



Clinical trial results:

Exploratory Study to Evaluate Safety, Mechanistic and Clinical Effects of MH002 in Subjects with Acute Pouchitis

Summary

EudraCT number	2021-006656-14
Trial protocol	BE IT
Global end of trial date	14 June 2024

Results information

Result version number	v1 (current)
This version publication date	25 March 2025
First version publication date	25 March 2025

Trial information

Trial identification

Sponsor protocol code	MH002-PC-201
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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, Zwijnaarde, Belgium, 9052
Public contact	MH002-FIH Information Desk, MRM Health NV, 0032 9277 08 50, MH002-FIH@mrmhealth.com
Scientific contact	MH002-FIH Information Desk, MRM Health NV, 0032 9277 08 50, 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	12 September 2024
Is this the analysis of the primary completion data?	Yes
Primary completion date	14 June 2024
Global end of trial reached?	Yes
Global end of trial date	14 June 2024
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

The purpose of this study was to assess the safety of MH002 in acute pouchitis subjects.

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:

No

Evidence for comparator:

No comparator.

Actual start date of recruitment	08 September 2022
Long term follow-up planned	Yes
Long term follow-up rationale	Safety
Long term follow-up duration	6 Months
Independent data monitoring committee (IDMC) involvement?	Yes

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Belgium: 6
Country: Number of subjects enrolled	Italy: 8
Worldwide total number of subjects	14
EEA total number of subjects	14

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)	13
From 65 to 84 years	1
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

Subjects with a diagnosis of active pouchitis were enrolled at study sites in Belgium and Italy. The first subject was screened on 08 September 2022; the last subject was screened on 18 October 2023. The last study contact occurred on 14 June 2024.

Pre-assignment

Screening details:

20 subjects were screened

Pre-assignment period milestones

Number of subjects started	20 ^[1]
Number of subjects completed	14

Pre-assignment subject non-completion reasons

Reason: Number of subjects	screen failure: 6
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Notes:

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

Justification: 6 subjects were not meeting all inclusion criteria

Period 1

Period 1 title	Weeks 1-8 (treatment) + Weeks 9-34 (FU) (overall period)
Is this the baseline period?	Yes
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Arm title	MH002
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Arm description:

MH002 once daily dose up to Week 8

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 (Weeks 1-8)

Number of subjects in period 1	MH002
Started	14
Completed	12
Not completed	2
Consent withdrawn by subject	2

Baseline characteristics

Reporting groups

Reporting group title	MH002
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Reporting group description:

MH002 once daily dose up to Week 8

Reporting group values	MH002	Total	
Number of subjects	14	14	
Age categorical			
Units: Subjects			
Adolescents (12-17 years)	0	0	
Adults (18-64 years)	13	13	
From 65-84 years	1	1	
Age continuous			
Units: years			
arithmetic mean	41.4		
full range (min-max)	21 to 68	-	
Gender categorical			
Units: Subjects			
Female	10	10	
Male	4	4	
Race			
Units: Subjects			
White	13	13	
Asian	1	1	
Ethnicity			
Units: Subjects			
Not Hispanic or Latino	14	14	
Hispanic or Latino	0	0	

End points

End points reporting groups

Reporting group title	MH002
Reporting group description: MH002 once daily dose up to Week 8	
Subject analysis set title	Safety Analysis Set (SAS)
Subject analysis set type	Safety analysis
Subject analysis set description: All subjects who took at least 1 dose of MH002. The SAS was used for analysis of all safety outcomes.	
Subject analysis set title	Full Analysis Set (FAS)
Subject analysis set type	Full analysis
Subject analysis set description: All subjects with a baseline assessment and at least 1 follow-up assessment who took at least 1 dose of MH002. The FAS was used for analysis of the mechanistic and clinical endpoints on disease activity.	
Subject analysis set title	mPDAI remission - Yes
Subject analysis set type	Sub-group analysis
Subject analysis set description: A subgroup of the FAS including only subjects with modified Pouchitis Disease Activity Index (mPDAI)-defined remission at Week 8. mPDAI remission: mPDAI total score <5 and a decrease in mPDAI total score ≥ 2 (as defined by Travis et al. NEJM 2023)	
Subject analysis set title	mPDAI remission - No
Subject analysis set type	Sub-group analysis
Subject analysis set description: A subgroup of the FAS including only subjects without modified Pouchitis Disease Activity Index (mPDAI)-defined remission at Week 8. mPDAI remission: mPDAI total score <5 and a decrease in mPDAI total score ≥ 2 (as defined by Travis et al. NEJM 2023)	

Primary: Incidence of treatment-emergent adverse events (TEAEs) and treatment-emergent adverse reactions

End point title	Incidence of treatment-emergent adverse events (TEAEs) and treatment-emergent adverse reactions ^[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 up to the last safety phone call assessment scheduled 26 weeks after Week 8/Early Discontinuation Visit (whichever comes first). Adverse reactions were defined as AEs assessed as at least possibly related to treatment with MH002. Population: Safety Analysis Set (SAS)	
End point type	Primary
End point timeframe: From first dose up to Week 34	
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 statistical analysis was intended to be performed on for this endpoint.	

End point values	MH002			
Subject group type	Reporting group			
Number of subjects analysed	14			
Units: Subjects				
With any TEAE	11			
With any serious TEAE	2			
With any TEAE leading to treatment discontinuation	0			
With any TEAE leading to study discontinuation	0			
With any TEAE leading to death	0			

Statistical analyses

No statistical analyses for this end point

Primary: Incidence of treatment-emergent adverse events (TEAEs) by severity

End point title	Incidence of treatment-emergent adverse events (TEAEs) by severity ^[2]
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End point description:

The number of subjects with TEAEs with severity mild, moderate, or severe during the study.
Population: Safety Analysis Set (SAS)

End point type	Primary
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End point timeframe:

From first dose up to Week 34

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 statistical analysis was intended to be performed on for this endpoint.

End point values	MH002			
Subject group type	Reporting group			
Number of subjects analysed	14			
Units: Subjects				
Any mild TEAE	8			
Any moderate TEAE	8			
Any severe TEAE	0			

Statistical analyses

No statistical analyses for this end point

Primary: Incidence of treatment-emergent adverse events (TEAEs) by relatedness

End point title	Incidence of treatment-emergent adverse events (TEAEs) by relatedness ^[3]
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End point description:

The number of subjects with TEAEs considered related/unrelated as assessed by the Investigator during the study.

Population: Safety Analysis Set (SAS)

End point type	Primary
End point timeframe:	
From first dose up to Week 34	

Notes:

[3] - 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 statistical analysis was intended to be performed on for this endpoint.

End point values	MH002			
Subject group type	Reporting group			
Number of subjects analysed	14			
Units: Subjects				
Any unrelated TEAE	10			
Any unlikely related TEAE	2			
Any possibly related TEAE	3			
Any possibly related, non-serious TEAE	3			
Any probably related TEAE	0			
Unknown	1			

Statistical analyses

No statistical analyses for this end point

Secondary: Number of subjects achieving clinical remission and response at Week 8

End point title	Number of subjects achieving clinical remission and response at Week 8
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End point description:

Clinical remission and response were assessed using the modified Pouchitis Disease Activity Index (mPDAI) total score (0-13; best to worse); calculated from 2 subscores:

1) mPDAI symptoms subscore (0 to 7): sum of Mayo stool frequency (0=usual to postoperative stool frequency to 3=five or more stools/day>postoperative usual) and the mPDAI subscores of rectal bleeding (0=no; 1=yes); fecal urgency or abdominal cramps (0=none to 2=usual); and fever (temperature >37.8 degrees C; 0=absent and 1=present).

2) mPDAI endoscopic subscore (0 to 6; based on local assessments): sum of endoscopic inflammation findings (each scored 0 to 1); oedema, granularity, friability, loss of vascular pattern, mucous exudation, and ulceration.

- Clinical remission: mPDAI total score <5, a decrease in mPDAI total score ≥ 2 , and an mPDAI endoscopic score <2.

- Clinical response: mPDAI total score <5 and a decrease in mPDAI total score ≥ 2

Population: Full Analysis Set (FAS)

End point type	Secondary
End point timeframe:	
Week 8	

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13	13		
Units: Subjects				
Clinical remission at Week 8	5	5		
Clinical response at Week 8	6	6		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in modified Pouchitis Disease Activity Index (mPDAI) total score at Week 8

End point title	Change from baseline in modified Pouchitis Disease Activity Index (mPDAI) total score at Week 8
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End point description:

The mPDAI total score (0-13; best to worse) is calculated from 2 subscores:

- 1) mPDAI symptoms subscore (0 to 7): sum of Mayo stool frequency (0=usual to postoperative stool frequency to 3=five or more stools/day>postoperative usual) and the mPDAI subscores of rectal bleeding (0=no; 1=yes); fecal urgency or abdominal cramps (0=none to 2=usual); and fever (temperature >37.8 degrees C; 0=absent and 1=present).
- 2) mPDAI endoscopic subscore (0 to 6; based on local assessments): sum of endoscopic inflammation findings (each scored 0 to 1); oedema, granularity, friability, loss of vascular pattern, mucous exudation, and ulceration.

A negative change from baseline indicates improvement.

Population: Full Analysis Set (FAS)

End point type	Secondary
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End point timeframe:

Baseline up to Week 8

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13	13		
Units: Score on a scale change from baseline				
arithmetic mean (confidence interval 95%)				
Baseline	6.91 (6.15 to 7.67)	6.91 (6.15 to 7.57)		
Week 8	4.74 (3.03 to 6.45)	4.74 (3.03 to 6.45)		
Change from baseline to Week 8	-2.17 (-3.58 to -0.76)	-2.17 (-3.58 to -0.76)		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in modified Pouchitis Disease Activity Index (mPDAI) symptoms subscore at Week 8

End point title	Change from baseline in modified Pouchitis Disease Activity Index (mPDAI) symptoms subscore at Week 8
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End point description:

The mPDAI symptoms subscore is a sum score (0= best to 7= worse) of the Mayo stool frequency (0=usual to postoperative stool frequency to 3=five or more stools/day>postoperative usual) and the mPDAI subscores of rectal bleeding (0=no; 1=yes); fecal urgency or abdominal cramps (0=none to 2=usual); and fever (temperature >37.8 degrees C; 0=absent and 1=present).

A negative change from baseline indicates improvement.

Population: Full Analysis Set (FAS)

End point type	Secondary
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End point timeframe:

Baseline up to Week 8

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13	13		
Units: Score on a scale change from baseline				
arithmetic mean (confidence interval 95%)				
Baseline	2.98 (2.45 to 3.52)	2.98 (2.45 to 3.52)		
Week 8	1.74 (1.12 to 2.35)	1.74 (1.12 to 2.35)		
Change from baseline to Week 8	-1.25 (-1.95 to -0.54)	-1.25 (-1.95 to -0.54)		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in modified Pouchitis Disease Activity Index (mPDAI) endoscopic subscore at Week 8

End point title	Change from baseline in modified Pouchitis Disease Activity Index (mPDAI) endoscopic subscore at Week 8
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End point description:

The mPDAI endoscopic subscore is a sum score (0= best to 6= worse; based on local assessments) for endoscopic inflammation findings: oedema, granularity, friability, loss of vascular pattern, mucous exudation, and ulceration in mucosal biopsies. Each item is scored on a scale of 0=not present to 1=present.

A negative change from baseline indicates improvement.

Population: Full Analysis Set (FAS)

End point type	Secondary
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End point timeframe:

Baseline up to Week 8

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13	13		
Units: Score on a scale change from baseline				
arithmetic mean (confidence interval 95%)				
Baseline	3.9 (3.3 to 4.5)	3.9 (3.3 to 4.5)		
Week 8	3.0 (1.7 to 4.3)	3.0 (1.7 to 4.3)		
Change from baseline to Week 8	-0.9 (-2.0 to 0.2)	-0.9 (-2.0 to 0.2)		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in histologic scores (Pouchitis Disease Activity Index [PDAI] and Geboes) of mucosal biopsies at Week 8

End point title	Change from baseline in histologic scores (Pouchitis Disease Activity Index [PDAI] and Geboes) of mucosal biopsies at Week 8
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End point description:

Histologic scoring tools to assess histologic inflammation of the mucosa.

The PDAI histologic subscore is a sum score (0= best to 6= worse) for findings of polymorphic nuclear leukocyte infiltration (0=none to 3=severe plus crypt abscess), and ulceration per low power field [mean] (0=0% to 3= >50%).

Geboes score: 0 to 22; no to most severe histological inflammation.

A negative change from baseline (CFBL) indicates improvement.

Population: Full Analysis Set (FAS)

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

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13	13		
Units: Score on a scale change from baseline				
arithmetic mean (confidence interval 95%)				
PDAI histologic score - Baseline	2.0 (1.1 to 2.9)	2.0 (1.1 to 2.9)		
PDAI histologic score - Week 8	1.5 (0.7 to 2.2)	1.5 (0.7 to 2.2)		
PDAI histologic score - CFBL	-0.5 (-1.2 to 0.1)	-0.5 (-1.2 to 0.1)		

Geboes score - Baseline	10.0 (7.7 to 12.3)	10.0 (7.7 to 12.3)		
Geboes score - Week 8	7.5 (5.5 to 9.5)	7.5 (5.5 to 9.5)		
Geboes score - CFBL	-2.5 (-4.3 to -0.7)	-2.5 (-4.3 to -0.7)		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in Pouchitis Disease Activity Index (PDAI) total score at Week 8

End point title	Change from baseline in Pouchitis Disease Activity Index (PDAI) total score at Week 8
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End point description:

The PDAI total score (0-18; best to worse) is calculated from 3 subscores:

- 1) mPDAI symptoms subscore (0 to 6): sum of mPDAI subscores of stool frequency (0=usual to postoperative stool frequency to 2=three or more stools/day>postoperative usual); rectal bleeding (0=no; 1=yes); fecal urgency or abdominal cramps (0=none to 2=usual); and fever (temperature >37.8 degrees C; 0=absent and 1=present).
- 2) mPDAI endoscopic subscore (0 to 6; based on local assessments): sum of endoscopic inflammation findings (each scored 0 to 1); oedema, granularity, friability, loss of vascular pattern, mucous exudation, and ulceration.
- 3) mPDAI histologic score (0 to 6): sum of polymorphic nuclear leukocyte infiltration findings (0 to 3), and ulceration per low power field [mean] (0 to 3).

A negative change from baseline indicates improvement.

Population: Full Analysis Set (FAS)

End point type	Secondary
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End point timeframe:

Baseline up to Week 8

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13	13		
Units: Score on a scale change from baseline				
arithmetic mean (confidence interval 95%)				
Baseline	8.91 (7.65 to 10.17)	8.91 (7.65 to 10.17)		
Week 8	6.20 (4.10 to 8.30)	6.20 (4.10 to 8.30)		
Change from baseline at Week 8	-2.71 (-4.54 to -0.88)	-2.71 (-4.54 to -0.88)		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in severity of fecal urgency at Week 8

End point title	Change from baseline in severity of fecal urgency at Week 8
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End point description:

Fecal urgency was measured using the 11-item Urgency Scoring Scale (USS) ranging from 0 (no urgency) to 10 (worst possible urgency) assessing the severity of urgency to have a bowel movement in the past 24 hours.

A negative change from baseline indicates improvement.

Population: Full Analysis Set (FAS)

End point type	Secondary
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End point timeframe:

Baseline up to Week 8

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13	13		
Units: Score on a scale change from baseline				
arithmetic mean (confidence interval 95%)				
Baseline	4.51 (3.18 to 5.83)	4.51 (3.18 to 5.83)		
Week 8	3.20 (1.81 to 4.59)	3.20 (1.81 to 4.59)		
Change from baseline to Week 8	-1.31 (-2.35 to -0.26)	-1.31 (-2.35 to -0.26)		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in number of ulcerations at Week 8 (local and central assessments)

End point title	Change from baseline in number of ulcerations at Week 8 (local and central assessments)
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End point description:

The total number of ulcerations in pouch biopsies was recorded. The local assessments only included the number of ulcerations, while the central assessments included the number of ulcerations and erosions.

A negative change from baseline (CFBL) indicates improvement.

Population: Full Analysis Set (FAS)

End point type	Secondary
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End point timeframe:

Baseline up to Week 8

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13 ^[4]	13 ^[5]		
Units: Number				
arithmetic mean (confidence interval 95%)				
Local assessment - baseline	3.7 (1.8 to 5.5)	3.7 (1.8 to 5.5)		
Local assessment - Week 8	2.8 (1.2 to 4.3)	2.8 (1.2 to 4.3)		
Local assessment - CFBL	-0.9 (-3.2 to 1.4)	-0.9 (-3.2 to 1.4)		
Central assessment - baseline	31.9 (9.4 to 54.4)	31.9 (9.4 to 54.4)		
Central assessment - Week 8	36.8 (9.1 to 64.4)	36.8 (9.1 to 64.4)		
Central assessment - CFBL	3.4 (-11.0 to 17.8)	3.4 (-11.0 to 17.8)		

Notes:

[4] - Local: n= 13 at baseline and Week 8

Central: n=13 at baseline and n= 12 at Week 8

[5] - Local: n= 13 at baseline and Week 8

Central: n= 13 at baseline and n= 12 at Week 8

Statistical analyses

No statistical analyses for this end point

Secondary: Number of subjects with no, mild, moderate, or severe disease per Physician's Global Assessment (PGA)

End point title	Number of subjects with no, mild, moderate, or severe disease per Physician's Global Assessment (PGA)
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End point description:

The Investigator scored the overall severity of pouchitis using the 4-item PGA scale ranging from 0 (absent) to 3 (most severe).

Population: Full Analysis Set (FAS)

End point type	Secondary
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End point timeframe:

Baseline up to Week 8

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13	13		
Units: Subjects				
Baseline - absent	0	0		
Baseline - mild	3	3		
Baseline - moderate	10	10		
Baseline - severe	0	0		
Week 8 - absent	2	2		
Week 8 - mild	10	10		
Week 8 - moderate	1	1		
Week 8 - severe	0	0		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in daily (24-hour) stool count at Week 8

End point title	Change from baseline in daily (24-hour) stool count at Week 8
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End point description:

The number of stools was recorded in the last 24 hours.
A negative change from baseline (CFBL) indicates improvement.
Population: Full Analysis Set (FAS)

End point type	Secondary
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End point timeframe:

Baseline to Week 8

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13	13		
Units: Number of stools				
arithmetic mean (confidence interval 95%)				
Baseline	9.13 (7.07 to 11.19)	9.13 (7.07 to 11.19)		
Week 8	7.21 (5.83 to 8.59)	7.21 (5.83 to 8.59)		
Change from baseline to Week 8	-1.92 (-3.20 to -0.64)	-1.92 (-3.20 to -0.64)		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in faecal calprotectin concentration at Week 8

End point title	Change from baseline in faecal calprotectin concentration at Week 8
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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 inflammatory bowel disease and to guide treatment decisions.

Lower values indicate a better outcome.

Population: Full Analysis Set (FAS)

End point type	Secondary
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End point timeframe:

Baseline up to Week 8

End point values	MH002	Full Analysis Set (FAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13 ^[6]	13 ^[7]		
Units: mg/kg				
median (confidence interval 95%)				
Baseline	391.0 (187.0 to 864.0)	391.0 (187.0 to 864.0)		
Change from baseline to Week 2	-51.5 (-457.0 to 766.0)	-51.5 (-457.0 to 766.0)		
Change from baseline to Week 4	-163.0 (-493.0 to 500.5)	-163.0 (-493.0 to 500.5)		
Change from baseline to Week 8	56.0 (-539.0 to 230.5)	56.0 (-539.0 to 230.5)		

Notes:

[6] - Baseline: 13

Week 2: 12

Week 4: 12

Week 8: 12

[7] - Baseline: 13

Week 2: 12

Week 4: 12

Week 8: 12

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline in C-reactive protein at Week 8

End point title	Change from baseline in C-reactive protein at Week 8
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End point description:

C-reactive Protein 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 inflammatory bowel disease. Lower values indicate a better outcome.

Population: Safety Analysis Set (SAS)

End point type	Secondary
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End point timeframe:

Baseline to Week 8

End point values	MH002	Safety Analysis Set (SAS)		
Subject group type	Reporting group	Subject analysis set		
Number of subjects analysed	13 ^[8]	13 ^[9]		
Units: mg/L				
arithmetic mean (confidence interval 95%)				
Baseline	11.31 (0.5 to 64.3)	11.31 (0.5 to 64.3)		

Week 8	8.78 (0.5 to 62.1)	8.78 (0.5 to 62.1)		
Change from baseline to Week 8	-1.58 (-5.1 to 0.5)	-1.58 (-5.1 to 0.5)		

Notes:

[8] - n=13 due to an early discontinuation of 1 subject

[9] - n= 13 due to an early discontinuation of 1 subject

Statistical analyses

No statistical analyses for this end point

Post-hoc: Number of subjects achieving mPDAI-based clinical remission, clinical response, symptomatic response, endoscopic response, and histologic response at Week 8

End point title	Number of subjects achieving mPDAI-based clinical remission, clinical response, symptomatic response, endoscopic response, and histologic response at Week 8
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End point description:

Post-hoc analysis: mPDAI-based remission/response as in vedolizumab trial 2015-003472-78;

symptomatic, endoscopic, and histologic response as in tofacitinib trial 2020-002695-12.

mPDAI total score (0-12; best to worse); calculated from 2 subscores:

1) mPDAI symptoms subscore (0 to 6): sum of mPDAI subscores of stool frequency (0 to 2); rectal bleeding (0 or 1); fecal urgency or abdominal cramps (0 to 2); and fever (0 or 1).

2) endoscopic subscore (0 to 6): sum of endoscopic inflammation findings (each 0 to 1); oedema, granularity, friability, loss of vascular pattern, mucous exudation, and ulceration.

- Clinical remission: mPDAI total score <5 & decrease in mPDAI total score ≥ 2
- Clinical response: decrease in mPDAI total score ≥ 2
- Symptomatic response: decrease of ≥ 2 points in mPDAI symptom subscore
- Endoscopic response: decrease of ≥ 2 points in mPDAI endoscopic subscore
- Histologic response: decrease of ≥ 2 points in PDAI histologic subscore

End point type	Post-hoc
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End point timeframe:

Week 8

End point values	MH002	Full Analysis Set (FAS)	mPDAI remission - Yes	mPDAI remission - No
Subject group type	Reporting group	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	13	13	6	7
Units: Subjects				
mPDAI clinical remission at Week 8	6	6	6	0
mPDAI clinical response at Week 8	6	6	6	0
Symptomatic response at Week 8	5	5	3	2
Endoscopic response at Week 8	5	5	5	0
Histologic response at Week 8	2	2	2	0

Statistical analyses

No statistical analyses for this end point

Post-hoc: Number of subjects achieving PDAI-based clinical remission and clinical response at Week 8

End point title	Number of subjects achieving PDAI-based clinical remission and clinical response at Week 8
End point description:	
Post-hoc analysis with PDAI total score-based remission and response definitions as in vedolizumab trial 2015-003472-78.	
PDAI total score (0-18; best to worse); calculated from 3 subscores:	
1) mPDAI symptom subscore (0 to 6) sum of mPDAI subscores of stool frequency (0 to 2); rectal bleeding (0 or 1); fecal urgency or abdominal cramps (0 to 2); and fever (0 or 1).	
2) Endoscopic subscore (0 to 6); sum of endoscopic inflammation findings (each scored 0 to 1); oedema, granularity, friability, loss of vascular pattern, mucous exudation, and ulceration.	
3) Histologic subscore (0 to 6): sum of polymorphic nuclear leukocyte infiltration findings (0 to 3), and ulceration per low power field [mean] (0 to 3).	
<ul style="list-style-type: none"> - PDAI clinical remission: PDAI score of ≤ 6 and a decrease of ≥ 3 points in the PDAI total score. - PDAI clinical response: a decrease of ≥ 3 points in the PDAI total score. 	
End point type	Post-hoc
End point timeframe:	
Week 8	

End point values	MH002	Full Analysis Set (FAS)	mPDAI remission - Yes	mPDAI remission - No
Subject group type	Reporting group	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	13	13	6	7
Units: Subjects				
PDAI clinical remission at Week 8	5	5	5	0
PDAI clinical response at Week 8	5	5	5	0

Statistical analyses

No statistical analyses for this end point

Post-hoc: Number of subjects achieving Robarts' Histopathology Index (RHI) based remission and response at Week 8

End point title	Number of subjects achieving Robarts' Histopathology Index (RHI) based remission and response at Week 8
End point description:	
Robarts' Histopathology Index (RHI) is a histologic scoring tool to assess histopathological disease activity in patients with inflammatory bowel disease; scores 0-33; no to most severe disease activity.	
<ul style="list-style-type: none"> - RHI-based remission: RHI score < 3. - RHI-based response: RHI score < 5. 	
End point type	Post-hoc
End point timeframe:	
Week 8	

End point values	MH002	Full Analysis Set (FAS)	mPDAI remission - Yes	mPDAI remission - No
Subject group type	Reporting group	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	13	13	6	7
Units: Subjects				
RHI-based remission at Week 8	1	1	1	0
RHI-based response at Week 8	2	2	2	0

Statistical analyses

No statistical analyses for this end point

Post-hoc: Number of subjects with normalisation in faecal calprotectin levels

End point title	Number of subjects with normalisation in faecal calprotectin levels
End point description:	
Faecal calprotectin (FCP) is a clinically relevant marker of intestinal inflammation and is recommended in daily clinical practice for follow-up of patients with inflammatory bowel disease and to guide treatment decisions. Lower values indicate better outcome. FCP normalisation is defined as a concentration ≤ 250 mg/kg.	
End point type	Post-hoc
End point timeframe:	
Week 8	

End point values	MH002	mPDAI remission - Yes	mPDAI remission - No	
Subject group type	Reporting group	Subject analysis set	Subject analysis set	
Number of subjects analysed	13 ^[10]	6 ^[11]	7	
Units: Subjects				
Normal FCP (≤ 250 mg/kg) at baseline	7	3	4	
Normal FCP (≤ 250 mg/kg) at Week 8	4	3	1	

Notes:

[10] - n=13 at baseline
n=12 at Week 8

[11] - n=6 at Baseline
n=5 at Week 8

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

All adverse events that occurred or worsened from first study drug administration up to 26 weeks after last dose (up to Week 34)

Adverse event reporting additional description:

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

Assessment type	Systematic
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Dictionary used

Dictionary name	MedDRA
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Dictionary version	25.0
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Reporting groups

Reporting group title	MH002
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Reporting group description:

Subjects received MH002 once daily up to Week 8, and were followed up to 26 weeks after last dose for safety (up to Week 34).

Serious adverse events	MH002		
Total subjects affected by serious adverse events			
subjects affected / exposed	2 / 14 (14.29%)		
number of deaths (all causes)	0		
number of deaths resulting from adverse events	0		
Vascular disorders			
Hypertension			
subjects affected / exposed	1 / 14 (7.14%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Infections and infestations			
Anal abscess	Additional description: Event occurred during the safety follow-up period		
subjects affected / exposed	1 / 14 (7.14%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		

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

Non-serious adverse events	MH002		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	11 / 14 (78.57%)		
Investigations			
Blood uric acid increased			
subjects affected / exposed	1 / 14 (7.14%)		
occurrences (all)	1		
Haemoglobin decreased			
subjects affected / exposed	1 / 14 (7.14%)		
occurrences (all)	1		
Vascular disorders			
Hypertension			
subjects affected / exposed	1 / 14 (7.14%)		
occurrences (all)	1		
Nervous system disorders			
Headache			
subjects affected / exposed	2 / 14 (14.29%)		
occurrences (all)	2		
Gastrointestinal disorders			
Abdominal pain			
subjects affected / exposed	2 / 14 (14.29%)		
occurrences (all)	2		
Colitis ulcerative			
subjects affected / exposed	1 / 14 (7.14%)		
occurrences (all)	1		
Diarrhoea			
subjects affected / exposed	1 / 14 (7.14%)		
occurrences (all)	1		
Flatulence			
subjects affected / exposed	1 / 14 (7.14%)		
occurrences (all)	1		
Nausea			
subjects affected / exposed	1 / 14 (7.14%)		
occurrences (all)	3		
Reproductive system and breast disorders			
Female genital tract fistula			

<p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Pelvic pain</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Vulvovaginal swelling</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>1 / 14 (7.14%)</p> <p>1</p> <p>1 / 14 (7.14%)</p> <p>1</p> <p>1 / 14 (7.14%)</p> <p>1</p>		
<p>Hepatobiliary disorders</p> <p>Hepatic steatosis</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>1 / 14 (7.14%)</p> <p>1</p>		
<p>Respiratory, thoracic and mediastinal disorders</p> <p>Oropharyngeal pain</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>1 / 14 (7.14%)</p> <p>1</p>		
<p>Skin and subcutaneous tissue disorders</p> <p>Dry skin</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Excessive granulation tissue</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Rash</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>1 / 14 (7.14%)</p> <p>1</p> <p>1 / 14 (7.14%)</p> <p>1</p> <p>1 / 14 (7.14%)</p> <p>1</p>		
<p>Infections and infestations</p> <p>Anal abscess</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>COVID-19</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p> <p>Clostridium difficile infection</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>1 / 14 (7.14%)</p> <p>1</p> <p>1 / 14 (7.14%)</p> <p>1</p> <p>1 / 14 (7.14%)</p> <p>1</p>		

Coronavirus infection subjects affected / exposed occurrences (all)	1 / 14 (7.14%) 1		
Cryptosporidiosis infection subjects affected / exposed occurrences (all)	1 / 14 (7.14%) 1		
Gastroenteritis subjects affected / exposed occurrences (all)	2 / 14 (14.29%) 2		
Influenza subjects affected / exposed occurrences (all)	2 / 14 (14.29%) 2		
Viral infection subjects affected / exposed occurrences (all)	1 / 14 (7.14%) 1		
Metabolism and nutrition disorders			
Iron deficiency subjects affected / exposed occurrences (all)	1 / 14 (7.14%) 1		
Vitamin D deficiency subjects affected / exposed occurrences (all)	1 / 14 (7.14%) 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 acute pouchitis. Endpoints related to disease activity were exploratory in nature.

Notes: