


## 2.0 Synopsis

<b>AbbVie Inc. (AbbVie)</b>	<b>Individual Study Table Referring to Part of Dossier:</b>	<b>(For National Authority Use Only)</b>
<b>Name of Study Drug:</b> Adalimumab	<b>Volume:</b>  <b>Page:</b>	
<b>Name of Active Ingredient:</b> Adalimumab		
<p><b>Title of Study:</b> Clinical Study Protocol W15-679, Incorporating Amendments 1 and 2</p> <p>STRIKE – Treating Patients with Early Axial Spondyloarthritis to Target – a 1 Year Randomized Controlled Study Taking an Intense Treatment Approach Versus Routine Treatment</p>		
<p><b>Rationale for Abbreviated Clinical Study Report:</b> Based on pre-study site feasibility conducted the recruitment period was expected to take 1 ½ years. After approx. one year of study conduct, &lt; 10% of the overall planned sample size was enrolled. A survey to re-assess their expected subject enrollment was conducted with participating sites. Recruitment estimations, recalculated based on the numbers provided, showed that the overall sample size would most likely not be enrolled within the expected time, not even with a recruitment extension by 100%. As a consequence, AbbVie decided to prematurely discontinue the study.</p>		
<p><b>Coordinating Investigator:</b> </p>		
<p><b>Study Site(s):</b> 9 sites in Germany at the time the decision to prematurely discontinue the study was taken. A total of 30 sites were planned to enroll subjects into the study.</p>		
<p><b>Publications:</b> none</p>		

<p><b>Studied Period (Years):</b>          First Subject First Visit: 12 September 2016          Last Subject Last Visit: 21 December 2017</p>	<p><b>Phase of Development:</b> 4</p>
<p><b>Objective(s):</b>          The Primary Objective of this study was to compare the T2T treatment approach with SOC in reducing disease activity at Week 32.</p>	
<p><b>Methodology:</b>          This was a Phase 4, multicenter, randomized, open-label, parallel-group study comparing an intensified T2T (treat to target) treatment approach with local Standard of Care (SOC).          The study duration included a 42-day Screening period, a 52-week treatment period (T2T or SOC treatment according to randomization), and – only for subjects who received study drug Humira but did not continue on commercially available Humira after the study – a 70 day follow-up phone call.</p> <p>Subjects who signed the informed consent and who fulfilled all screening criteria were randomized to receive either treatment following an intensified T2T approach (T2T group) or treatment according to SOC (following the local practice standards) (SOC group).</p> <p><u>Escalation in the T2T intensified treatment group:</u>          BL – Start of 1<sup>st</sup> NSAID in a full dose (Basic treatment)          Week 4 – Change to a 2<sup>nd</sup> NSAID in full dose if ASDAS<math>\geq</math>2.1 (Escalation Step 1)          Week 8 – Change to a combination of NSAID + adalimumab 40 mg eow if ASDAS<math>\geq</math>2.1 (Escalation Step 2)</p>	
<p><b>Number of Subjects (Planned and Analyzed):</b>          Planned: 240          Screened: 26          Randomized to T2T group: 14          Randomized to SOC group: 8          Completed: 3</p>	

**Diagnosis and Main Criteria for Inclusion:**

Main Inclusion Criteria:

- Subjects must have signed written informed consent before starting any study-related assessments or procedures.
- Diagnosis of axSpA (either ankylosing spondylitis or non-radiographic axSpA) and fulfilling the ASAS classification criteria for axSpA.
- Subjects aged  $\geq 18$  years.
- Disease duration  $< 5$  years.
- Subjects must have a baseline disease activity as defined by having an ASDAS  $\geq 2.1$  or a BASDAI  $\geq 4$ .

Main Exclusion Criteria:

- Contraindications for NSAIDs or Tumor Necrosis Factor (TNF) blocker according to local labeling.
- If entering the study on concomitant NSAIDs, subjects taking the maximal recommended dose during the last 2 weeks prior to the Baseline Visit or have failed or developed intolerance to a NSAID taken at maximal recommended dose for 2 weeks or more at any time.
- Prior exposure to any anti-TNF therapy; any biologic therapy with a potential therapeutic impact on SpA, or subject has been treated with any investigational drug of chemical or biologic nature within a minimum of 30 days or five half-lives (whichever is longer) of the drug prior to the Baseline Visit.

**Test Product, Dose/Strength/Concentration, Mode of Administration and Lot Number:**

Adalimumab, 40 mg/0.8 mL solution for injection, s.c. administration every other week, Bulk Lot No.: 15-005766

**Duration of Treatment:**

52 weeks: This is referring to treatment for axSpA during the study incl. NSAIDs. The duration of treatment with adalimumab varied from subject to subject depending on the actual escalation according to the escalation scheme.

**Reference Therapy, Dose/Strength/Concentration and Mode of Administration and Lot Number:**

SOC (local practice standards)

**Criteria for Evaluation**

**Efficacy:**

Due to the very low number of subjects included into the study before premature termination no analysis according to the criteria planned was possible.

**Safety:**

Adverse events  
Laboratory tests  
Vital signs

**Statistical Methods**

**Efficacy:**

Because of the premature termination of the study and the very low number of subjects included statistical analysis was confined to descriptive analysis.

**Safety:**

Because of the premature termination of the study and the very low number of subjects included statistical analysis was confined to descriptive analysis.

**Summary/Conclusions**

**Efficacy Results:**

Ten males and twelve females were randomized in this study. Mean age at randomization was 34.3 years. All fourteen T2T subjects and six of the eight SOC subjects had a history of inflammatory back pain at study start. In two patients, back pain was reported to be no longer present under NSAID treatment. In accordance with the underlying disease serum CRP level was elevated in both treatment groups: 5.19 mg/L in the T2T group and 14.96 mg/L in the SOC group. Anti-dsDNA Antibodies were present in one subject of the SOC group only. HLA-B27 was tested positive in ten T2T subjects and in all SOC subjects.

As due to the very low subject number no more sophisticated statistical analysis was feasible; the individual course of ASDAS (CRP and ESR) and of CRP and ESR over time was plotted for all subjects. No general trend can be recognized.

**Safety Results:**

In total 75 adverse events (AEs) were observed in 18 subjects: 12 of the T2T group and 6 of the SOC group. Only one serious AE was reported: chronic cholecystitis leading to hospitalization. Neither life threatening AE nor any malignancy were reported. Four T2T subjects and one SOC subject reported AEs possibly related to Humira. None of these led to a withdrawal of Humira.

The most common type of AE were infections and fungal infestations (23 AEs in 12 subjects [55%]), followed by gastrointestinal disorders (14 AEs in 8 subjects [36%]), musculoskeletal and connective tissue disorders (12 AEs in 7 subjects [32%]) and nervous system disorders (5 AEs in 5 subjects [23%]). The vast majority of AEs were of mild severity: 54 of 75 AEs. Nineteen moderate and two severe AEs (including the SAE) were reported.

No alarming or unexpected event was observed.

For hematology and for clinical chemistry the individual course of measurements of each subject was plotted; the same was done for systolic and diastolic blood pressure, pulse, respiratory rate, body temperature, weight and BMI. No general trend or any alarming or unexpected feature can be observed.

**Conclusions:**

No alarming or unexpected feature was observed during the study. Considering the very low number of subjects included into these analyses no general conclusions should be drawn from these results.

Date of Synopsis: 12 Oct 2018