> <p>1</p> | <p>0 / 61 (0.00%)</p> <p>0</p> <p>0 / 61 (0.00%)</p> <p>0</p> <p>1 / 61 (1.64%)</p> <p>1</p> | |

| | | | |
|---|----------------|----------------|--|
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Oropharyngeal pain | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) | |
| occurrences (all) | 1 | 1 | |
| Rhinorrhoea | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) | |
| occurrences (all) | 1 | 1 | |
| Psychiatric disorders | | | |
| Affect lability | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Agitation | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 2 / 61 (3.28%) | |
| occurrences (all) | 0 | 3 | |
| Anxiety | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 2 | 0 | |
| Burnout syndrome | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Depressed mood | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 1 / 61 (1.64%) | |
| occurrences (all) | 2 | 1 | |
| Depression | | | |
| alternative assessment type: Non-systematic | | | |

| | | | |
|---|----------------|----------------|--|
| subjects affected / exposed | 2 / 61 (3.28%) | 2 / 61 (3.28%) | |
| occurrences (all) | 3 | 2 | |
| Emotional distress | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Insomnia | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 5 / 61 (8.20%) | 4 / 61 (6.56%) | |
| occurrences (all) | 6 | 4 | |
| Irritability | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Libido decreased | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) | |
| occurrences (all) | 1 | 1 | |
| Sleep disorder | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 2 / 61 (3.28%) | |
| occurrences (all) | 0 | 2 | |
| Stress | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 3 / 61 (4.92%) | |
| occurrences (all) | 1 | 3 | |
| Investigations | | | |
| Alanine aminotransferase increased | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Aspartate aminotransferase increased | | | |
| alternative assessment type: Non-systematic | | | |

| | | |
|---|----------------|----------------|
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Blood creatine phosphokinase increased | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Blood glucose increased | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Blood sodium decreased | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Body temperature increased | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 0 / 61 (0.00%) |
| occurrences (all) | 2 | 0 |
| C-telopeptide increased | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Haematocrit decreased | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Haemoglobin decreased | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Liver function test abnormal | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |

| | | | |
|--|---------------------|----------------------|--|
| Osteocalcin decreased alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 1 / 61 (1.64%) 1 | 0 / 61 (0.00%) 0 | |
| Renin increased alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 3 / 61 (4.92%) 3 | 7 / 61 (11.48%) 7 | |
| Urine output decreased alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 1 / 61 (1.64%) 1 | 0 / 61 (0.00%) 0 | |
| Weight increased alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 0 / 61 (0.00%) 0 | 1 / 61 (1.64%) 1 | |
| White blood cell count increased alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 0 / 61 (0.00%) 0 | 1 / 61 (1.64%) 1 | |
| Injury, poisoning and procedural complications Auricular haematoma alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 0 / 61 (0.00%) 0 | 1 / 61 (1.64%) 1 | |
| Contusion alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 1 / 61 (1.64%) 1 | 0 / 61 (0.00%) 0 | |
| Ear injury alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 0 / 61 (0.00%) 0 | 1 / 61 (1.64%) 1 | |
| Hand fracture alternative assessment type: Non- | | | |

| | | | |
|---|----------------|----------------|--|
| systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Ligament sprain | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Limb injury | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Procedural complication | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Procedural pain | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Sunburn | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Toxicity to various agents | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Wound | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Cardiac disorders | | | |
| Palpitations | | | |
| alternative assessment type: Non-systematic | | | |

| | | | |
|---|------------------|------------------|--|
| subjects affected / exposed | 1 / 61 (1.64%) | 3 / 61 (4.92%) | |
| occurrences (all) | 1 | 3 | |
| Sinus tachycardia | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Tachycardia | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Nervous system disorders | | | |
| Carpal tunnel syndrome | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 0 / 61 (0.00%) | |
| occurrences (all) | 2 | 0 | |
| Circadian rhythm sleep disorder | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Dizziness | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 7 / 61 (11.48%) | 4 / 61 (6.56%) | |
| occurrences (all) | 13 | 5 | |
| Dizziness postural | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Headache | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 15 / 61 (24.59%) | 15 / 61 (24.59%) | |
| occurrences (all) | 19 | 22 | |
| Lethargy | | | |
| alternative assessment type: Non-systematic | | | |

| | | |
|---|----------------|----------------|
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Memory impairment | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Migraine | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) |
| occurrences (all) | 2 | 1 |
| Paraesthesia | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 1 / 61 (1.64%) |
| occurrences (all) | 2 | 1 |
| Peripheral nerve lesion | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Poor quality sleep | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Psychomotor hyperactivity | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Sensory loss | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Somnolence | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) |
| occurrences (all) | 1 | 1 |

| | | | |
|--|--|--|--|
| <p>Syncope</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> | <p>0 / 61 (0.00%)</p> <p>0</p> | <p>1 / 61 (1.64%)</p> <p>1</p> | |
| <p>Tension headache</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> | <p>0 / 61 (0.00%)</p> <p>0</p> | <p>2 / 61 (3.28%)</p> <p>2</p> | |
| <p>Tremor</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> | <p>0 / 61 (0.00%)</p> <p>0</p> | <p>1 / 61 (1.64%)</p> <p>1</p> | |
| <p>Blood and lymphatic system disorders</p> <p>Anaemia</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Iron deficiency anaemia</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> | <p>4 / 61 (6.56%)</p> <p>4</p> <p>1 / 61 (1.64%)</p> <p>1</p> | <p>3 / 61 (4.92%)</p> <p>3</p> <p>0 / 61 (0.00%)</p> <p>0</p> | |
| <p>Ear and labyrinth disorders</p> <p>Ear deformity acquired</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Ear pain</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Tinnitus</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Tympanic membrane perforation</p> | <p>0 / 61 (0.00%)</p> <p>0</p> <p>1 / 61 (1.64%)</p> <p>1</p> <p>1 / 61 (1.64%)</p> <p>1</p> | <p>1 / 61 (1.64%)</p> <p>2</p> <p>0 / 61 (0.00%)</p> <p>0</p> <p>0 / 61 (0.00%)</p> <p>0</p> | |

| | | | |
|--|--|--|--|
| <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>0 / 61 (0.00%)</p> <p>occurrences (all)</p> <p>0</p> <p>1</p> | | | |
| <p>Vertigo</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>1 / 61 (1.64%)</p> <p>occurrences (all)</p> <p>1</p> <p>0</p> | | | |
| <p>Vertigo positional</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>0 / 61 (0.00%)</p> <p>occurrences (all)</p> <p>0</p> <p>1</p> | | | |
| <p>Eye disorders</p> <p>Chalazion</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>0 / 61 (0.00%)</p> <p>occurrences (all)</p> <p>0</p> <p>1</p> <p>Foreign body sensation in eyes</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>1 / 61 (1.64%)</p> <p>occurrences (all)</p> <p>1</p> <p>0</p> <p>Lacrimation increased</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>1 / 61 (1.64%)</p> <p>occurrences (all)</p> <p>1</p> <p>0</p> <p>Vision blurred</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>3 / 61 (4.92%)</p> <p>occurrences (all)</p> <p>3</p> <p>1</p> | | | |
| <p>Gastrointestinal disorders</p> <p>Abdominal pain</p> <p>alternative assessment type: Non-systematic</p> <p>subjects affected / exposed</p> <p>2 / 61 (3.28%)</p> <p>occurrences (all)</p> <p>2</p> <p>3</p> <p>Abdominal pain lower</p> <p>alternative assessment type: Non-systematic</p> | | | |

| | | |
|---|----------------|----------------|
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Abdominal pain upper | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 4 / 61 (6.56%) | 0 / 61 (0.00%) |
| occurrences (all) | 7 | 0 |
| Constipation | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Dental caries | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Diarrhoea | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 4 / 61 (6.56%) | 3 / 61 (4.92%) |
| occurrences (all) | 6 | 3 |
| Diverticulum intestinal | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Dyspepsia | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Epigastric discomfort | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 2 | 0 |
| Faeces soft | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |

| | | | |
|---|----------------------|---------------------|--|
| Food poisoning alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 0 / 61 (0.00%) 0 | 1 / 61 (1.64%) 1 | |
| Gastrooesophageal reflux disease alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 0 / 61 (0.00%) 0 | 1 / 61 (1.64%) 1 | |
| Inguinal hernia alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 1 / 61 (1.64%) 1 | 0 / 61 (0.00%) 0 | |
| Nausea alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 8 / 61 (13.11%) 9 | 4 / 61 (6.56%) 5 | |
| Vomiting alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 4 / 61 (6.56%) 4 | 3 / 61 (4.92%) 4 | |
| Skin and subcutaneous tissue disorders | | | |
| Acne alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 2 / 61 (3.28%) 2 | 0 / 61 (0.00%) 0 | |
| Alopecia alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 1 / 61 (1.64%) 1 | 0 / 61 (0.00%) 0 | |
| Blister alternative assessment type: Non-systematic subjects affected / exposed occurrences (all) | 0 / 61 (0.00%) 0 | 1 / 61 (1.64%) 1 | |
| Chloasma alternative assessment type: Non-systematic | | | |

| | | |
|---|----------------|----------------|
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Cold sweat | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Eczema | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) |
| occurrences (all) | 1 | 1 |
| Erythema | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Hair growth abnormal | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Hyperhidrosis | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 1 / 61 (1.64%) |
| occurrences (all) | 2 | 1 |
| Psoriasis | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Rash | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 3 / 61 (4.92%) | 0 / 61 (0.00%) |
| occurrences (all) | 3 | 0 |
| Urticaria | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |

| | | | |
|---|----------------|----------------|--|
| Endocrine disorders | | | |
| Mineralocorticoid deficiency | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Musculoskeletal and connective tissue disorders | | | |
| Arthralgia | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 2 / 61 (3.28%) | |
| occurrences (all) | 3 | 2 | |
| Back pain | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 4 / 61 (6.56%) | 3 / 61 (4.92%) | |
| occurrences (all) | 4 | 3 | |
| Joint stiffness | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Muscle fatigue | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Muscle spasms | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Muscle tightness | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) | |
| occurrences (all) | 1 | 1 | |
| Muscular weakness | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 0 / 61 (0.00%) | |
| occurrences (all) | 2 | 0 | |
| Musculoskeletal pain | | | |

| | | | |
|---|----------------|----------------|--|
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 1 / 61 (1.64%) | |
| occurrences (all) | 2 | 1 | |
| Myalgia | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) | |
| occurrences (all) | 1 | 1 | |
| Neck pain | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Osteoarthritis | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Pain in extremity | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) | |
| occurrences (all) | 2 | 1 | |
| Infections and infestations | | | |
| Acute sinusitis | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Bronchitis | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Conjunctivitis viral | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Cystitis | | | |
| alternative assessment type: Non-systematic | | | |

| | | |
|---|----------------|----------------|
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Diarrhoea infectious | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Ear infection fungal | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Gastroenteritis | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 4 / 61 (6.56%) |
| occurrences (all) | 1 | 4 |
| Gastroenteritis viral | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 1 / 61 (1.64%) |
| occurrences (all) | 1 | 1 |
| Influenza | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 1 / 61 (1.64%) |
| occurrences (all) | 2 | 1 |
| Lower respiratory tract infection | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 2 | 0 |
| Nasopharyngitis | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Oral candidiasis | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |

| | | |
|---|----------------|----------------|
| Otitis media | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Otitis media acute | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Paronychia | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Pharyngitis | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 0 / 61 (0.00%) |
| occurrences (all) | 2 | 0 |
| Sinusitis | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 2 / 61 (3.28%) | 1 / 61 (1.64%) |
| occurrences (all) | 2 | 1 |
| Tonsillitis | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 2 | 0 |
| Tooth infection | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) |
| occurrences (all) | 0 | 1 |
| Upper respiratory tract infection | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 3 / 61 (4.92%) |
| occurrences (all) | 1 | 3 |
| Urinary tract infection | | |
| alternative assessment type: Non-systematic | | |

| | | | |
|---|------------------|------------------|--|
| subjects affected / exposed | 4 / 61 (6.56%) | 2 / 61 (3.28%) | |
| occurrences (all) | 4 | 2 | |
| Viral infection | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Viral rash | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Viral upper respiratory tract infection | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 12 / 61 (19.67%) | 13 / 61 (21.31%) | |
| occurrences (all) | 16 | 15 | |
| Salpingitis | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 2 | 0 | |
| Herpes zoster | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Metabolism and nutrition disorders | | | |
| Abnormal loss of weight | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) | |
| occurrences (all) | 1 | 0 | |
| Abnormal weight gain | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 3 / 61 (4.92%) | 2 / 61 (3.28%) | |
| occurrences (all) | 3 | 2 | |
| Alcohol intolerance | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 0 / 61 (0.00%) | 1 / 61 (1.64%) | |
| occurrences (all) | 0 | 1 | |
| Decreased appetite | | | |
| alternative assessment type: Non-systematic | | | |

| | | |
|---|----------------|----------------|
| subjects affected / exposed | 2 / 61 (3.28%) | 0 / 61 (0.00%) |
| occurrences (all) | 2 | 0 |
| Fluid retention | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 2 / 61 (3.28%) |
| occurrences (all) | 1 | 2 |
| Gluten sensitivity | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Hyperglycaemia | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |
| Hyperinsulinaemia | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 3 / 61 (4.92%) | 1 / 61 (1.64%) |
| occurrences (all) | 3 | 1 |
| Impaired fasting glucose | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 3 / 61 (4.92%) | 1 / 61 (1.64%) |
| occurrences (all) | 3 | 1 |
| Increased appetite | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 5 / 61 (8.20%) | 2 / 61 (3.28%) |
| occurrences (all) | 5 | 2 |
| Weight fluctuation | | |
| alternative assessment type: Non-systematic | | |
| subjects affected / exposed | 1 / 61 (1.64%) | 0 / 61 (0.00%) |
| occurrences (all) | 1 | 0 |

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date | Amendment |
|-------------------|---|
| 03 September 2015 | <p>Protocol v2.0 dated 03 September 2015:</p> <p>The protocol was amended to address MHRA comments on the protocol and to make a small administrative change to the Adrenal Insufficiency Checklist. The following changes were made:</p> <ol style="list-style-type: none">1) Modification of the RSI in the Investigator's Brochure (IB) necessitated an update to Appendix 3 (Expected Adverse Events) in the protocol.2) Clarification was added that the DSMB is independent.3) The inclusion criteria of PRA less than 2 x ULN was reduced to PRA less than 1.5 x ULN.4) Appendix 5 was updated to a newer version of the Adrenal Insufficiency Checklist (minor administrative change). |
| 03 December 2015 | <p>Protocol v3.0 dated 03 December 2015:</p> <p>The protocol was amended to address the Swedish Medicines Agency and the US National Institutes of Health comments on the protocol that a separate benefit/risk assessment should be added. The following changes were made:</p> <ol style="list-style-type: none">1) Section 5: new section added at the end of Section 5 titled Benefit/Risk Assessment. |
| 28 May 2016 | <p>Protocol v4.0 dated 28 May 2016:</p> <p>The following changes were made to the protocol:</p> <ol style="list-style-type: none">1) Sponsor signatory changed.2) Added a maximum possible dose of 30mg hydrocortisone (or equivalent when calculating the dose using conversion factors for other glucocorticoid medications used in the trial; prednisone, prednisolone and dexamethasone).3) Added a clarification that consent must be taken from the patients in order to access genotyping information for the subject that was taken prior to study involvement.4) Subjects who routinely work night shifts and so do not sleep during the usual nighttime hours was added to the exclusion criteria.5) At the request of the Dutch ethics committee, the following sentence has been added to the procedures for the screening visit (Section 11.1.1) and also in Section 11.4 (Informed Consent): At Dutch centres only, potential subjects will be approached by their own treating physician. If the treating physician is also the investigator the subject information sheet can be provided immediately. If this is not the case then the treating physician will ask the patient for permission for the investigator to approach them about study participation.6) It was noted that the terminology for the independent blinded physician was not consistent throughout the protocol so this was corrected throughout.7) The text in Section 8 (Study Design) and Section 10.4 (Dose Adjustment) was updated to state 'No dose adjustments outside of the protocol-defined dose adjustments should be conducted, unless clinical signs and symptoms indicate an immediate need. In such cases the Sponsor's medical monitor must be contacted (preferably before any dose changes are implemented). Any such unscheduled dose adjustments should be based on clinical symptoms only, with repeated androgen testing discouraged and must be pre-approved by the Sponsor's medical monitor.' |

| | |
|-------------------|---|
| 23 September 2016 | <p>Protocol v5.0 dated 23 September 2016:</p> <p>The following changes were made to the protocol:</p> <ol style="list-style-type: none"> 1) Sponsor signatory changed. 2) The Chronocort® capsules may now be supplied in either blister packs or bottles. Therefore, Section 10.2.2 (Packaging and Labelling) and Appendix 9 (Labelling) were updated. |
| 13 April 2017 | <p>Protocol v6.0 dated 13 April 2017:</p> <p>The following changes were made to the protocol:</p> <ol style="list-style-type: none"> 1) The statistician was changed. 2) The sample size was increased from 110 to 120 patients due to a higher level of protocol deviations than originally anticipated. As such, the inevaluability rate has been increased from 7% to 15%. 3) The titration instructions in Section 8 (Dose Adjustment) were modified to provide guidance to state that if the independent blinded physician states that a change to the midday dose is needed but the patient is either receiving Chronocort or is receiving twice daily dosing of standard therapy. In such cases the local investigator is instructed to decide whether to adjust the morning or evening dose, based on their judgement, in addition to any changes already advised for morning and evening doses, thus ensuring that the total change advised is accommodated within the day. 4) The screening period has been extended by 1 week (21 days) to allow extra time for the study site to obtain the results of the screening PRA test. 5) Clarification added to Sections 9.2 and 11.7 and the synopsis that female subjects presenting with oligomenorrhoea or amenorrhoea who are aged ≤55 years of age should be considered potentially fertile and therefore, as well as undergoing pregnancy testing like all other female subjects, will be expected to be using an acceptable method of contraception, as listed in Section 11.7. 6) Some events may occur during the study that represent an improvement in the subject's condition e.g. restoration of menses. To ensure sufficient details of such events are recorded, Section 12.9 has been updated to state that these events will be reported in the same manner as SAEs in order to capture the data in real time, together with additional data, if this should be required. However these events will not be reported to the regulatory authorities as SAEs. |

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

Limitations of the trial such as small numbers of subjects analysed or technical problems leading to unreliable data.

A limitation of the pre-defined primary endpoint was that it included an unsigned SDS score over a 24-hour period.

Notes: