# Clinical trial results:
# A Phase 3 Multicenter, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate the Efficacy, Safety, and Tolerability of Rozanolixizumab in Adult Study Participants With Persistent or Chronic Primary Immune Thrombocytopenia (ITP)

## Summary

| | |
|---|---|
| EudraCT number | 2019-003451-11 |
| Trial protocol | BG PL FR DE BE CZ AT ES NL GB IT DK RO |
| Global end of trial date | 05 May 2022 |

### Results information

| | |
|---|---|
| Result version number | v2 (current) |
| This version publication date | 29 September 2023 |
| First version publication date | 14 May 2023 |
| Version creation reason | |

## Trial information

### Trial identification

| | |
|---|---|
| Sponsor protocol code | TP0006 |

### Additional study identifiers

| | |
|---|---|
| ISRCTN number | - |
| ClinicalTrials.gov id (NCT number) | NCT04224688 |
| 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 | 06 October 2022 |
| Is this the analysis of the primary completion data? | Yes |
| Primary completion date | 25 April 2022 |
| Global end of trial reached? | Yes |
| Global end of trial date | 05 May 2022 |
| Was the trial ended prematurely? | Yes |

Notes:

## General information about the trial

Main objective of the trial:

Demonstrate the clinical efficacy of rozanolixizumab in maintenance of treatment in study participants with primary immune thrombocytopenia

Protection of trial subjects:

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

Background therapy:

Background therapy as permitted in the protocol.

Evidence for comparator:

Not applicable

| | |
|---|---|
| Actual start date of recruitment | 03 June 2020 |
| 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 | Bulgaria: 1 |
| Country: Number of subjects enrolled | Germany: 1 |
| Country: Number of subjects enrolled | China: 7 |
| Country: Number of subjects enrolled | Poland: 3 |
| Country: Number of subjects enrolled | Russian Federation: 6 |
| Country: Number of subjects enrolled | Spain: 3 |
| Country: Number of subjects enrolled | Taiwan: 2 |
| Country: Number of subjects enrolled | Ukraine: 6 |
| Country: Number of subjects enrolled | United States: 1 |
| Worldwide total number of subjects | 30 |
| EEA total number of subjects | 8 |

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) | 28 |
| From 65 to 84 years | 2 |
| 85 years and over | 0 |

## Subject disposition

### Recruitment

Recruitment details:

The study started to enroll study participants in June 2020 and terminated in May 2022.

### Pre-assignment

Screening details:

Participant Flow refers to the Randomized Set.

### Period 1

| | |
|---|---|
| Period 1 title | Overall Study (overall period) |
| Is this the baseline period? | Yes |
| Allocation method | Randomised - controlled |
| Blinding used | Double blind |
| Roles blinded | Subject, Investigator, Carer, Assessor |

### Arms

| | |
|---|---|
| Are arms mutually exclusive? | Yes |
| **Arm title** | Placebo |

Arm description:

Participants received a fixed-unit starting dose of placebo subcutaneous (sc) infusion matched to rozanolixizumab Dose A on Day 1. Following the initial dose, participants received a fixed-unit dose of placebo sc infusion matched to rozanolixizumab Dose B every 2 weeks until Week 23. Participants were followed up to a maximum of Week 31.

| | |
|---|---|
| Arm type | Placebo |
| Investigational medicinal product name | Placebo |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Solution for infusion |
| Routes of administration | Subcutaneous use |

Dosage and administration details:

Participants received placebo at prespecified time points.

| | |
|---|---|
| **Arm title** | Rozanolixizumab |

Arm description:

Participants received a fixed-unit starting dose of rozanolixizumab sc infusion equivalent to Dose A on Day 1. Following the initial dose, participants received a fixed-unit dose of rozanolixizumab sc infusion equivalent to Dose B every 2 weeks until Week 23. After protocol amendment 3, the starting dose was removed and the frequency of administration of the Dose B was changed to weekly. Participants were followed up to a maximum of Week 31.

| | |
|---|---|
| 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 at prespecified time points.

| **Number of subjects in period 1** | Placebo | Rozanolixizumab |
|---|---|---|
| Started | 10 | 20 |
| Completed | 8 | 13 |
| Not completed | 2 | 7 |
| Consent withdrawn by subject | 1 | 3 |
| COVID-19 | - | 1 |
| Adverse event, not fatal | - | 2 |
| Lack of efficacy | 1 | 1 |

## Baseline characteristics

| Reporting groups | |
|---|---|
| Reporting group title | Placebo |
| Reporting group description: | |
| Participants received a fixed-unit starting dose of placebo subcutaneous (sc) infusion matched to rozanolixizumab Dose A on Day 1. Following the initial dose, participants received a fixed-unit dose of placebo sc infusion matched to rozanolixizumab Dose B every 2 weeks until Week 23. Participants were followed up to a maximum of Week 31. | |
| Reporting group title | Rozanolixizumab |
| Reporting group description: | |
| Participants received a fixed-unit starting dose of rozanolixizumab sc infusion equivalent to Dose A on Day 1. Following the initial dose, participants received a fixed-unit dose of rozanolixizumab sc infusion equivalent to Dose B every 2 weeks until Week 23. After protocol amendment 3, the starting dose was removed and the frequency of administration of the Dose B was changed to weekly. Participants were followed up to a maximum of Week 31. | |

| Reporting group values | Placebo | Rozanolixizumab | Total |
|---|---|---|---|
| Number of subjects | 10 | 20 | 30 |
| Age Categorical<br>Units: participants | | | |
| <=18 years | 0 | 1 | 1 |
| Between 18 and 65 years | 10 | 17 | 27 |
| >=65 years | 0 | 2 | 2 |
| Age Continuous<br>Units: years | | | |
| arithmetic mean | 41.9 | 42.3 | |
| standard deviation | ± 14.5 | ± 15.7 | - |
| Sex: Female, Male<br>Units: participants | | | |
| Female | 6 | 13 | 19 |
| Male | 4 | 7 | 11 |
| Platelet count<br>Units: *10^9/L | | | |
| arithmetic mean | 14.10 | 14.65 | |
| standard deviation | ± 7.77 | ± 8.18 | - |

## End points

### End points reporting groups

| Reporting group title | Placebo |
|---|---|

Reporting group description:

Participants received a fixed-unit starting dose of placebo subcutaneous (sc) infusion matched to rozanolixizumab Dose A on Day 1. Following the initial dose, participants received a fixed-unit dose of placebo sc infusion matched to rozanolixizumab Dose B every 2 weeks until Week 23. Participants were followed up to a maximum of Week 31.

| Reporting group title | Rozanolixizumab |
|---|---|

Reporting group description:

Participants received a fixed-unit starting dose of rozanolixizumab sc infusion equivalent to Dose A on Day 1. Following the initial dose, participants received a fixed-unit dose of rozanolixizumab sc infusion equivalent to Dose B every 2 weeks until Week 23. After protocol amendment 3, the starting dose was removed and the frequency of administration of the Dose B was changed to weekly. Participants were followed up to a maximum of Week 31.

### Primary: Percentage of Participants With Durable Clinically Meaningful Platelet Response of ≥50×10^9/L, for at least 8 out of 12 weeks during the last 12 weeks

| End point title | Percentage of Participants With Durable Clinically Meaningful Platelet Response of ≥50×10^9/L, for at least 8 out of 12 weeks during the last 12 weeks[1] |
|---|---|

End point description:

Percentage of Participants With Durable Clinically Meaningful Platelet Response of ≥50×10^9/L, for at least 8 out of 12 weeks during the last 12 weeks were reported. Randomized Set consisted of all enrolled study participants who were randomized. No formal analysis was carried out as the program was terminated.

| End point type | Primary |
|---|---|

End point timeframe:

During the last 12 weeks (Week 13 to Week 25)

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 in tables as descriptive statistics only.

| End point values | Placebo | Rozanolixizumab | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 10 | 20 | | |
| Units: Percentage of participants | | | | |
| number (not applicable) | 0 | 5.0 | | |

### Statistical analyses

No statistical analyses for this end point

### Secondary: Cumulative number of weeks with Clinically Meaningful Platelet Response of ≥50×10^9/L over the 24-week Treatment Period

| End point title | Cumulative number of weeks with Clinically Meaningful Platelet Response of ≥50×10^9/L over the 24-week Treatment Period |
|---|---|

End point description:

Total number of weeks with platelet counts ≥50×10^9/L over the 24-week Treatment Period of the study (Week 1 to Week 25) were reported. Randomized Set consisted of all enrolled study participants who were randomized. No formal analysis was carried out as the program was terminated.

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

End point timeframe:

Week 1 up to Week 25

| **End point values** | Placebo | Rozanolixizumab | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 10 | 20 | | |
| Units: Weeks | | | | |
| median (full range (min-max)) | 0.0 (0 to 10) | 1.0 (0 to 18) | | |

**Statistical analyses**

No statistical analyses for this end point

**Secondary: Time to first Clinically Meaningful Platelet Response (CMPR) of ≥50×10^9/L: time from starting treatment to achievement of first response of ≥50×10^9/L**

| End point title | Time to first Clinically Meaningful Platelet Response (CMPR) of ≥50×10^9/L: time from starting treatment to achievement of first response of ≥50×10^9/L |
|---|---|

End point description:

Time from starting treatment to achievement of first Clinically Meaningful Platelet Response of ≥50×10^9/L was defined as date of first clinically meaningful response - date of first treatment + 1. Median was calculated based upon the Kaplan-Meier estimate. Randomized Set consisted of all enrolled study participants who were randomized. 999 for median in placebo arm signifies that the probability of participants achieving a CMPR did not reach 0.5 so the Kaplan-Meier median could not be estimated. 999 signifies that upper confidence limit for placebo is not provided for the 95% CI of the median time to first CMPR as there is no time at which the upper bound of the CI for the Kaplan-Meier estimator is less than or equal to 0.5. 999 signifies that upper confidence limit for rozanolixizumab is not provided for the 95% CI of the median time to first CMPR as there is no time at which the upper bound of the CI for the Kaplan-Meier estimator is less than or equal to 0.5.

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

End point timeframe:

Time from starting treatment to achievement of first response of ≥50×10^9/L (up to Week 25)

| **End point values** | Placebo | Rozanolixizumab | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 10 | 20 | | |
| Units: Days | | | | |
| median (confidence interval 95%) | 999 (4.0 to 999) | 8.0 (5.0 to 999) | | |

### Statistical analyses

No statistical analyses for this end point

## Secondary: Percentage of Participants with Clinically Meaningful Platelet Response of ≥50×10^9/L by Day 8

| End point title | Percentage of Participants with Clinically Meaningful Platelet Response of ≥50×10^9/L by Day 8 |
|---|---|

End point description:

Clinically meaningful platelet response was defined as platelet count of ≥50×10^9/L. Randomized Set consisted of all enrolled study participants who were randomized. No formal analysis was carried out as the program was terminated.

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

End point timeframe:

Baseline to Day 8

| End point values | Placebo | Rozanolixizumab | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 10 | 20 | | |
| Units: Percentage of participants | | | | |
| number (not applicable) | 10.0 | 45.0 | | |

### Statistical analyses

No statistical analyses for this end point

## Secondary: Percentage of Participants with Response defined as platelet count ≥30*10^9/L and at least doubling of baseline, at least 2 separate occasions at two adjacent nominal visits at least 7 days apart, and absence of bleeding

| End point title | Percentage of Participants with Response defined as platelet count ≥30*10^9/L and at least doubling of baseline, at least 2 separate occasions at two adjacent nominal visits at least 7 days apart, and absence of bleeding |
|---|---|

End point description:

Response was defined as platelet count ≥30×10^9/L and at least doubling of baseline, at least 2 separate occasions at two adjacent nominal visits at least 7 days apart, and absence of bleeding. Randomized Set consisted of all enrolled study participants who were randomized. No formal analysis was carried out as the program was terminated.

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

End point timeframe:

From Baseline during Treatment Period (up to Week 25)

| End point values | Placebo | Rozanolixizumab | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 10 | 20 | | |
| Units: Percentage of participants | | | | |
| number (not applicable) | 10.0 | 20.0 | | |

### Statistical analyses

No statistical analyses for this end point

### Secondary: Time to first rescue therapy

| End point title | Time to first rescue therapy |
|---|---|

End point description:

Time to first rescue therapy was defined as date of first rescue therapy use - date of first treatment + 1. Median was calculated based upon Kaplan-Meier (KM) estimate. Randomized Set consisted of all enrolled study participants who were randomized. 999 for median in placebo arm signifies that probability of participants requiring rescue medication did not reach 0.5 so KM median could not be estimated. 999 signifies that upper confidence limit for placebo is not provided for 95% CI of median time to rescue therapy as there is no time at which upper bound of CI for KM estimator is less than or equal to 0.5. 999 for median in rozanolixizumab arm signifies that probability of participants requiring rescue medication did not reach 0.5 so KM median could not be estimated. 999 signifies that upper confidence limit for rozanolixizumab is not provided for 95% CI of median time to rescue therapy as there is no time at which upper bound of CI for the KM estimator is less than or equal to 0.5.

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

End point timeframe:

From Baseline to first rescue therapy (up to Week 25)

| End point values | Placebo | Rozanolixizumab | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 10 | 20 | | |
| Units: Days | | | | |
| median (confidence interval 95%) | 999 (4.0 to 999) | 999 (46.0 to 999) | | |

### Statistical analyses

No statistical analyses for this end point

### Secondary: Change from Baseline to Week 25 in Primary Immune Thrombocytopenia Patient Assessment Questionnaire (ITP-PAQ) Symptoms Score

| End point title | Change from Baseline to Week 25 in Primary Immune Thrombocytopenia Patient Assessment Questionnaire (ITP- |
|---|---|

| | |
|---|---|
| | PAQ) Symptoms Score |

End point description:

ITP-PAQ version 1 is a 44 item disease-specific Health-Related Quality of Life 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) and Psychological (5 items); quality of life (QOL): Work QOL (4 items), Social QOL (4 items), Women's Reproductive QOL (6 items) and Overall QOL (5 items). Each item is rated on a Likert-type scale containing 4 to 7 responses. All item scores are transformed to a 0 to 100 continuum and are weighted equally to derive individual scale scores and total score (0-100) is calculated as per formula: Sum of item scores within the scale/raw sum range*100. Higher scores indicate better health status. Randomized Set: enrolled study participants who were randomized. Number of Participants analyzed signifies participants evaluable for this endpoint. No formal analysis was carried out as program was terminated.

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

End point timeframe:

From Baseline during Treatment Period (up to Week 25)

| **End point values** | Placebo | Rozanolixizumab | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 8 | 12 | | |
| Units: units on a scale | | | | |
| arithmetic mean (standard deviation) | -0.5 (± 17.0) | 4.2 (± 12.9) | | |

## Statistical analyses

No statistical analyses for this end point

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

| | |
|---|---|
| End point title | Percentage of Participants With treatment-emergent adverse events (TEAEs) |

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 randomized study participants who received at least one dose of IMP.

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

End point timeframe:

From Baseline to end of Safety Follow-Up Period (up to Week 31)

| End point values | Placebo | Rozanolixizumab | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 10 | 20 | | |
| Units: Percentage of participants | | | | |
| number (not applicable) | 60.0 | 95.0 | | |

### Statistical analyses

No statistical analyses for this end point

## Secondary: Percentage of Participants With TEAEs leading to withdrawal of investigational medicinal product (ie, study discontinuation)

| End point title | Percentage of Participants With TEAEs leading to withdrawal of investigational medicinal product (ie, study discontinuation) |
|---|---|

End point description:

An AE is any untoward medical occurrence in a patient or clinical study participant, temporally associated with the use of 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 randomized study participants who received at least one dose of IMP.

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

End point timeframe:

From Baseline to end of Safety Follow-Up Period (up to Week 31)

| End point values | Placebo | Rozanolixizumab | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 10 | 20 | | |
| Units: Percentage of participants | | | | |
| number (not applicable) | 0 | 10.0 | | |

### 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 31)

Adverse event reporting additional description:

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. 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:

Participants received a fixed-unit starting dose of rozanolixizumab sc infusion equivalent to Dose A on Day 1. Following the initial dose, participants received a fixed-unit dose of rozanolixizumab sc infusion equivalent to Dose B every 2 weeks until Week 23. After protocol amendment 3, the starting dose was removed and the frequency of administration of the Dose B was changed to weekly. Participants were followed up to a maximum of Week 31.

| | |
|---|---|
| Reporting group title | Placebo |

Reporting group description:

Participants received a fixed-unit starting dose of placebo sc infusion matched to rozanolixizumab Dose A on Day 1. Following the initial dose, participants received a fixed-unit dose of placebo sc infusion matched to rozanolixizumab Dose B every 2 weeks until Week 23. Participants were followed up to a maximum of Week 31.

| Serious adverse events | Rozanolixizumab | Placebo | |
|---|---|---|---|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 5 / 20 (25.00%) | 1 / 10 (10.00%) | |
| number of deaths (all causes) | 0 | 0 | |
| number of deaths resulting from adverse events | 0 | 0 | |
| Investigations | | | |
| Platelet count decreased | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 1 / 10 (10.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Injury, poisoning and procedural complications | | | |
| Head injury | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 0 / 10 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Limb injury | | | |

| | | | |
|---|---|---|---|
| subjects affected / exposed | 1 / 20 (5.00%) | 0 / 10 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Skin injury | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 0 / 10 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Nervous system disorders | | | |
| Dizziness | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 0 / 10 (0.00%) | |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Headache | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 0 / 10 (0.00%) | |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Blood and lymphatic system disorders | | | |
| Thrombocytopenia | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Gastrointestinal disorders | | | |
| Vomiting | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 0 / 10 (0.00%) | |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Skin and subcutaneous tissue disorders | | | |
| Urticaria | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 0 / 10 (0.00%) | |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Infections and infestations | | | |
| Pneumonia viral | | | |

| | | | |
|---|---|---|---|
| subjects affected / exposed | 1 / 20 (5.00%) | 0 / 10 (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: 5 %

| **Non-serious adverse events** | Rozanolixizumab | Placebo | |
|---|---|---|---|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 18 / 20 (90.00%) | 6 / 10 (60.00%) | |
| Vascular disorders | | | |
| Haemorrhage | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| General disorders and administration site conditions | | | |
| Pyrexia | | | |
| subjects affected / exposed | 6 / 20 (30.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 22 | 0 | |
| Fatigue | | | |
| subjects affected / exposed | 2 / 20 (10.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 4 | 0 | |
| Asthenia | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 4 | 1 | |
| Infusion site pain | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Respiratory, thoracic and mediastinal disorders | | | |
| Oropharyngeal pain | | | |
| subjects affected / exposed | 2 / 20 (10.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 2 | 0 | |
| Epistaxis | | | |
| subjects affected / exposed | 2 / 20 (10.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 2 | 0 | |
| Psychiatric disorders | | | |

| | | | |
|---|---|---|---|
| Insomnia | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 1 | 1 | |
| Investigations | | | |
| White blood cell count increased | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Platelet count decreased | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Nervous system disorders | | | |
| Somnolence | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Headache | | | |
| subjects affected / exposed | 12 / 20 (60.00%) | 2 / 10 (20.00%) | |
| occurrences (all) | 25 | 2 | |
| Blood and lymphatic system disorders | | | |
| Anaemia | | | |
| subjects affected / exposed | 2 / 20 (10.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 2 | 0 | |
| Hypofibrinogenaemia | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Eye disorders | | | |
| Eye pain | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Gastrointestinal disorders | | | |
| Nausea | | | |
| subjects affected / exposed | 3 / 20 (15.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 3 | 0 | |
| Diarrhoea | | | |
| subjects affected / exposed | 2 / 20 (10.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 3 | 0 | |
| Gingival bleeding | | | |

| | | | |
|---|---|---|---|
| subjects affected / exposed | 2 / 20 (10.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 3 | 0 | |
| Abdominal pain | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 1 | 1 | |
| Constipation | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 1 | 1 | |
| Abdominal distension | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Skin and subcutaneous tissue disorders | | | |
| Blister | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Petechiae | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 2 | 2 | |
| Urticaria | | | |
| subjects affected / exposed | 2 / 20 (10.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 2 | 0 | |
| Hirsutism | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Renal and urinary disorders | | | |
| Haematuria | | | |
| subjects affected / exposed | 2 / 20 (10.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 2 | 0 | |
| Musculoskeletal and connective tissue disorders | | | |
| Arthralgia | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 3 | 1 | |
| Myalgia | | | |
| subjects affected / exposed | 2 / 20 (10.00%) | 0 / 10 (0.00%) | |
| occurrences (all) | 3 | 0 | |
| Infections and infestations | | | |

| | | | |
|---|---|---|---|
| Pharyngitis | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |
| Urinary tract infection | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 1 | 1 | |
| COVID-19 | | | |
| subjects affected / exposed | 1 / 20 (5.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 1 | 1 | |
| Upper respiratory tract infection | | | |
| subjects affected / exposed | 2 / 20 (10.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 2 | 1 | |
| Metabolism and nutrition disorders | | | |
| Hyperkalaemia | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 4 | |
| Decreased appetite | | | |
| subjects affected / exposed | 0 / 20 (0.00%) | 1 / 10 (10.00%) | |
| occurrences (all) | 0 | 1 | |

## More information

## Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date | Amendment |
|---|---|
| 21 November 2019 | The primary purpose of this substantial amendment (21 Nov 2019) was to incorporate the feedback from the United States Food and Drug Administration (FDA) received on 23 October 2019. In addition to updates to provide clarity and consistency within the protocol and administrative revisions, the following modifications were made: • Added details on study stopping rules • Added ADA postdose samples to facilitate clinical validation of drug tolerance in the ADA assay • Eligibility criteria were modified to exclude participants with undiagnosed IgA deficiency and to include patients with moderate renal impairment. • Updated rescue therapy to include any systemic increase in corticosteroids dose above the Baseline dose • Included new wording specific to the predefined order of formal hypotheses testing and the sequence in which testing would be performed • Added an additional estimand for a secondary endpoint • Provided timing for obtaining IgG samples due to interference of other tests • Country-specific requirements: − Information specific to Moldova was no longer applicable to the study. − Updates to Poland were made to align with Polish Health Authority's and Clinical Trial Facilitation Group recommendations regarding pregnancy testing. • Added new wording that local guidelines should be followed regarding antibiotic prophylaxis in asplenic participants to remind investigators about the importance of antibiotic therapy in management of infections in splenectomized participants. |
| 29 September 2020 | The primary reason for this substantial amendment (29 Sep 2020) was to incorporate changes in the endpoints and the statistical analysis section, and to incorporate agency-required local protocol amendments into 1 global protocol. The country-specific changes were incorporated in Protocol Amendment 2 Appendix. In addition to updates to provide clarity and consistency within the protocol and administrative revisions, the following modifications were made: • Changed the number of additional participants that could be recruited into the study from 75 to 60 (maximum total sample size was changed from 105 to 90) based on revised sample size calculation method and assumptions • Primary analysis (previously incorporated by local Protocol Amendments 1.1, 1.2, and 1.3)− Removed all reference to the Fisher's Exact test and included as a separate supplemental estimand − Added more details regarding the Cochran-Mantel-Haenszel test • Added details to explain that the interim analysis was to have been conducted on combined data from TP0003 and TP0006, including amendment of the futility stopping rule • Modified study eligibility criteria to include study participants who had failed or were intolerant to 2 or more prior ITP therapies per global implementation of an ANSM request and implement feedback received from the FDA • Deleted or moved to "other efficacy endpoints" endpoints that did not measure different manifestation of the disease and provided redundant information • Included additional "other" efficacy endpoints • Provided additional wording for clarification on the action taken for study participants on the lowest dose level with a platelet count between >200x109/L and <400x109/L (previously incorporated by local Protocol Amendments 1.2 and 1.3). |

| | |
|---|---|
| 29 September 2020 | This includes the continued information from Protocol Amendment 2 • Added that an independent Quantitative Clinical Pharmacologist/Modeling and Simulation Scientist may have access to the randomization code to review unblinded PK, platelet and serum IgG data to allow modelling activities to be started by an independent scientist • Included contingency measures during a pandemic and other exceptional circumstances • Increased the number of sites from 50 to 70 • Country-specific requirements: − United States and Canada only: Updated and clarified study stopping rule per FDA request − Japan only (previously incorporated by local Protocol Amendment 1.2): ▪ Added instructions for serious adverse event (SAE) reporting (investigational device) and device deficiency reporting specific for Japan, in accordance with local regulations in Japan ▪ Added chest X-ray assessment to early withdrawal (EW) visit and EOS visit to confirm safety at study termination ▪ Added the T-SPOT test as a recommended interferon-gamma release assay (IGRA) test in addition to the QuantiFERON test ▪ Included details on the consent requirements for participants aged <20 years of age ▪ Added exclusion criterion relative to partial splenic artery embolization as this procedure might have been used for treatment of ITP in Japan ▪ Removed wording on use of cannabidiols and medicinal marijuana because these drugs are prohibited by law in Japan. |
| 03 December 2021 | The primary reason for this substantial amendment (03 Dec 2021) was to modify the dosing regimen of the study on the recommendation of the IDMC. Only 1 study participant was screened under Protocol Amendment 3, and this participant was not treated prior to study termination. Thus, this aCSR, including analysis of the data for this study, was based on the protocol under Amendment 2. |

Notes:

## Interruptions (globally)

Were there any global interruptions to the trial? Yes

| Date | Interruption | Restart date |
|---|---|---|
| 24 March 2020 | From 24 March 2020 through 04 June 2020, enrollment into the study was temporarily on hold due to the coronavirus disease 2019 (COVID-19) pandemic outbreak. | 05 June 2020 |
| 19 November 2021 | From 19 Nov 2021, enrollment into the study was temporarily suspended to allow for the development of a protocol amendment (#3) to change the dosing frequency from biweekly to weekly. Reactivation commenced in March 2022. | 06 April 2022 |

Notes:

## Limitations and caveats

None reported