# Clinical trial results:
# A Multi-Cohort, Randomised, Placebo-Controlled Phase 2a Study to Assess the Safety, Pharmacokinetics, Pharmacodynamics and Clinical Activity of Ascending Doses of RXC007 in Patients with Idiopathic Pulmonary Fibrosis

## Summary

| | |
|---|---|
| EudraCT number | 2022-000498-15 |
| Trial protocol | IT CZ ES HU AT PL |
| Global end of trial date | 09 January 2025 |

### Results information

| | |
|---|---|
| Result version number | v1 (current) |
| This version publication date | 25 December 2025 |
| First version publication date | 25 December 2025 |

## Trial information

### Trial identification

| | |
|---|---|
| Sponsor protocol code | RXC007/0002 |

### Additional study identifiers

| | |
|---|---|
| ISRCTN number | ISRCTN60385283 |
| ClinicalTrials.gov id (NCT number) | NCT05570058 |
| WHO universal trial number (UTN) | - |

Notes:

### Sponsors

| | |
|---|---|
| Sponsor organisation name | Redx Pharma Ltd. |
| Sponsor organisation address | Block 33, Mereside, Alderley Park, Alderley Edge, Cheshire, United Kingdom, SK10 4TG |
| Public contact | Chief Medical Officer, Redx Pharma Ltd., +44 (0)1625 469900, h.timmis@redxpharma.com |
| Scientific contact | Chief Medical Officer, Redx Pharma Ltd., +44 (0)1625 469900, h.timmis@redxpharma.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 | 05 August 2024 |
| Is this the analysis of the primary completion data? | Yes |
| Primary completion date | 05 August 2024 |
| Global end of trial reached? | Yes |
| Global end of trial date | 09 January 2025 |
| Was the trial ended prematurely? | No |

Notes:

## General information about the trial

Main objective of the trial:

- To assess the safety and tolerability of RXC007 when given for 12 weeks (84 days), alone and in combination with nintedanib or pirfenidone.

Protection of trial subjects:

The rights, safety and well-being of subjects were protected in accordance with the Declaration of Helsinki, ICH GCP and all applicable regulatory requirements. The protocol, informed consent form and related documents received prior approval from Independent Ethics Committees/Institutional Review Boards before study initiation. Written informed consent was obtained from each participant prior to screening or any protocol-specific procedure, ensuring subjects were fully informed of the study objectives, potential risks and benefits, and their right to withdraw at any time.

A Dose Review Committee (DRC) oversaw subject safety, reviewing data after at least 28 days of dosing in each cohort before dose escalation. Enrolment was paused if two or more subjects experienced similar severe or serious adverse events until the DRC completed a review. Safety monitoring included scheduled physical examinations, vital signs, electrocardiograms, and laboratory assessments. Adverse events, serious adverse events, and adverse events of special interest were collected and reported in accordance with protocol-defined procedures and regulatory timelines.

The protocol included predefined withdrawal and discontinuation criteria to protect participants from undue risk. Subjects who discontinued treatment remained under follow-up for safety evaluation. Data confidentiality was maintained by assigning each participant a unique trial number; no directly identifying information was used in study records. Insurance coverage was provided in line with regulatory requirements to ensure compensation in the event of trial-related injury.

These measures, together with continuous monitoring and oversight, ensured that the rights and safety of all participants were appropriately safeguarded throughout the trial.

Background therapy:

In this study, background therapy for idiopathic pulmonary fibrosis (IPF) was permitted in the form of either nintedanib or pirfenidone, provided the patient had been on a stable dose for at least 8 weeks prior to first administration of the investigational product. Patients could not receive both agents simultaneously, and initiation of background therapy during the study was not permitted; any new start of nintedanib or pirfenidone was considered disease progression and reported as a protocol deviation.

Patients not receiving background IPF therapy at study entry continued without it. Randomisation to RXC007 or placebo occurred independently of background therapy, meaning patients could be randomised while on nintedanib, pirfenidone, or no antifibrotic therapy.

Concomitant medications considered necessary for patient welfare were permitted if judged by the investigator not to interfere with study treatment, and all such medications were recorded in the eCRF. However, several restrictions were imposed. Systemic steroids (other than inhaled or topical) and anticoagulants (except antiplatelet agents) were prohibited throughout the trial

In addition, herbal supplements and medications affecting relevant enzyme systems (e.g., CYP1A2, CYP2B6, CYP3A4) were restricted, and specific drug–drug interaction precautions applied to patients on pirfenidone or nintedanib.

COVID-19 vaccination was permitted before or during study treatment, apart from live-attenuated or replication-competent vector vaccines, which were prohibited within 4 weeks of starting study therapy and during the treatment period

Overall, background therapy was carefully managed to ensure consistency, minimise confounding effects, and maintain patient safety, with strict adherence to predefined restrictions.

Evidence for comparator:

This study used placebo as the comparator. The reason for using placebo was to clearly see the effects of RXC007 on patients with idiopathic pulmonary fibrosis (IPF). By comparing RXC007 with placebo, any differences in safety or activity could be directly linked to the study drug, without interference from other treatments.

The design reduced risk for patients on placebo. A 3:1 randomisation meant more patients received RXC007 than placebo, and the double-blind period lasted only 12 weeks, which is short compared to the slow progression of IPF. After this period, all patients had the option to continue in an open-label extension where they could receive RXC007.

Patients could be enrolled whether they were already on a stable background antifibrotic therapy (nintedanib or pirfenidone) or not. Randomisation ensured balance between the groups so that comparisons would be justified.

Placebo was chosen because they gave a clear comparison, reduced bias, and supported reliable measurement of RXC007's effect. The short study period, 3:1 randomisation, and open-label extension ensured patients were not exposed to unnecessary risk while using a placebo in the study.

| | |
|---|---|
| Actual start date of recruitment | 21 July 2022 |
| 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: 4 |
| Country: Number of subjects enrolled | Spain: 6 |
| Country: Number of subjects enrolled | Belgium: 1 |
| Country: Number of subjects enrolled | United Kingdom: 25 |
| Country: Number of subjects enrolled | Italy: 9 |
| Country: Number of subjects enrolled | Switzerland: 1 |
| Country: Number of subjects enrolled | Czechia: 2 |
| Worldwide total number of subjects | 48 |
| EEA total number of subjects | 22 |

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) | 11 |
| From 65 to 84 years | 37 |
| 85 years and over | 0 |

## Subject disposition

### Recruitment

Recruitment details:

Recruitment began on 08 Nov 2022 and ended on 09 Jan 2025. Patients with IPF were enrolled across European centres and randomised 3:1 to RXC007 or placebo. A total of 49 patients were randomised; 48 received at least one dose of study treatment.

### Pre-assignment

Screening details:

Screening included medical history, physical exam, pulmonary function tests, HRCT confirmation of IPF, vital signs, ECG, and laboratory assessments. Eligibility required stable background therapy if used, and all inclusion/exclusion criteria had to be met before randomisation.

### Pre-assignment period milestones

| | |
|---|---|
| Number of subjects started | 48 |
| Number of subjects completed | 48 |

### Period 1

| | |
|---|---|
| Period 1 title | 12 week period |
| Is this the baseline period? | Yes |
| Allocation method | Randomised - controlled |
| Blinding used | Double blind |
| Roles blinded | Subject, Investigator, Monitor, Data analyst, Carer, Assessor |

### Arms

| | |
|---|---|
| Are arms mutually exclusive? | Yes |
| **Arm title** | RXC007 20 mg |

Arm description:

Subjects received RXC007 20 mg twice daily for 12 weeks during the double-blind period and could remain on stable background antifibrotic therapy (nintedanib or pirfenidone) if applicable.”

| | |
|---|---|
| Arm type | Experimental |
| Investigational medicinal product name | RXC007 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Capsule |
| Routes of administration | Oral use |

Dosage and administration details:

RXC007 20 mg twice dailly. When administered twice daily, RXC007 must be taken approximately 12 hours apart between the morning and evening doses and patients must eat their meal as described above, 30 minutes prior to the evening dose of RXC00

| | |
|---|---|
| **Arm title** | RXC007 50 mg |

Arm description:

Subjects received RXC007 50 mg twice daily for 12 weeks during the double-blind period and could remain on stable background antifibrotic therapy (nintedanib or pirfenidone) if applicable

| | |
|---|---|
| Arm type | Experimental |
| Investigational medicinal product name | RXC007 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Capsule |
| Routes of administration | Oral use |

Dosage and administration details:

RXC007 was administered orally as capsules twice daily (BID) at fixed doses of 20 mg or 50 mg for 12 weeks during the double-blind treatment period.

| **Arm title** | Placebo |
|---|---|
| Arm description: - | |
| Arm type | Placebo |
| Investigational medicinal product name | RXC007 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Capsule |
| Routes of administration | Oral use |

Dosage and administration details:

Placebo capsules were administered orally twice daily (BID) for 12 weeks during the double-blind treatment period. The placebo was identical in appearance, packaging, and dosing schedule to the RXC007 capsules and was taken approximately 12 hours apart.

| **Number of subjects in period 1** | RXC007 20 mg | RXC007 50 mg | Placebo |
|---|---|---|---|
| Started | 18 | 18 | 12 |
| Completed | 14 | 16 | 10 |
| Not completed | 4 | 2 | 2 |
| Consent withdrawn by subject | 2 | - | 1 |
| Adverse event, non-fatal | 2 | 2 | 1 |

| **Period 2** | |
|---|---|
| Period 2 title | 12 week period _OLE |
| Is this the baseline period? | No |
| Allocation method | Not applicable |
| Blinding used | Not blinded |

**Arms**

| Are arms mutually exclusive? | No |
|---|---|
| **Arm title** | RXC007 20 mg Open label extension |
| Arm description: - | |
| Arm type | Experimental |
| Investigational medicinal product name | RXC007 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Capsule |
| Routes of administration | Oral use |

Dosage and administration details:

RXC007 20 mg twice dailly. When administered twice daily, RXC007 must be taken approximately 12 hours apart between the morning and evening doses and patients must eat their meal as described

above, 30 minutes prior to the evening dose of RXC00

| **Arm title** | RXC007 50 mg Open label extension |
|---|---|
| Arm description: - | |
| Arm type | Experimental |
| Investigational medicinal product name | RXC007 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Capsule |
| Routes of administration | Oral use |

Dosage and administration details:

RXC007 was administered orally as capsules twice daily (BID) at fixed doses of 20 mg or 50 mg for 12 weeks during the double-blind treatment period.

| **Number of subjects in period 2** | RXC007 20 mg Open label extension | RXC007 50 mg Open label extension |
|---|---|---|
| Started | 10 | 14 |
| Completed | 10 | 14 |

## Baseline characteristics

| Reporting groups | |
|---|---|
| Reporting group title | RXC007 20 mg |
| Reporting group description: | |
| Subjects received RXC007 20 mg twice daily for 12 weeks during the double-blind period and could remain on stable background antifibrotic therapy (nintedanib or pirfenidone) if applicable.” | |
| Reporting group title | RXC007 50 mg |
| Reporting group description: | |
| Subjects received RXC007 50 mg twice daily for 12 weeks during the double-blind period and could remain on stable background antifibrotic therapy (nintedanib or pirfenidone) if applicable | |
| Reporting group title | Placebo |
| Reporting group description: - | |

| Reporting group values | RXC007 20 mg | RXC007 50 mg | Placebo |
|---|---|---|---|
| Number of subjects | 18 | 18 | 12 |
| Age categorical<br>Units: Subjects | | | |
| In utero | 0 | 0 | 0 |
| Preterm newborn infants (gestational age < 37 wks) | 0 | 0 | 0 |
| Newborns (0-27 days) | 0 | 0 | 0 |
| Infants and toddlers (28 days-23 months) | 0 | 0 | 0 |
| Children (2-11 years) | 0 | 0 | 0 |
| Adolescents (12-17 years) | 0 | 0 | 0 |
| Adults (18-64 years) | 5 | 4 | 2 |
| From 65-84 years | 13 | 14 | 10 |
| 85 years and over | 0 | 0 | 0 |
| Age continuous<br>Units: years | | | |
| arithmetic mean | 69.4 | 69 | 70.8 |
| standard deviation | ± 5.88 | ± 6.52 | ± 6.06 |
| Gender categorical<br>Units: Subjects | | | |
| Female | 3 | 3 | 5 |
| Male | 15 | 15 | 7 |

| Reporting group values | Total | | |
|---|---|---|---|
| Number of subjects | 48 | | |
| Age categorical<br>Units: Subjects | | | |
| In utero | 0 | | |
| Preterm newborn infants (gestational age < 37 wks) | 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) | 11 | | |

| | | | |
|---|---|---|---|
| From 65-84 years | 37 | | |
| 85 years and over | 0 | | |

| | | | |
|---|---|---|---|
| Age continuous<br>Units: years<br>arithmetic mean<br>standard deviation | -<br>- | | |
| Gender categorical<br>Units: Subjects | | | |
| Female | 11 | | |
| Male | 37 | | |

## End points

### End points reporting groups

| | |
|---|---|
| Reporting group title | RXC007 20 mg |
| Reporting group description: | |
| Subjects received RXC007 20 mg twice daily for 12 weeks during the double-blind period and could remain on stable background antifibrotic therapy (nintedanib or pirfenidone) if applicable.” | |
| Reporting group title | RXC007 50 mg |
| Reporting group description: | |
| Subjects received RXC007 50 mg twice daily for 12 weeks during the double-blind period and could remain on stable background antifibrotic therapy (nintedanib or pirfenidone) if applicable | |
| Reporting group title | Placebo |
| Reporting group description: - | |
| Reporting group title | RXC007 20 mg Open label extension |
| Reporting group description: - | |
| Reporting group title | RXC007 50 mg Open label extension |
| Reporting group description: - | |

### Primary: Incidence of adverse events and tolerability of RXC007 after 12 weeks of twice-daily oral dosing in subjects with idiopathic pulmonary fibrosis.

| | |
|---|---|
| End point title | Incidence of adverse events and tolerability of RXC007 after 12 weeks of twice-daily oral dosing in subjects with idiopathic pulmonary fibrosis. |
| End point description: | |
| Safety and tolerability assessed through incidence, severity, and relationship of TEAEs, SAEs, and discontinuations due to adverse events. | |
| End point type | Primary |
| End point timeframe: | |
| Baseline to week 12. | |

| End point values | RXC007 20 mg | RXC007 50 mg | Placebo | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 18 | 18 | 12 | |
| Units: Number of subjects | 15 | 15 | 7 | |

### Statistical analyses

| Statistical analysis title | TEAEs,SAE and AE |
|---|---|
| Statistical analysis description: | |
| Incidence of TEAEs and SAEs summarized as number (%) of subjects by treatment group | |
| Comparison groups | RXC007 20 mg v RXC007 50 mg v Placebo |

| | |
|---|---|
| Number of subjects included in analysis | 48 |
| Analysis specification | Pre-specified |
| Analysis type | other |
| P-value | = 0.9999 [1] |
| Method | Descriptive summary statistics |

Notes:

[1] - Not applicable

## Secondary: Change from baseline in percent predicted and absolute forced vital capacity (FVC) at Week 12.

| | |
|---|---|
| End point title | Change from baseline in percent predicted and absolute forced vital capacity (FVC) at Week 12. |

End point description:

Spirometry was performed at baseline and Week 12 to assess change in FVC % predicted, a measure of pulmonary function. The LS Mean change from baseline was compared between RXC007 and placebo using ANCOVA.

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

End point timeframe:

Baseline to Week 12.

| End point values | RXC007 20 mg | RXC007 50 mg | Placebo | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 17 | 17 | 12 | |
| Units: percent | | | | |
| least squares mean (standard error) | -1.55 (± 0.86) | -3.00 (± 0.83) | -3.50 (± 0.90) | |

### Statistical analyses

| Statistical analysis title | Primary Analysis of Efficacy analysis |
|---|---|
| Comparison groups | RXC007 20 mg v RXC007 50 mg v Placebo |
| Number of subjects included in analysis | 46 |
| Analysis specification | Pre-specified |
| Analysis type | other |
| P-value | = 0.1226 |
| Method | Mixed models analysis |
| Parameter estimate | Mean difference (net) |

## Secondary: Pharmacokinetic parameters of RXC007 (AUC– h, Cmax, Tmax)_after multiple oral doses_C1D1

| | |
|---|---|
| End point title | Pharmacokinetic parameters of RXC007 (AUC– h, Cmax, Tmax)_after multiple oral doses_C1D1 |

End point description:

Plasma RXC007 concentrations were measured at predefined timepoints to calculate pharmacokinetic parameters (AUC– h, Cmax, Tmax).

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

End point timeframe:

This was assessed at 2 time points: Cycle 1 Day 1 (Baseline) and Cycle 1 Day 8
(The plasma PK parameters derived for RXC007 are summarised in Table 15 in the CSR for C1D1 and C1D8)

| **End point values** | RXC007 20 mg | RXC007 50 mg | Placebo | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 18 | 18 | 0[2] | |
| Units: AUC– h = ng·h/mL; Cmax = ng/mL; Tmax | | | | |
| geometric mean (geometric coefficient of variation) | 241 (± 29) | 564 (± 27.8) | () | |

Notes:

[2] - PK not assessed for placebo. RXC007 is not given

### Statistical analyses

No statistical analyses for this end point

## Secondary: Pharmacokinetic parameters of RXC007 (AUC– h, Cmax, Tmax)_after multiple oral doses_C1D8

| End point title | Pharmacokinetic parameters of RXC007 (AUC– h, Cmax, Tmax)_after multiple oral doses_C1D8 |
|---|---|

End point description:

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

End point timeframe:

Cycle 1 Day 8 ( C1D8)

| **End point values** | RXC007 20 mg | RXC007 50 mg | Placebo | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 18 | 18 | 12 | |
| Units: AUC– h = ng·h/mL; Cmax = ng/mL; Tmax | | | | |
| geometric mean (geometric coefficient of variation) | 332 (± 37) | 791 (± 30.4) | 0 (± 0) | |

### Statistical analyses

No statistical analyses for this end point

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

Treatment-emergent adverse events (TEAEs) were summarised for events that occurred from the first dose of study drug up to 28 days after the last dose.

Adverse event reporting additional description:

Adverse events were monitored from consent to end of follow-up. Investigators questioned subjects at each visit, reviewed vitals, labs, and ECGs, and recorded all TEAEs in the eCRF. Events were coded with MedDRA, graded by CTCAE guide , and reviewed by the Data Review Committee.

| | |
|---|---|
| Assessment type | Systematic |

### Dictionary used

| | |
|---|---|
| Dictionary name | MedDRA |
| Dictionary version | 25 |

### Reporting groups

| | |
|---|---|
| Reporting group title | RXC007 20 mg BID |

Reporting group description:

Subjects received RXC007 20 mg twice daily for 12 weeks during the double-blind treatment period.

| | |
|---|---|
| Reporting group title | RXC007 50 mg BID |

Reporting group description:

Subjects received RXC007 50 mg twice daily for 12. weeks during the double-blind treatment period

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

Reporting group description:

Subjects received matching placebo tablets twice daily for 12 weeks during the double-blind treatment period.

| Serious adverse events | RXC007 20 mg BID | RXC007 50 mg BID | Placebo |
|---|---|---|---|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 2 / 18 (11.11%) | 1 / 18 (5.56%) | 0 / 12 (0.00%) |
| number of deaths (all causes) | 0 | 0 | 0 |
| number of deaths resulting from adverse events | 0 | 0 | 0 |
| Nervous system disorders | | | |
| Ischaemic attack | | | |
| subjects affected / exposed | 1 / 18 (5.56%) | 0 / 18 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Infections and infestations | | | |
| Viral pneumonia and Dyspnoea | | | |
| subjects affected / exposed | 0 / 18 (0.00%) | 1 / 18 (5.56%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|---|---|---|---|
| Metabolism and nutrition disorders | | | |
| Hyponatraemia | | | |
| subjects affected / exposed | 1 / 18 (5.56%) | 0 / 18 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

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

| **Non-serious adverse events** | RXC007 20 mg BID | RXC007 50 mg BID | Placebo |
|---|---|---|---|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 2 / 18 (11.11%) | 0 / 18 (0.00%) | 1 / 12 (8.33%) |
| Respiratory, thoracic and mediastinal disorders | | | |
| Cough,Dyspnoea | | | |
| subjects affected / exposed | 2 / 18 (11.11%) | 0 / 18 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 2 | 0 | 1 |

## More information

## Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date | Amendment |
|---|---|
| 14 April 2023 | • Summary of safety data from the Phase 1 study updated following completion of MAD cohorts<br>• Update of inclusion criteria# 3 and 4 (and assessment of efficacy text) to clarify on use of histopathology to confirm UIP diagnosis in the case of indeterminate HRCT central read assessments<br>• Clarification on Cohort 3 dosing in the event a lower dose was selected<br>• Text added to state EOT visit in the translational science sub study should be Cycle 2 Day 1 if the patient did not continue past 28 days dosing. Further clarification on EOT visit for main study and first study visit for OLE<br>• Plans for dose escalation/dose review amended: Dose review committee meeting text updated with respect assessment of safety data and ad hoc meetings; updated wording on dose escalation stopping criteria; clarification on causal relationship of events, and that exact preferred term match was not needed to be considered same events<br>• Amended stopping rules so that they applied at any point in the treatment period, confirmed that treatment was to be discontinued in cases in Hy' s law, and provided clarification on causal relationship<br>• Segregation of main study and OLE in the trial timetable for clarity, with new section added to explain OLE schedule of visits further, and new Appendix 3 added (separate SoA for OLE)<br>• Correction of sampling timepoints for spirometry and DLCO. Correction of bronchoscopy sampling days in the translational sub study |
| 21 July 2023 | • Addition of PBMC collection at selected sites as exploratory objective/endpoint of the main study<br>• Clarified that bronchial absorption samples in the translation sub study were to be collected at selected sites only<br>• Clarified that the translation sub-study was no longer to run in parallel with the main study and that it may run in up to 2 cohorts (up to 16 patients<br>• Plans for dose escalation/dose review amended, so information regarding progression to cohort 3b (translational sub study) removed. Clarified that additional patients could be randomised to lower doses |

Notes:

## Interruptions (globally)

Were there any global interruptions to the trial? No

## Limitations and caveats

None reported