Clinical trial results:
An Open-Label Extension Study to Investigate the Long-Term Safety, Tolerability, and Efficacy of Rozanolixizumab in Study Participants With Persistent or Chronic Primary Immune Thrombocytopenia (ITP)

Summary

EudraCT number	2019-000883-40
Trial protocol	HU CZ BG PL DE GB IT RO
Global end of trial date	21 December 2022

Results information

Result version number	v2 (current)
This version publication date	06 March 2024
First version publication date	22 December 2023
Version creation reason	

Trial information

Trial identification

Sponsor protocol code	TP0004

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT04596995
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	UCB Biopharma SRL
Sponsor organisation address	Allée de la Recherche 60, Brussels, Belgium, 1070
Public contact	Clin Trial Reg & Results Disclosure, UCB BIOSCIENCES GmbH, clinicaltrials@ucb.com
Scientific contact	Clin Trial Reg & Results Disclosure, UCB BIOSCIENCES GmbH, clinicaltrials@ucb.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	25 April 2023
Is this the analysis of the primary completion data?	Yes
Primary completion date	21 December 2022
Global end of trial reached?	Yes
Global end of trial date	21 December 2022
Was the trial ended prematurely?	Yes

Notes:

General information about the trial

Main objective of the trial:

Assess the long-term safety and tolerability of repeated treatment with rozanolixizumab

Protection of trial subjects:

During the conduct of the study all participants were closely monitored.

Background therapy:

Not applicable

Evidence for comparator:

Not applicable

Actual start date of recruitment	06 January 2021
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	China: 5
Country: Number of subjects enrolled	Georgia: 2
Country: Number of subjects enrolled	Germany: 1
Country: Number of subjects enrolled	Hungary: 2
Country: Number of subjects enrolled	Italy: 1
Country: Number of subjects enrolled	Japan: 1
Country: Number of subjects enrolled	Moldova, Republic of: 1
Country: Number of subjects enrolled	Poland: 11
Country: Number of subjects enrolled	Russian Federation: 2
Country: Number of subjects enrolled	Spain: 3
Country: Number of subjects enrolled	Taiwan: 2
Country: Number of subjects enrolled	Ukraine: 10
Country: Number of subjects enrolled	United Kingdom: 1
Country: Number of subjects enrolled	United States: 1
Worldwide total number of subjects	43
EEA total number of subjects	18

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)	41
From 65 to 84 years	2
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

The study started to enroll study participants in January 2021 and completed prematurely in December 2022. Study participants from TP0003 (NCT04200456) or TP0006 (NCT04224688) who had completed the 24-week Treatment Period (irrespective of rescue therapy) and met eligibility criteria for TP0004 were enrolled in this study.

Pre-assignment

Screening details:

Participant Flow refers to the Enrolled Set.

Period 1

Period 1 title	Overall Study (overall period)
Is this the baseline period?	Yes
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Arm title	Rozanolixizumab

Arm description:

In TP0004, participants received a fixed unit dose of rozanolixizumab subcutaneous (sc) infusion at the assigned dose level in the parent studies (TP0003 and TP0006), for one year, starting from Day 1 (which corresponds to Week 25 of the parent studies). The dose of rozanolixizumab could be increased or decreased based upon the platelet count and across body weight tiers.

Arm type	Experimental
Investigational medicinal product name	Rozanolixizumab
Investigational medicinal product code	UCB7665
Other name	
Pharmaceutical forms	Solution for infusion
Routes of administration	Subcutaneous use

Dosage and administration details:

Participants received rozanolixizumab as a weight-tiered fix dose by subcutaneous infusion during the Treatment Period.

Number of subjects in period 1	Rozanolixizumab
Started	43
Completed	14
Not completed	29
Enrolled in managed access program	3
Consent withdrawn by subject	12
Lost to follow-up	3
Sponsor decision	3
Lack of efficacy	8

Baseline characteristics

Reporting groups	
Reporting group title	Rozanolixizumab

Reporting group description:

In TP0004, participants received a fixed unit dose of rozanolixizumab subcutaneous (sc) infusion at the assigned dose level in the parent studies (TP0003 and TP0006), for one year, starting from Day 1 (which corresponds to Week 25 of the parent studies). The dose of rozanolixizumab could be increased or decreased based upon the platelet count and across body weight tiers.

Reporting group values	Rozanolixizumab	Total	
Number of subjects	43	43	
Age Categorical Units: participants			
18 - <65 years	41	41	
>=65 - <85 years	2	2	
>=85 years	0	0	
Age Continuous Units: years			
arithmetic mean	42.7		
standard deviation	± 13.7	-	
Sex: Female, Male Units: participants			
Female	28	28	
Male	15	15	

End points

End points reporting groups

Reporting group title	Rozanolixizumab

Reporting group description:

In TP0004, participants received a fixed unit dose of rozanolixizumab subcutaneous (sc) infusion at the assigned dose level in the parent studies (TP0003 and TP0006), for one year, starting from Day 1 (which corresponds to Week 25 of the parent studies). The dose of rozanolixizumab could be increased or decreased based upon the platelet count and across body weight tiers.

Primary: Percentage of Participants With treatment-emergent adverse events (TEAEs)

End point title	Percentage of Participants With treatment-emergent adverse events (TEAEs)[1]

End point description:

An adverse event (AE) is any untoward medical occurrence in a patient or clinical study participant, temporally associated with the use of investigational medicinal product (IMP), whether or not considered related to the IMP. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease (new or exacerbated) temporally associated with the use of IMP. TEAEs are defined as AEs starting after the time of first IMP administration up to and including 8 weeks (56 days) after the final dose. Safety Set included all study participants who received at least 1 dose of IMP (partial or full).

End point type	Primary

End point timeframe:

From Baseline to end of Safety Follow-Up Period (up to Week 60)

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: No formal statistical hypothesis testing was planned for this study. Results were summarized as descriptive statistics only.

End point values	Rozanolixizumab			
Subject group type	Reporting group			
Number of subjects analysed	43			
Units: percentage of Participants				
number (not applicable)	90.7			

Statistical analyses

No statistical analyses for this end point

Primary: Percentage of Participants With TEAEs leading to permanent withdrawal of rozanolixizumab (ie, study discontinuation)

End point title	Percentage of Participants With TEAEs leading to permanent withdrawal of rozanolixizumab (ie, study discontinuation)[2]

End point description:

An adverse event (AE) is any untoward medical occurrence in a patient or clinical study participant, temporally associated with the use of investigational medicinal product (IMP), whether or not considered related to the IMP. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease (new or exacerbated) temporally associated with the use of IMP. TEAEs are defined as AEs starting after the time of first IMP administration up to and including 8

weeks (56 days) after the final dose. Safety Set included all study participants who received at least 1 dose of IMP (partial or full).

End point type	Primary

End point timeframe:

From Baseline to end of Safety Follow-Up Period (up to Week 60)

Notes:

[2] - 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: No formal statistical hypothesis testing was planned for this study. Results were summarized as descriptive statistics only.

End point values	Rozanolixizumab			
Subject group type	Reporting group			
Number of subjects analysed	43			
Units: percentage of Participants				
number (not applicable)	0			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants With Stable Clinically Meaningful Response without rescue therapy at ≥70% of the visits over the planned 52-week Treatment Period starting at Week 4

End point title	Percentage of Participants With Stable Clinically Meaningful Response without rescue therapy at ≥70% of the visits over the planned 52-week Treatment Period starting at Week 4

End point description:

Stable Clinically Meaningful Response was defined as Clinically Meaningful Response (ie, platelet count ≥50×10^9/L) without rescue therapy at ≥70% of the visits over the planned 52-week Treatment Period starting at Week 4. Safety Set included all study participants who received at least 1 dose of IMP (partial or full).

End point type	Secondary

End point timeframe:

Over the 52-week Treatment Period (starting at Week 4)

End point values	Rozanolixizumab			
Subject group type	Reporting group			
Number of subjects analysed	43			
Units: percentage of participants				
number (not applicable)	16.3			

Statistical analyses

No statistical analyses for this end point

Secondary: Change from Baseline in Immune Thrombocytopenia-Patient Assessment Questionnaire (ITP-PAQ) to Week 53 or 55 Symptoms domain score

End point title	Change from Baseline in Immune Thrombocytopenia-Patient Assessment Questionnaire (ITP-PAQ) to Week 53 or 55 Symptoms domain score

End point description:

ITP-PAQ version 1 is a 44 item disease-specific Health-Related QOL questionnaire developed for use in adults with chronic ITP.It includes 10 scales as physical health:Symptoms (6 items), Bother (3 items), Fatigue (4 items), Activity (2 items);emotional health: Fear (5 items) & Psychological (5 items); quality of life (QOL): Work QOL (4 items), Social QOL (4 items), Women's Reproductive QOL (6 items) & Overall QOL (5 items).Each item is rated on a Likert-type scale having 4 to 7 responses.All item scores are transformed to a 0 to 100 continuum & are weighted equally to derive individual scale scores & total score(0-100) is calculated as:Sum of item scores within scale/raw sum range*100.Higher scores=better health status.Analysis set was Safety Set.Number of participants analyzed=participants evaluable for this endpoint & Number analyzed=participants evaluable at specified time points.Weeks 53 and 55 was used for participants who finished study on weekly & biweekly dosing respectively.

End point type	Secondary

End point timeframe:

Weeks 53 or 55, compared to Baseline

End point values	Rozanolixizumab			
Subject group type	Reporting group			
Number of subjects analysed	12			
Units: score on a scale				
arithmetic mean (standard deviation)				
Week 53 (n=7)	2.98 (± 11.21)			
Week 55 (n=5)	4.17 (± 12.50)			

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

From Baseline to end of Safety Follow-Up Period (up to Week 60)

Adverse event reporting additional description:

Treatment-emergent AEs are defined as AEs starting after the time of first investigational medicinal product (IMP) administration up to and including 8 weeks (56 days) after the final dose. TEAEs were analyzed for Safety Set.

Assessment type	Non-systematic

Dictionary used

Dictionary name	MedDRA
Dictionary version	24.0

Reporting groups

Reporting group title	Rozanolixizumab

Reporting group description:

In TP0004, participants received a fixed unit dose of rozanolixizumab sc infusion at the assigned dose level in the parent studies (TP0003 and TP0006), for one year, starting from Day 1 (which corresponds to Week 25 of the parent studies). The dose of rozanolixizumab could be increased or decreased based upon the platelet count and across body weight tiers.

Serious adverse events	Rozanolixizumab		
Total subjects affected by serious adverse events			
subjects affected / exposed	9 / 43 (20.93%)		
number of deaths (all causes)	0		
number of deaths resulting from adverse events	0		
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
Leiomyoma			
subjects affected / exposed	1 / 43 (2.33%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Investigations			
Platelet count decreased			
subjects affected / exposed	1 / 43 (2.33%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Injury, poisoning and procedural complications			
Joint dislocation			

subjects affected / exposed	1 / 43 (2.33%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Radius fracture				
subjects affected / exposed	1 / 43 (2.33%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Vascular disorders				
Haemorrhage				
subjects affected / exposed	1 / 43 (2.33%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Blood and lymphatic system disorders				
Immune thrombocytopenia				
subjects affected / exposed	1 / 43 (2.33%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
General disorders and administration site conditions				
Pyrexia				
subjects affected / exposed	1 / 43 (2.33%)			
occurrences causally related to treatment / all	1 / 1			
deaths causally related to treatment / all	0 / 0			
Reproductive system and breast disorders				
Uterine haemorrhage				
subjects affected / exposed	2 / 43 (4.65%)			
occurrences causally related to treatment / all	0 / 2			
deaths causally related to treatment / all	0 / 0			
Skin and subcutaneous tissue disorders				
Purpura				
subjects affected / exposed	1 / 43 (2.33%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Skin haemorrhage				

subjects affected / exposed	1 / 43 (2.33%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
Infections and infestations			
COVID-19			
subjects affected / exposed	2 / 43 (4.65%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		

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

Non-serious adverse events	Rozanolixizumab		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	31 / 43 (72.09%)		
Investigations			
Body temperature increased			
subjects affected / exposed	5 / 43 (11.63%)		
occurrences (all)	8		
Injury, poisoning and procedural complications			
Contusion			
subjects affected / exposed	3 / 43 (6.98%)		
occurrences (all)	3		
Nervous system disorders			
Headache			
subjects affected / exposed	18 / 43 (41.86%)		
occurrences (all)	58		
Blood and lymphatic system disorders			
Anaemia			
subjects affected / exposed	3 / 43 (6.98%)		
occurrences (all)	11		
General disorders and administration site conditions			
Fatigue			
subjects affected / exposed	5 / 43 (11.63%)		
occurrences (all)	6		
Pyrexia			

subjects affected / exposed occurrences (all)	9 / 43 (20.93%) 26		
Gastrointestinal disorders Diarrhoea subjects affected / exposed occurrences (all) Nausea subjects affected / exposed occurrences (all) Vomiting subjects affected / exposed occurrences (all)	 5 / 43 (11.63%) 5 5 / 43 (11.63%) 9 3 / 43 (6.98%) 7		
Skin and subcutaneous tissue disorders Petechiae subjects affected / exposed occurrences (all) Rash subjects affected / exposed occurrences (all)	 3 / 43 (6.98%) 3 3 / 43 (6.98%) 4		
Musculoskeletal and connective tissue disorders Pain in extremity subjects affected / exposed occurrences (all)	 3 / 43 (6.98%) 3		
Infections and infestations COVID-19 subjects affected / exposed occurrences (all) Pharyngitis subjects affected / exposed occurrences (all) Upper respiratory tract infection subjects affected / exposed occurrences (all)	 7 / 43 (16.28%) 8 4 / 43 (9.30%) 4 3 / 43 (6.98%) 4		

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
11 May 2021	The primary reason for this substantial protocol amendment (11 May 2021) was to incorporate changes in the objectives, endpoints, the statistical analysis section, as well as a specific study objective and endpoint on post-vaccination biomarkers in study participants who had received a coronavirus disease 2019 (COVID-19) vaccine. Other changes included incorporating local protocol amendments (0.1-Japan and 0.2-France only) into 1 global protocol. Additional updates were incorporated to provide further clarity on the protocol or to correct errors.
03 December 2021	The primary reason for this substantial protocol amendment (03 Dec 2021) was the recommendation of the external IDMC to modify the dosing regimen of the study. Ongoing study participants receiving the biweekly dosing regimen were required to be switched to the weekly dosing regimen according to Protocol Amendment 2. Note that Protocol Amendment 2 was not submitted to any regulatory authorities prior to issuance of Protocol Amendment 3. Therefore, the implementation of switching all ongoing study participants from biweekly to weekly dosing actually occurred following the approval of Protocol Amendment 3 at the respective study site. With Protocol Amendment 2, the exploratory arm intended to evaluate wider dosing intervals and reference to maintenance dosing was removed. Additional updates were incorporated to provide further clarity on the protocol or to correct errors.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported