Clinical trial results:
A Phase 2, Open-Label, Multicenter Study to Explore the Efficacy and Safety of Mongersen (GED-0301) in Subjects with Active Ulcerative Colitis (UC)

Summary

EudraCT number	2015-003364-36
Trial protocol	HU SK BG
Global end of trial date	08 August 2017

Results information

Result version number	v1 (current)
This version publication date	22 August 2018
First version publication date	22 August 2018

Trial information

Trial identification

Sponsor protocol code	GED-0301-UC-002

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT02601300
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	Celgene Corporation
Sponsor organisation address	86 Morris Avenue, Summit, United States, 07901
Public contact	Clinical Trial Disclosure, Celgene Corporation, 01 888-260-1599, ClinicalTrialDisclosure@Celgene.com
Scientific contact	Guillermo Rossiter, Celgene Corporation, 01 9088976467, GRossiter@Celgene.com

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	03 October 2017
Is this the analysis of the primary completion data?	No

Global end of trial reached?	Yes
Global end of trial date	08 August 2017
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

The primary objective of the study was to explore the effect of mongersen (GED-0301) on clinical activity, as measured by the modified Mayo score (MMS) in subjects with active ulcerative colitis (UC).

Protection of trial subjects:

This study was conducted in accordance with the guidelines of current Good Clinical Practice including the archiving of essential documents.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	09 December 2015
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Bulgaria: 1
Country: Number of subjects enrolled	Poland: 2
Country: Number of subjects enrolled	Slovakia: 10
Country: Number of subjects enrolled	Canada: 6
Country: Number of subjects enrolled	United States: 22
Worldwide total number of subjects	41
EEA total number of subjects	13

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)	40
From 65 to 84 years	1

85 years and over	0

Subject disposition

Recruitment

Recruitment details:

Participants were enrolled at 21 study centers within the United States, Bulgaria, Poland, Slovakia and Canada.

Pre-assignment

Screening details:

Participants were 18 years of age and older with active ulcerative colitis for 3 months prior to screening, had a modified Mayo score (MMS) ≥ 4 to ≤ 9 absolute rectal bleeding (RBS) subscore ≥ 1 at screening, a mayo endoscopic subscore ≥ 2 at screening and must have had a therapeutic failure or been intolerant to other therapies.

Period 1

Period 1 title	Induction Phase
Is this the baseline period?	Yes
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Arm title	Mongersen (Weeks 0-8)

Arm description:

Participants received oral mongersen 160 mg tablets daily for 8 weeks during the induction phase.

Arm type	Experimental
Investigational medicinal product name	Mongersen
Investigational medicinal product code	
Other name	GED-0301
Pharmaceutical forms	Film-coated tablet
Routes of administration	Oral use

Dosage and administration details:

Mongersen 160 mg tablets by mouth daily for 8 weeks.

Number of subjects in period 1	Mongersen (Weeks 0-8)
Started	41
Completed	38
Not completed	3
Lack of efficacy	2
Protocol deviation	1

Period 2

Period 2 title	Extension Phase
Is this the baseline period?	No
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Arm title	Mongersen (Weeks 8-52)

Arm description:

Participants received oral mongersen 160 mg tablets daily on an alternating dosing schedule for 4 weeks, followed by a 4 week break, (4 weeks on investigational product (IP) followed by 4 weeks off) for an additional 44 weeks. Participants who did not achieve at least a 20% decrease in partial Mayo score (PMS) from baseline at Week 12 were discontinued from the study.

Arm type	Experimental
Investigational medicinal product name	Mongersen
Investigational medicinal product code	
Other name	GED-0301
Pharmaceutical forms	Film-coated tablet
Routes of administration	Oral use

Dosage and administration details:

Mongersen 160 mg tablets daily on an alternating dosing schedule for 4 weeks, followed by a 4 week break, (4 weeks on investigational product followed by 4 weeks off) for an additional 44 weeks.

Number of subjects in period 2[1]	Mongersen (Weeks 8-52)
Started	35
Treated with IP	34
Completed	18
Not completed	17
Consent withdrawn by subject	3
Adverse event, non-fatal	4
Lack of efficacy	10

Notes:

[1] - The number of subjects starting the period is not consistent with the number completing the preceding period. It is expected the number of subjects starting the subsequent period will be the same as the number completing the preceding period.

Justification: Three subjects did not enter the Extension Phase: 2 subjects due to lack of efficacy (these subjects experienced
treatment-emergent SAEs of worsening of UC a few days after completing the Induction Phase and 1 subject due to withdrawal.

Baseline characteristics

Reporting groups	
Reporting group title	Mongersen (Weeks 0-8)
Reporting group description:	
Participants received oral mongersen 160 mg tablets daily for 8 weeks during the induction phase.	

Reporting group values	Mongersen (Weeks 0-8)	Total	
Number of subjects	41	41	
Age categorical Units: Subjects			
In utero	0	0	
Preterm newborn infants (gestational age < 37 wks)	0	0	
Newborns (0-27 days)	0	0	
Infants and toddlers (28 days-23 months)	0	0	
Children (2-11 years)	0	0	
Adolescents (12-17 years)	0	0	
Adults (18-64 years)	40	40	
From 65-84 years	1	1	
85 years and over	0	0	
Age Continuous Units: years			
arithmetic mean	42.0		
standard deviation	± 11.91	-	
Sex: Female, Male Units: Subjects			
Female	13	13	
Male	28	28	
Race/Ethnicity, Customized Units: Subjects			
Asian	1	1	
Black or African American	2	2	
White	37	37	
Other	1	1	
Duration of Ulcerative Colitis Units: years			
arithmetic mean	9.91		
standard deviation	± 9.107	-	
Baseline Modified Mayo Score			
A modification to the total Mayo score (TMS) was implemented. The MMS was based on the stool frequency, rectal bleeding and endoscopy subscores of the total Mayo score, and excluded the Physician's Global subscore, since this was a global measure that is subjective in nature. The MMS range from 0 to 9 points.			
Units: units on a scale			
arithmetic mean	6.5		
standard deviation	± 1.50	-	
Baseline Mayo Endoscopic Subscore			
The Mayo endoscopic subscore is one of the components of the Mayo score and ranges from 0 - 3 points			

and is defined as: 0 = Normal or inactive disease 1 = Mild Disease (erythema, decreased vascular pattern, mild friability) 2 = Moderate Disease (marked erythema, lack of vascular pattern, friability erosions) 3 = Severe Disease (spontaneous bleeding, ulceration)			
Units: units on a scale			
arithmetic mean	2.6		
standard deviation	± 0.50	-	

End points

End points reporting groups

Reporting group title	Mongersen (Weeks 0-8)

Reporting group description:

Participants received oral mongersen 160 mg tablets daily for 8 weeks during the induction phase.

Reporting group title	Mongersen (Weeks 8-52)

Reporting group description:

Participants received oral mongersen 160 mg tablets daily on an alternating dosing schedule for 4 weeks, followed by a 4 week break, (4 weeks on investigational product (IP) followed by 4 weeks off) for an additional 44 weeks. Participants who did not achieve at least a 20% decrease in partial Mayo score (PMS) from baseline at Week 12 were discontinued from the study.

Primary: Percentage of Participants Who Achieved Clinical Remission in the Modified Mayo Score (MMS) at Week 8

End point title	Percentage of Participants Who Achieved Clinical Remission in the Modified Mayo Score (MMS) at Week 8[1]

End point description:

Clinical remission was defined as a modified Mayo score of ≤ 2, with no individual subscore > 1, at Week 8. The MMS was based on a modification of the total Mayo score (TMS) which included the stool frequency, rectal bleeding, and endoscopic subscores of the TMS and excluded the Physician's Global Assessment (PGA) subscore, since this was a global measure that is subjective in nature. The MMS ranges from 0 to 9 points. The endoscopy subscores was centrally reviewed. Two-sided confidence intervals for the within-group percentage were based on the Wilson score method. The intent to treat (ITT) population included all subjects who received at least one dose of IP. The primary approach to handling missing data was non-responder imputation (NRI), where subjects who had insufficient data for response determination at Week 8 were considered non-responders for clinical remission.

End point type	Primary

End point timeframe:

Baseline to Week 8

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.
Justification: This is a one arm, open-label, Phase 2 study with only 41 subjects. No statistical analysis could be conducted for the treatment effect.

End point values	Mongersen (Weeks 0-8)			
Subject group type	Reporting group			
Number of subjects analysed	41			
Units: percentage of participants				
number (confidence interval 95%)	17.1 (8.5 to 31.3)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants Who Achieved a Modified Mayo Score of ≤ 2,

with Rectal Bleeding Subscore of 0 and Stool Frequency Subscore and Mayo Endoscopic Subscore ≤ 1 at Week 8.

End point title	Percentage of Participants Who Achieved a Modified Mayo Score of ≤ 2, with Rectal Bleeding Subscore of 0 and Stool Frequency Subscore and Mayo Endoscopic Subscore ≤ 1 at Week 8.

End point description:

A MMS was used to evaluate disease activity using 3 components: stool frequency, rectal bleeding and endoscopy; the MMS ranges from 0-9 with higher scores indicating greater disease severity.
SFS was defined as 0-3:
0 = Normal number of stools for patient
1 = 1-2 stools per day more than normal
2 = 3-4 stools more than normal
3 = ≥5 stools more than normal
RBS subscore (0-3) was defined as:
0 = No blood seen
1 = Streaks of blood in stool less than half time
2 = Obvious blood with stool most of the time
3 = Blood alone passes
Endoscopic subscore defined as:
0 = Normal or inactive disease
1 = Mild Disease (erythema, decreased vascular pattern, mild friability)
2 = Moderate Disease (marked erythema, lack of vascular pattern, friability erosions) 3 = Severe Disease (spontaneous bleeding, ulceration)
ITT population = subjects who received one dose of IP. NRI method was used where subjects who had insufficient data for response determination were considered non-responders

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Mongersen (Weeks 0-8)			
Subject group type	Reporting group			
Number of subjects analysed	41			
Units: percentage of participants				
number (confidence interval 95%)	14.6 (6.9 to 28.4)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants Who Achieved a Mayo Endoscopic Subscore of ≤ 1 at Week 8.

End point title	Percentage of Participants Who Achieved a Mayo Endoscopic Subscore of ≤ 1 at Week 8.

End point description:

A Mayo endoscopic subscore of ≤ 1 was assessed and evaluated in participants who achieved a Mayo endoscopic subscore at Week 8. The endoscopy subscore findings are defined as:
0 = Normal or inactive disease
1 = Mild Disease (erythema, decreased vascular pattern, mild friability)
2 = Moderate Disease (marked erythema, lack of vascular pattern, friability erosions)
3 = Severe Disease (spontaneous bleeding, ulceration)
The endoscopy scores were centrally reviewed. Two-sided 95% CIs for the within-group percentage were based on the Wilson score method. The ITT population included all participants who received at

least one dose of IP. The primary approach to handling missing data was NRI method, where subjects who had insufficient data for response determination at Week 8 were considered non-responders for the Mayo endoscopic subscore.
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End point type	Secondary
End point timeframe:	
Baseline to Week 8	

End point values	Mongersen (Weeks 0-8)			
Subject group type	Reporting group			
Number of subjects analysed	41			
Units: percentage of participants				
number (confidence interval 95%)	19.5 (10.2 to 34.0)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants Who Achieved a Mayo Endoscopic Subscore of ≤ 1 by Individual Segment at Week 8.

End point title	Percentage of Participants Who Achieved a Mayo Endoscopic Subscore of ≤ 1 by Individual Segment at Week 8.

End point description:

A Mayo endoscopic subscore by individual segment (rectum, sigmoid, descending colon, transverse colon, ascending colon/cecum) of ≤ 1 was evaluated at week 8.
The endoscopy subscore findings are defined as:
0 = Normal or inactive disease
1 = Mild Disease (erythema, decreased vascular pattern, mild friability)
2 = Moderate Disease (marked erythema, lack of vascular pattern, friability erosions)
3 = Severe Disease (spontaneous bleeding, ulceration)
The endoscopy scores were centrally reviewed. Two-sided 95% CIs for the within-group percentage were based on the Wilson score method. The ITT population included all participants who received at least one dose of IP. Only participants with sufficient data for response determination in each segment were included in the analysis.

End point type	Secondary
End point timeframe:	
Baseline to Week 8	

End point values	Mongersen (Weeks 0-8)			
Subject group type	Reporting group			
Number of subjects analysed	41			
Units: percentage of participants				
number (confidence interval 95%)				
Rectum|	27.0 (15.4 to 43.0)			

Sigmoid|	27.0 (15.4 to 43.0)			
Descending Colon|	54.3 (38.2 to 69.5)			
Transverse Colon|	60.7 (42.4 to 76.4)			
Ascending Colon/Cecum|	80.0 (60.9 to 91.1)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants Who Achieved a Clinical Response in the Modified Mayo Score at Week 8

End point title	Percentage of Participants Who Achieved a Clinical Response in the Modified Mayo Score at Week 8

End point description:

Clinical response in the MMS was defined as a decrease from baseline in the MMS of at least 2 points and at least 25%, along with a reduction in the RBS of at least 1 point or an absolute RBS ≤ 1. The MMS was based on the stool frequency, rectal bleeding, and endoscopic subscores of the TMS and excluded the PGA subscore. The MMS ranges from 0 to 9 points. See endpoint #2. The RBS was defined as:
0 = No blood seen
1 = Streaks of blood with stool less than half the time
2 = Obvious blood with stool most of the time
3 = Blood alone passes
The daily bleeding score represents the most severe bleeding score represents the most severe bleeding of the day. The ITT population included all participants who received at least one dose of IP. The primary approach to handling missing data was NRI method, where subjects who had insufficient data for response determination at Week 8 were considered non-responders for clinical response in the MMS.

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Mongersen (Weeks 0-8)			
Subject group type	Reporting group			
Number of subjects analysed	41			
Units: percentage of participants				
number (confidence interval 95%)	36.6 (23.6 to 51.9)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants Who Achieved a Mayo Endoscopic Response at Week 8.

End point title	Percentage of Participants Who Achieved a Mayo Endoscopic Response at Week 8.

End point description:

Endoscopic response was defined as a decrease from baseline of at least 1 point in the Mayo endoscopic subscore. The Mayo endoscopy subscore findings are defined as:
0 = Normal or inactive disease
1 = Mild Disease (erythema, decreased vascular pattern, mild friability)
2 = Moderate Disease (marked erythema, lack of vascular pattern, friability erosions) 3 = Severe Disease (spontaneous bleeding, ulceration)
The endoscopy subscores were centrally reviewed. Two-sided 95% CIs for the within- group percentage were based on the Wilson score method. The ITT population included all participants who received at least one dose of IP. The primary approach to handling missing data was NRI method, where subjects who had insufficient data for response determination at Week 8 were considered non-responders for endoscopic response.

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Mongersen (Weeks 0-8)			
Subject group type	Reporting group			
Number of subjects analysed	41			
Units: percentage of participants				
number (confidence interval 95%)	31.7 (19.6 to 47.0)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants Who Achieved a Clinical Remission in the Total Mayo Score (TMS) at Week 8

End point title	Percentage of Participants Who Achieved a Clinical Remission in the Total Mayo Score (TMS) at Week 8

End point description:

Clinical remission in total mayo score was defined as a total mayo score of ≤ 2, with no individual subscore >1. The TMS is an instrument designed to measure disease activity of ulcerative colitis. The TMS ranges from 0 to 12 points. It consists of 4 subscores, each graded from 0 to 3 with higher scores indicating more severe disease.
- Stool frequency subscore
- Rectal bleeding subscore
- Endoscopic subscore
- Physician’s Global Assessment

The ITT population included all participants who received at least one dose of IP. The primary approach to handling missing data was NRI method, where subjects who had insufficient data for response determination at Week 8 were considered non-responders for clinical remission in the TMS.

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Mongersen (Weeks 0-8)			
Subject group type	Reporting group			
Number of subjects analysed	41			
Units: percentage of participants				
number (confidence interval 95%)	9.8 (3.9 to 22.5)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants Who Achieved a Clinical Response in the Total Mayo Score at Week 8

End point title	Percentage of Participants Who Achieved a Clinical Response in the Total Mayo Score at Week 8

End point description:

Clinical response in the TMS was defined as a decrease from baseline in the TMS of ≥ 3 points and ≥ 30%, along with a reduction in the RBS of ≥ 1 point or an absolute RBS of ≤ 1 at Week 8. The TMS is an instrument designed to measure disease activity of ulcerative colitis. The TMS ranges from 0 to 12 points. It consists of 4 subscores, each graded from 0 to 3 with higher scores indicating more severe disease.

- Stool frequency subscore
- Rectal bleeding subscore
- Endoscopic subscore
- Physician's Global Assessment

The ITT population included all participants who received at least one dose of IP. The primary approach to handling missing data was NRI method, where subjects who had insufficient data for response determination at Week 8 were considered non-responders for clinical response in the TMS.

End point type	Secondary

End point timeframe:

Baseline to Week 8

End point values	Mongersen (Weeks 0-8)			
Subject group type	Reporting group			
Number of subjects analysed	41			
Units: percentage of participants				
number (confidence interval 95%)	36.6 (23.6 to 51.6)			

Statistical analyses

No statistical analyses for this end point

Secondary: The Number of Participants Who Experienced Treatment Emergent Adverse Events (TEAE)

End point title	The Number of Participants Who Experienced Treatment Emergent Adverse Events (TEAE)

End point description:

A TEAE was defined as any adverse event (AE) occurring or worsening on or after the first treatment of mongersen and up to 28 days after the last mongersen dose or the last follow-up date, whichever occurred earlier. A serious AE = any AE which results in death; is life-threatening; requires inpatient hospitalization or prolongation of existing hospitalization; results in persistent or significant disability/incapacity; is a congenital anomaly/birth defect; constitutes an important medical event. The severity of AEs was assessed by the investigator and based on the following scale: Mild = asymptomatic or mild symptoms; clinical or diagnostic observations only; Moderate = Symptoms cause moderate discomfort; Severe (could be non-serious or serious) = symptoms causing severe discomfort/pain. Safety population included all participants who were enrolled and received at least 1 dose of IP.

End point type	Secondary

End point timeframe:

From the first day of mongersen until 28 days after the last dose of IP or follow-up visit, whichever occurred earlier; maximum duration of treatment was 56 weeks.

End point values	Mongersen (Weeks 0-8)			
Subject group type	Reporting group			
Number of subjects analysed	41			
Units: participants				
Any TEAE	30			
Any IP-Related TEAE	6			
Any Severe TEAE	5			
Any Serious TEAE (SAE)	5			
Any Serious IP-Related TEAE	0			
Any TEAE Leading to IP Withdrawal	4			
Any TEAE Leading to IP Interruption	1			
Any TEAE Leading to Death	0			

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

From the first day of mongersen until 28 days after the last dose of IP or follow-up visit, whichever occurred earlier; maximum duration of treatment was 56 weeks.

Assessment type	Non-systematic

Dictionary used

Dictionary name	MedDRA
Dictionary version	20.0

Reporting groups

Reporting group title	Mongersen (Induction Phase: Weeks 0-8)

Reporting group description:

Participants received oral mongersen 160 mg tablets daily for 8 weeks during the induction phase.

Reporting group title	Mongersen (Extension Phase: Weeks 8-52)

Reporting group description:

Participants received oral mongersen 160 mg tablets daily on an alternating dosing schedule for 4 weeks, followed by a 4-week break (4 weeks on investigational product (IP), followed by 4 weeks off) for an additional 44 weeks during the extension phase. Participants who did not achieve at least a 20% decrease in a partial Mayo score (PMS) from baseline at Week 12 were discontinued from the study.

Serious adverse events	Mongersen (Induction Phase: Weeks 0-8)	Mongersen (Extension Phase: Weeks 8-52)	
Total subjects affected by serious adverse events			
subjects affected / exposed	1 / 41 (2.44%)	4 / 34 (11.76%)	
number of deaths (all causes)	0	0	
number of deaths resulting from adverse events	0	0	
Blood and lymphatic system disorders			
Anaemia			
subjects affected / exposed	0 / 41 (0.00%)	1 / 34 (2.94%)	
occurrences causally related to treatment / all	0 / 0	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Gastrointestinal disorders			
Colitis			
subjects affected / exposed	0 / 41 (0.00%)	1 / 34 (2.94%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Colitis ulcerative			
subjects affected / exposed	1 / 41 (2.44%)	1 / 34 (2.94%)	
occurrences causally related to treatment / all	0 / 1	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	

Hepatobiliary disorders			
Cholecystitis acute			
subjects affected / exposed	0 / 41 (0.00%)	1 / 34 (2.94%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	

Frequency threshold for reporting non-serious adverse events: 5 %

Non-serious adverse events	Mongersen (Induction Phase: Weeks 0-8)	Mongersen (Extension Phase: Weeks 8-52)	
Total subjects affected by non-serious adverse events			
subjects affected / exposed	0 / 41 (0.00%)	14 / 34 (41.18%)	
Blood and lymphatic system disorders			
Anaemia			
subjects affected / exposed	0 / 41 (0.00%)	2 / 34 (5.88%)	
occurrences (all)	0	2	
Gastrointestinal disorders			
Colitis ulcerative			
subjects affected / exposed	0 / 41 (0.00%)	4 / 34 (11.76%)	
occurrences (all)	0	4	
Diarrhoea			
subjects affected / exposed	0 / 41 (0.00%)	2 / 34 (5.88%)	
occurrences (all)	0	2	
Nausea			
subjects affected / exposed	0 / 41 (0.00%)	2 / 34 (5.88%)	
occurrences (all)	0	2	
Vomiting			
subjects affected / exposed	0 / 41 (0.00%)	2 / 34 (5.88%)	
occurrences (all)	0	2	
Respiratory, thoracic and mediastinal disorders			
Cough			
subjects affected / exposed	0 / 41 (0.00%)	2 / 34 (5.88%)	
occurrences (all)	0	2	
Infections and infestations			
Sinusitis			
subjects affected / exposed	0 / 41 (0.00%)	2 / 34 (5.88%)	
occurrences (all)	0	2	

Viral upper respiratory tract infection subjects affected / exposed occurrences (all)	0 / 41 (0.00%) 0	3 / 34 (8.82%) 3	

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
05 October 2015	• Optional intensive PK sampling was added. Intensive PK data have shown negligible absorption in subjects with CD but no PK data are available in subjects with active UC. Intensive PK sampling was conducted at Week 4 in a subset of subjects in addition to sparse PK sampling to monitor systemic absorption of GED-0301 in the UC population. • Individual subject and overall study stopping criteria were added. The primary purpose of this protocol amendment was to add individual subject and overall study stopping criteria based on the known safety profile of GED-0301 and potential AEs known to be associated with antisense deoxynucleotides that would result in withdrawal of a subject from the study or in study termination. • The definition of UC treatment failure and intolerance was modified. The definition of treatment failure for TNF-α blockers was revised to be consistent with the approved dosing regimen in the product labeling.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported