SUBCUT-HF: Phase I Study

STATISTICAL ANALYSIS PLAN

Study Title:	SUBCUT-HF: Phase I study	
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		Signature	Date
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1.6.6. SOFTWARE

The statistical software packages used will be R for Windows v3.3.1, SAS for Windows v9.3, or higher versions of these programs.

2. ANALYSIS

2.1. STUDY POPULATIONS

The main analysis population will be all subjects who consented and were placed on the SQIN-Infusor and it was activated in accordance with the instructions.

We will also look at the enrolled population, which is all subjects that have consented into the study and meet the entry criteria.

2.2. SUBJECT DISPOSITION

The flow of patients in the study will be described according to CONSORT guidelines, with the number and percentage of subjects summarised for the following:

- Consented
- Screen failure (and reasons)
- Withdrawn (and reasons where available)
- Study populations

2.3. BASELINE CHARACTERISTICS

The following baseline characteristics and measures will be summarised for the main analysis population at the first study visit:

- Demographics
- Physical examination
- Vital signs
- Medical history, including HF history and medications
- Blood results, including haematology, biochemistry and biomarkers

2.4. STUDY OUTCOMES

2.4.1. PRIMARY OUTCOMES

The primary outcomes for this study are:

- Safety as determined by treatment emergent adverse events (including serious adverse events) and adverse drug events (including serious adverse drug events)
- Infusion site pain measured using a Numerical Pain Rating Scale

- Any device failures
- Serum furosemide concentration at 0, 60 and 240 minutes after the start of SQIN-Furosemide infusion

The safety primary outcomes (treatment emergent adverse events, and adverse drug events, and device failures) will be listed by subject for all subjects in the main analysis population. Summaries will be presented for the infusion site pain measure and the serum furosemide concentrations at each of the time points.

2.4.2. SECONDARY OUTCOMES

The secondary outcomes for this study are:

- Urine volume and sodium concentration in urine collected 8 hours after start of SQIN-Furosemide infusion
- Presence of local skin reactions
- Patient acceptability using System Usability Scale

The urine volume, sodium concentration in urine, and the patient acceptability scale will be summarised for the main analysis population

Any local skin reactions will be listed by subject.

2.5. SECONDARY ANALYSES

In addition, any observed values and changes from baseline for clinical and laboratory data, physical examination data, vital signs, pain and localised skin reactions will be summarised.

2.6. OTHER SAFETY OUTCOMES

2.6.1. SERIOUS ADVERSE EVENTS

The number of serious adverse events will be reported overall, and by classifications of severity, and relationship to study device and drug for the main analysis population.

The number and percentage of patients experiencing at least one serious adverse event will be reported overall, and for events classified by MedDRA System Organ Class and Preferred Term.

2.9.2 TREATMENT-EMERGENT ADVERSE EVENTS

Treatment-emergent adverse events are all events that occur after administration of the SQIN-Furosemide, regardless of causal relationship between the event and the SQIN-Furosemide. All treatment-emergent adverse events will be summarised in the same way as the serious adverse events with

the number of events reported overall and by classifications of severity, and relationship to study device and drug.

2.9.3 NON TREATMENT-EMERGENT EVENTS

The non treatment-emergent events are all events that occur before the administration of the SQIN-Furosemide. These events will be summarised for the overall enrolled population in a similar way to the SAEs and treatment-emergent events.

3. DOCUMENT HISTORY

This is version 1.0 of the SAP for the SUBCUT-HF Phase I study, dated 19/04/2021.

4. TABLE SHELLS

Table 1.1: Study Disposition	
	All
Consented	N
Screen Failures	N (%)
Screen failure reason 1	N (%)
Screen failure reason 2	N (%)
…..	N (%)
Enrolled population (consented and met eligibility criteria)	N
Main analysis population (activated SQIN-Infusor)	N
Completed the study	N (%)
Early termination	N (%)
Reason for early termination	
Adverse Event	N (%)
Subject withdrew consent	N (%)
Withdrawn by investigator	N (%)
Withdrawal by Sponsor	N (%)