Clinical trial results:
Randomized, Double-blind, Placebo-controlled Study to Evaluate Safety, Mechanistic Effects, and Effects on Disease Activity of MH002 in Subjects with Mild to Moderate Ulcerative Colitis: A First-in-human Study

Summary

EudraCT number	2020-004355-33
Trial protocol	BE CZ PL
Global end of trial date	23 May 2023

Results information

Result version number	v1 (current)
This version publication date	05 June 2024
First version publication date	05 June 2024

Trial information

Trial identification

Sponsor protocol code	MH002-UC-201

Additional study identifiers

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

Notes:

Sponsors

Sponsor organisation name	MRM Health NV
Sponsor organisation address	Technologiepark-Zwijnaarde 82, Ghent, Belgium, B-9052
Public contact	MH002-FIH Information Desk, MRM Health NV, +32 92411188, MH002-FIH@mrmhealth.com
Scientific contact	MH002-FIH Information Desk, MRM Health NV, +32 92411188, MH002-FIH@mrmhealth.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	23 August 2023
Is this the analysis of the primary completion data?	Yes
Primary completion date	23 May 2023
Global end of trial reached?	Yes
Global end of trial date	23 May 2023
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

• To evaluate the safety and tolerability of MH002 in subjects with mild to moderate ulcerative colitis (UC)

Protection of trial subjects:

The study was conducted in accordance with the protocol, ethical principles derived from international guidelines including the Declaration of Helsinki and Council for International Organizations of Medical Sciences, International Ethical Guidelines, applicable International Council for Harmonisation (ICH) Good Clinical Practice (GCP) and other Guidelines, and applicable laws and regulations.
The study protocol, all study protocol amendments, written study subject information, informed consent form (ICF), Investigator's Brochure, and any other relevant documents were reviewed and approved by an independent ethics committee (IEC) at each study center. The investigator informed the subjects of the risks and benefits of the study. The subjects were informed that they could withdraw from the study at any time for any reason. Consent was obtained in writing prior to any study-related activities; the investigator retained a copy of the ICFs.

Background therapy:

Yes

Evidence for comparator: -

Actual start date of recruitment	25 August 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	Poland: 36
Country: Number of subjects enrolled	Belgium: 4
Country: Number of subjects enrolled	Czechia: 5
Worldwide total number of subjects	45
EEA total number of subjects	45

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)	42
From 65 to 84 years	3
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

Subjects were enrolled at study sites in Poland, Belgium and Czechia. The first ICF was signed on 03 November 2021. The last study visit occurred on 23 May 2023.

Pre-assignment

Screening details:

75 subjects were screened.

Period 1

Period 1 title	Period 1: Weeks 1-8 (randomized phase)
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Double blind
Roles blinded	Investigator, Monitor, Data analyst, Carer, Subject, Assessor

Arms

Are arms mutually exclusive?	Yes
Arm title	MH002

Arm description:

MH002 during Weeks 1-8 (randomized phase); responders and non-responders received MH002 during Weeks 9-16 (extension phase).

Arm type	Experimental
Investigational medicinal product name	MH002
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, hard
Routes of administration	Oral use

Dosage and administration details:

400 mg daily with the first meal of the day

Arm title	Placebo

Arm description:

Placebo during Weeks 1–8 (randomized phase); responders (based on Modified Mayo Score using locally read colonoscopy or Physician’s Global Assessment in case of missing data) remained on Placebo until Week 16, while non-responders were automatically (blindly) allocated to MH002 400 mg daily during Weeks 9-16 (extension phase).

Arm type	Placebo
Investigational medicinal product name	MH002-matching Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, hard
Routes of administration	Oral use

Dosage and administration details:

400 mg daily with the first meal of the day

Number of subjects in period 1	MH002	Placebo
Started	31	14
Completed	28	14
Not completed	3	0
Consent withdrawn by subject	1	-
Physician decision	1	-
Significant relapse or worsening UC	1	-

Period 2

Period 2 title	Period 2: Weeks 9-16 (extension phase)
Is this the baseline period?	No
Allocation method	Non-randomised - controlled
Blinding used	Double blind
Roles blinded	Subject, Investigator, Monitor, Data analyst, Carer, Assessor

Arms

Are arms mutually exclusive?	Yes
Arm title	MH002-MH002

Arm description:

MH002 during Weeks 1-8 (randomized phase); responders and non-responders received MH002 during Weeks 9-16 (extension phase).
Note: One subject completed study period 1, but did not start study period 2 due to withdrawal of consent.

Arm type	Experimental
Investigational medicinal product name	MH002
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, hard
Routes of administration	Oral use

Dosage and administration details:

400 mg daily with the first meal of the day

Arm title	Placebo-Placebo (Placebo responders)

Arm description:

Placebo during Weeks 1–8 (randomized phase); responders (based on Modified Mayo Score using locally read colonoscopy or Physician’s Global Assessment in case of missing data) remained on Placebo until Week 16, while non-responders were automatically (blindly) allocated to MH002 400 mg daily during Weeks 9-16 (extension phase).
Note: One subject completed study period 1, but did not start study period 2 due to withdrawal of consent.

Arm type	Placebo
Investigational medicinal product name	MH002-matching Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, hard
Routes of administration	Oral use

Dosage and administration details:

400 mg daily with the first meal of the day

Arm title	Placebo-MH002 (Placebo non-responders)

Arm description:

Placebo during Weeks 1–8 (randomized phase); non-responders were automatically (blindly) allocated to MH002 400 mg daily during Weeks 9–16 (extension phase).

Arm type	Experimental
Investigational medicinal product name	MH002
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, hard
Routes of administration	Oral use

Dosage and administration details:

400 mg daily with the first meal of the day

Number of subjects in period 2[1]	MH002-MH002	Placebo-Placebo (Placebo responders)	Placebo-MH002 (Placebo non-responders)
Started	27	6	7
Completed	26	6	6
Not completed	1	0	1
Adverse event, non-fatal	-	-	1
Protocol deviation	1	-	-

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: MH002-MH002: one subject completed study period 1, but did not start study period 2 due to withdrawal of consent.
Placebo-Placebo: one subject completed study period 1, but did not start study period 2 due to withdrawal of consent.

Baseline characteristics

Reporting groups	
Reporting group title	MH002
Reporting group description:	
MH002 during Weeks 1-8 (randomized phase); responders and non-responders received MH002 during Weeks 9-16 (extension phase).	
Reporting group title	Placebo
Reporting group description:	
Placebo during Weeks 1–8 (randomized phase); responders (based on Modified Mayo Score using locally read colonoscopy or Physician's Global Assessment in case of missing data) remained on Placebo until Week 16, while non-responders were automatically (blindly) allocated to MH002 400 mg daily during Weeks 9-16 (extension phase).	

Reporting group values	MH002	Placebo	Total
Number of subjects	31	14	45
Age categorical Units: Subjects			
Adults (18-64 years)	29	13	42
From 65-84 years	2	1	3
Age continuous Units: years			
arithmetic mean	41.8	44.9	
full range (min-max)	20 to 67	20 to 70	-
Gender categorical Units: Subjects			
Female	13	5	18
Male	18	9	27
Race Units: Subjects			
White	31	14	45
Ethnicity Units: Subjects			
Not Hispanic or Latino	31	14	45

End points

End points reporting groups

Reporting group title	MH002
Reporting group description:	
MH002 during Weeks 1-8 (randomized phase); responders and non-responders received MH002 during Weeks 9-16 (extension phase).	
Reporting group title	Placebo
Reporting group description:	
Placebo during Weeks 1–8 (randomized phase); responders (based on Modified Mayo Score using locally read colonoscopy or Physician's Global Assessment in case of missing data) remained on Placebo until Week 16, while non-responders were automatically (blindly) allocated to MH002 400 mg daily during Weeks 9-16 (extension phase).	
Reporting group title	MH002-MH002
Reporting group description:	
MH002 during Weeks 1-8 (randomized phase); responders and non-responders received MH002 during Weeks 9-16 (extension phase). Note: One subject completed study period 1, but did not start study period 2 due to withdrawal of consent.	
Reporting group title	Placebo-Placebo (Placebo responders)
Reporting group description:	
Placebo during Weeks 1–8 (randomized phase); responders (based on Modified Mayo Score using locally read colonoscopy or Physician's Global Assessment in case of missing data) remained on Placebo until Week 16, while non-responders were automatically (blindly) allocated to MH002 400 mg daily during Weeks 9-16 (extension phase). Note: One subject completed study period 1, but did not start study period 2 due to withdrawal of consent.	
Reporting group title	Placebo-MH002 (Placebo non-responders)
Reporting group description:	
Placebo during Weeks 1–8 (randomized phase); non-responders were automatically (blindly) allocated to MH002 400 mg daily during Weeks 9–16 (extension phase).	

Primary: Incidence of Treatment-emergent Adverse Events (TEAEs)

End point title	Incidence of Treatment-emergent Adverse Events (TEAEs)[1]
End point description:	
Treatment-emergent Adverse Events (TEAEs) are defined as AEs that first occurred or worsened in severity after the first administration of study treatment and prior to 30 days after the last administration of study treatment, or up to the last safety phone call assessment scheduled 21 days (or up to 28 days) after Week 16/Early Discontinuation Visit (whichever comes first). Population: Safety Analysis Set; all subjects who enrolled in the study and received at least 1 dose of study treatment. For subjects who were randomized to Placebo in the randomized phase and who switched at Week 8 to MH002 in the extension phase, TEAEs that first occurred or worsened after initiation of MH002 were identified and summarized separately. Notes: No statistical analyses have been specified for this primary endpoint. Justification: no statistical analysis was intended to be performed for this endpoint.	
End point type	Primary
End point timeframe:	
From first dose up to Week 19 (20).	
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: Primary endpoint: safety and tolerability. No formal hypothesis testing was planned, any	

statistical testing is to be considered exploratory and descriptive in this study. The sample size is not based on statistical considerations but practical ones.

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	31	14		
Units: Percent subjects with at least 1 TEAE	35	57		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in Modified Mayo Score (MMS) at Week 8

End point title	Change from baseline in Modified Mayo Score (MMS) at Week 8

End point description:

The 3-item Modified Mayo Score (MMS) is a composite scoring index based on sum of the Mayo symptom subscores for stool frequency and rectal bleeding, and centrally assessed Mayo Endoscopic Score (MES), ie, without the Physician's Global Assessment of disease activity (0-9: normal to severe UC).
Population: Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

End point type	Secondary

End point timeframe:

Week 8

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	24	13		
Units: Score on a scale change from baseline				
arithmetic mean (standard deviation)	-1.86 (± 1.916)	-1.41 (± 1.837)		

Statistical analyses

Statistical analysis title	CFBL in Modified Mayo Score (MMS)

Statistical analysis description:

Changes from baseline (CFBL) were compared between MH002 and Placebo.
Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

Comparison groups	MH002 v Placebo

Number of subjects included in analysis	37
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.2457
Method	t-test, 1-sided

Secondary: Change from baseline in Mayo symptom subscore for stool frequency at Week 8

End point title	Change from baseline in Mayo symptom subscore for stool frequency at Week 8

End point description:

Patient-reported disease symptom assessment of stool frequency (0-3: none to most frequent).
Population: Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Last Observation Carried Forward (LOCF).

End point type	Secondary

End point timeframe:

Week 8

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	30	14		
Units: score on a scale change from baseline				
arithmetic mean (standard deviation)	-0.73 (± 1.029)	-0.57 (± 1.215)		

Statistical analyses

Statistical analysis title	CFBL in Mayo subscore for stool frequency

Statistical analysis description:

Changes from baseline (CFBL) were compared between MH002 and Placebo.
Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Last Observation Carried Forward (LOCF).

Comparison groups	MH002 v Placebo
Number of subjects included in analysis	44
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.3233
Method	t-test, 1-sided

Secondary: Change from baseline in Mayo symptom subscore for rectal bleeding at Week 8

End point title	Change from baseline in Mayo symptom subscore for rectal

	bleeding at Week 8

End point description:

Patient-reported disease symptom assessment of rectal bleeding (0-3: none to most severe).
Population: Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Last Observation Carried Forward (LOCF).

End point type	Secondary

End point timeframe:

Week 8

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	30	14		
Units: Score on a scale change from baseline				
arithmetic mean (standard deviation)	-0.7 (± 1.02)	-0.8 (± 0.89)		

Statistical analyses

Statistical analysis title	CFBL in Mayo subscore for rectal bleeding

Statistical analysis description:

Changes from baseline (CFBL) were compared between MH002 and Placebo.
Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Last Observation Carried Forward (LOCF).

Comparison groups	MH002 v Placebo
Number of subjects included in analysis	44
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.5373
Method	Wilcoxon (Mann-Whitney)

Secondary: Change from baseline in Mayo Endoscopic Score (MES) (overall) at Week 8

End point title	Change from baseline in Mayo Endoscopic Score (MES) (overall) at Week 8

End point description:

The Mayo Endoscopic Score (MES) is a well-established endoscopic scoring index (centrally assessed; 0-3: normal to severe disease).
Population: Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

End point type	Secondary

End point timeframe:

Week 8

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	28	14		
Units: Score on a scale change from baseline				
arithmetic mean (standard deviation)	-0.3 (± 0.66)	0.1 (± 0.62)		

Statistical analyses

Statistical analysis title	CFBL in Mayo Endoscopic Score (MES)

Statistical analysis description:

Changes from baseline (CFBL) were compared between MH002 and Placebo.
Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

Comparison groups	MH002 v Placebo
Number of subjects included in analysis	42
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0543
Method	Wilcoxon (Mann-Whitney)

Secondary: Rate of Modified Mayo Score (MMS) Clinical Response at Week 8

End point title	Rate of Modified Mayo Score (MMS) Clinical Response at Week 8

End point description:

Clinical Response is a composite scoring index and defined as a decrease of ≥3 points on the Modified Mayo Score (MMS) and/or a decrease of ≥1 point on the Mayo symptom subscore for stool frequency and a decrease of ≥1 point on the Mayo symptom subscore for rectal bleeding, and/or meeting the definition of clinical remission.
Population: Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

End point type	Secondary

End point timeframe:

Week 8

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	28	14		
Units: Percentage of subjects	46	50		

Statistical analyses

Statistical analysis title	Rate of Clinical Response

Statistical analysis description:

Percentage rates were compared between MH002 and Placebo.
The Cochran-Mantel-Haenszel (CMH) test was stratified by concomitant corticosteroid use and included continuity correction.
Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

Comparison groups	MH002 v Placebo
Number of subjects included in analysis	42
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.5943
Method	Cochran-Mantel-Haenszel

Secondary: Rate of Modified Mayo Score (MMS) Clinical Remission at Week 8

End point title	Rate of Modified Mayo Score (MMS) Clinical Remission at Week 8

End point description:

Clinical Remission is a composite scoring index and defined as Modified Mayo Score (MMS) ≤2.0 and with all MMS subscores ≤1 and a Mayo symptom subscore for rectal bleeding of 0.
Population: Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

End point type	Secondary

End point timeframe:

Week 8

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	28	14		
Units: Percentage of subjects	14	7		

Statistical analyses

Statistical analysis title	Rate of Clinical Remission

Statistical analysis description:

Percentage rates were compared between MH002 and Placebo.
The Cochran-Mantel-Haenszel (CMH) test was stratified by concomitant corticosteroid use and included continuity correction.
Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

Comparison groups	MH002 v Placebo
Number of subjects included in analysis	42
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.4597
Method	Cochran-Mantel-Haenszel

Secondary: Changes from baseline in histologic scores (Nancy Index, Geboes Score, and Robarts' Histopathology Index) of colonic biopsies at Week 8

End point title	Changes from baseline in histologic scores (Nancy Index, Geboes Score, and Robarts' Histopathology Index) of colonic biopsies at Week 8

End point description:

Histologic scoring tools to assess histopathological disease activity in patients with Ulcerative Colitis; scores define histological inflammation and remission of the mucosa.
Nancy Index: grades 0-4; least to most severe disease.
Geboes Score: grades 0.0-5.4; no to most severe histological inflammation.
Robarts' Histopathology Index (RHI): 0-33; no to most severe disease activity.
Population: Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

End point type	Secondary

End point timeframe:

Week 8

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	27	14		
Units: Score on a scale change from baseline				
arithmetic mean (standard deviation)				
Nancy Index	-0.4 (± 1.55)	-0.6 (± 1.15)		
Geboes Score	-0.7 (± 5.24)	-1.1 (± 5.90)		
Robarts' Histopathology Index	-1.3 (± 9.79)	-3.9 (± 9.08)		

Statistical analyses

Statistical analysis title	CFBL in histologic score: Nancy Index

Statistical analysis description:

Changes from baseline (CFBL) were compared between MH002 and Placebo.

Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

Comparison groups	MH002 v Placebo
Number of subjects included in analysis	41
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.6431
Method	Wilcoxon (Mann-Whitney)

Statistical analysis title	CFBL in histologic score: Geboes Score

Statistical analysis description:

Changes from baseline (CFBL) were compared between MH002 and Placebo.
Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

Comparison groups	MH002 v Placebo
Number of subjects included in analysis	41
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.5724
Method	t-test, 1-sided

Statistical analysis title	CFBL in histologic score: RHI

Statistical analysis description:

Changes from baseline (CFBL) were compared between MH002 and Placebo.
Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

Comparison groups	MH002 v Placebo
Number of subjects included in analysis	41
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.796
Method	t-test, 1-sided

Secondary: Change from baseline in stool consistency (Bristol Stool Form Scale) at Week 8

End point title	Change from baseline in stool consistency (Bristol Stool Form Scale) at Week 8

End point description:

The Bristol Stool Form Scale (BSFS) is a 7-point scale used for stool consistency measurement (1-7: hard to watery).
Population: Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Last Observation Carried Forward (LOCF).

End point type	Secondary

End point timeframe:

Week 8

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	28	12		
Units: score on a scale change from baseline				
arithmetic mean (standard deviation)	-0.78 (± 0.994)	-0.53 (± 1.259)		

Statistical analyses

Statistical analysis title	CFBL in stool consistency (BSFS)

Statistical analysis description:

Changes from baseline were compared between MH002 and Placebo.
Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Last Observation Carried Forward (LOCF).

Comparison groups	MH002 v Placebo
Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.2485
Method	t-test, 1-sided

Secondary: Change from baseline in faecal calprotectin at Week 8

End point title	Change from baseline in faecal calprotectin at Week 8

End point description:

Faecal calprotectin is a clinically relevant marker of intestinal inflammation and is recommended in daily clinical practice for follow-up of patients with Ulcerative Colitis and to guide treatment decisions.
Population: Full Analysis Set; all subjects randomly assigned to study treatment.
Analysis by Observed Cases (OC).

End point type	Secondary

End point timeframe:

Week 8

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	28	13		
Units: percent				
median (full range (min-max))	-41.753 (-99.77 to 3106.34)	-18.342 (-89.80 to 1634.62)		

Statistical analyses

Statistical analysis title	CFBL in faecal calprotectin
Statistical analysis description:	
Changes from baseline (CFBL) were compared between MH002 and Placebo. Full Analysis Set; all subjects randomly assigned to study treatment. Analysis by Observed Cases (OC).	
Comparison groups	MH002 v Placebo
Number of subjects included in analysis	41
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.2043
Method	Wilcoxon (Mann-Whitney)

Secondary: Changes from baseline in C-reactive protein (CRP) at Week 8

End point title	Changes from baseline in C-reactive protein (CRP) at Week 8
End point description:	
C-reactive Protein (CRP) is an acute-phase protein produced by the liver in response to various acute and chronic inflammatory conditions and is a widely used serum indicator of inflammation in Ulcerative Colitis.	
End point type	Secondary
End point timeframe:	
Week 8	

End point values	MH002	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	31	14		
Units: mg/L				
arithmetic mean (standard deviation)	-1.7 (± 9.91)	13.6 (± 51.55)		

Statistical analyses

Statistical analysis title	CFBL in C-reactive Protein (CRP)
Statistical analysis description:	
Changes from baseline (CFBL) were compared between MH002 and Placebo. Full Analysis Set; all subjects randomly assigned to study treatment. Analysis by Observed Cases (OC).	
Comparison groups	MH002 v Placebo

Number of subjects included in analysis	45
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.1899
Method	Wilcoxon (Mann-Whitney)

Adverse events

Adverse events information

Timeframe for reporting adverse events:

From first study drug administration up to Week 19 (20).

Adverse event reporting additional description:

Adverse Events: Safety Analysis Set for the study included all subjects who took at least 1 dose of study treatment.

Assessment type	Systematic

Dictionary used

Dictionary name	MedDRA
Dictionary version	23.1

Reporting groups

Reporting group title	MH002

Reporting group description:

All subjects who were randomized to MH002 on Day 1 and who were allocated to MH002 during Weeks 1-16.

Reporting group title	Placebo

Reporting group description:

All subjects who were randomized to Placebo on Day 1 and who were allocated to Placebo during Weeks 1–8 (randomized phase); with responders remaining on Placebo until Week 16. For subjects who were randomized to Placebo in the randomized phase and who switched at Week 8 to MH002 in the extension phase (Placebo non-responders), TEAEs that first occurred or worsened after initiation of MH002 were identified and summarized separately.

Serious adverse events	MH002	Placebo	
Total subjects affected by serious adverse events			
subjects affected / exposed	1 / 31 (3.23%)	1 / 14 (7.14%)	
number of deaths (all causes)	0	0	
number of deaths resulting from adverse events	0	0	
Immune system disorders			
Drug hypersensitivity	Additional description: allergic reaction to insulin		
subjects affected / exposed	1 / 31 (3.23%)	0 / 14 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Infections and infestations			
Clostridium difficile infection			
subjects affected / exposed	0 / 31 (0.00%)	1 / 14 (7.14%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Metabolism and nutrition disorders			
Diabetes mellitus			

subjects affected / exposed	1 / 31 (3.23%)	0 / 14 (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	MH002	Placebo	
Total subjects affected by non-serious adverse events			
subjects affected / exposed	5 / 31 (16.13%)	7 / 14 (50.00%)	
Nervous system disorders			
Headache			
subjects affected / exposed	1 / 31 (3.23%)	1 / 14 (7.14%)	
occurrences (all)	1	1	
Blood and lymphatic system disorders			
Anaemia			
subjects affected / exposed	0 / 31 (0.00%)	1 / 14 (7.14%)	
occurrences (all)	0	1	
Thrombocytosis			
subjects affected / exposed	0 / 31 (0.00%)	1 / 14 (7.14%)	
occurrences (all)	0	1	
Gastrointestinal disorders			
Colitis ulcerative			
subjects affected / exposed	2 / 31 (6.45%)	2 / 14 (14.29%)	
occurrences (all)	2	2	
Abdominal distension			
subjects affected / exposed	0 / 31 (0.00%)	1 / 14 (7.14%)	
occurrences (all)	0	1	
Large intestine polyp			
subjects affected / exposed	0 / 31 (0.00%)	1 / 14 (7.14%)	
occurrences (all)	0	1	
Skin and subcutaneous tissue disorders			
Erythema			
subjects affected / exposed	0 / 31 (0.00%)	1 / 14 (7.14%)	
occurrences (all)	0	1	
Infections and infestations			

COVID-19			
subjects affected / exposed	2 / 31 (6.45%)	1 / 14 (7.14%)	
occurrences (all)	2	1	
Nasopharyngitis			
subjects affected / exposed	2 / 31 (6.45%)	0 / 14 (0.00%)	
occurrences (all)	2	0	
Influenza			
subjects affected / exposed	0 / 31 (0.00%)	1 / 14 (7.14%)	
occurrences (all)	0	1	

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? No

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.

This trial with relative small sample size was primarily intended to assess the safety and tolerability of MH002 in subjects with mild-to-moderate Ulcerative Colitis. Endpoints related to disease activity were exploratory in nature.

Notes: