Study Title: Pharmacodynamic Biomarkers to Support Biosimilar Development: Clinical Study 1 (IL-5 Antagonists – Mepolizumab and Reslizumab)

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Statistical Analysis Plan

SCR-006: Pharmacodynamic Biomarkers to Support Biosimilar Development: Clinical Study 1 (IL-5 Antagonists – Mepolizumab and Reslizumab)

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Table of Abbreviation

Abbreviation	Definition
$AUC_{0\text{-}inf}$	area under the concentration-time curve from time zero to infinity
$AUC_{0\text{-}t}$	area under the concentration-time curve from time zero to last on-study sample
$AUEC_{0\text{-}t}$	area under the effect curve from time zero to last on-study sample
AUEC	area under the effect curve
$pAUEC_{0\text{-}t}$	percentage area under the effect curve from time zero to last on-study sample
CL/F	apparent clearance
C_{max}	maximum observed concentration
EC_{50}	the exposure that gives-half maximal response, model parameter
ED_{50}	the dose that gives-half maximal response, model parameter
$E_{max,exp}$	maximum PD response, model parameter – concentration analysis
$E_{max,dose}$	maximum PD response, model parameter – dose analysis
$\Delta Eosinophil_{dec,\ max}$	maximum decrease from baseline in eosinophils
FDA	Food and Drug Administration
K_{el}	elimination rate
mg	milligram
PD	pharmacodynamic
PK	pharmacokinetic
RNA	ribonucleic acid
SC	subcutaneously
SD	standard deviation
T_{max}	time of maximum concentration (C_{max})
$t_{1/2}$	terminal half-life
V/F	apparent volume of distribution

Change Log

Version	Section	Changes
2	5	Added that 'Subjects who did not complete their treatment (referred to as early termination subjects) will not be included in PK and PD parameter summary calculations.'
2	7.3.1	The descriptive summary for PD parameters is changed from geometric mean to mean. Changes in PD parameter from baseline for placebo and low doses may have negative values and would not allow for calculation of geometric mean. Text describing the primary, secondary, and exploratory PD parameter was updated for clarity.
2	General	Typographical changes included throughout

1. Introduction

This document outlines the proposed statistical methods for data analysis on data collected from Protocol 'SCR-006: Pharmacodynamic Biomarkers to Support Biosimilar Development: Clinical Study 1 (IL-5 Antagonists – Mepolizumab and Reslizumab)'.

2. Study Objectives

2.1. Primary Objective

The primary objective of this study is to report clinical trial operating characteristics for future clinical pharmacology pharmacokinetic (PK) and pharmacodynamic (PD) similarity studies using different biomarker-based approaches.

2.2. Secondary Objectives

The secondary objectives of this study are:

1. To determine the values and variability of PK and PD characteristics at four dose levels (i.e., low, intermediate low, intermediate high, and high doses) for mepolizumab and reslizumab.
2. Explore PK and PD relationships using appropriate models for mepolizumab and reslizumab.

2.3. Exploratory Objective

The exploratory objectives of this study are:

1. To evaluate the utility of circulating proteins and small RNAs as potential PD biomarkers.
2. To inform on the analytical approach and experimental design needed for identifying exploratory proteomic- and small RNA-based PD biomarkers in plasma

3. Study Overview

3.1. Study design

This is a randomized, double-blind, placebo-controlled, single-dose, parallel arm, pilot study. Healthy subjects will be randomized to one of four dose groups (low, intermediate low, intermediate high, and high) of each drug (mepolizumab and reslizumab) or placebo (Table 1). The study will be conducted at one center in the United States (Spaulding Clinical Research unit in West Bend, Wisconsin).

Subjects will report to the study site for screening assessments from days -21 to -2 and then will return to the site on day -1 for baseline assessments. Prior to and following study drug or placebo administration on day 0, they will undergo assessments as described in the Schedule of Events. Subjects will stay in house for the first two weeks and will return to the clinic for study procedures as identified in the Schedule of Events Depending on the treatment arm, subjects will return to the clinic up to 9 times for PK and PD blood draws and additional study procedures as outlined in the Schedule of Events.

All subjects will be sampled daily for the first two weeks and then weekly out to Day 63. Subjects in Groups C, D, G, H, and I will be sampled monthly until Study Day 123. Subjects in Groups A, B, E, and F will follow the Schedule of Events until Day 63 and all other subjects will follow the Schedule of Events until Day 123. Each treatment group should include equal representation of male and female subjects.

Table 1: Study Treatment Groups

Subjects (n)	Treatment Group	Drug
8	A	Mepolizumab low (3 mg)
8	B	Mepolizumab low intermediate (6 mg)
8	C	Mepolizumab high intermediate (12 mg)
8	D	Mepolizumab high (24 mg)
8	E	Reslizumab low (0.1 mg/kg)
8	F	Reslizumab low intermediate (0.2 mg/kg)
8	G	Reslizumab high intermediate (0.4 mg/kg)
8	H	Reslizumab high (0.8 mg/kg)
8	I	Placebo

3.2. Sample size

Approximately 86 healthy subjects will be enrolled (72 subjects for treatment and up to 14 potential replacement subjects). Subjects will be randomized to one of 8 different active treatment arms (i.e. 8 per treatment arm) or placebo. This study did not have any formal sample size or power calculations. Doses expected to characterize the dynamic range of the primary PD parameter (eosinophils) were selected. A total of 8 subjects are planned per dose as a typical sample size for estimating values and variability of PK and PD measures in single ascending dose trials.

4. Study Endpoints

4.1. Primary Endpoints

- Peripheral blood eosinophil area under the effect curve from time zero to last on-study timepoint ($AUEC_{0\text{-}t}$, referred to as AUEC for brevity).
- Maximum decrease from baseline in eosinophils ($\Delta Eosinophil_{dec,\ max}$)

4.2. Secondary Endpoints

- Area under the curve (AUC) of mepolizumab and reslizumab from time zero to infinity ($AUC_{0\text{-}inf}$)
- Maximum concentration (C_{max}) of mepolizumab and reslizumab
- Model parameter estimates for mepolizumab and reslizumab exposure-response models (exposure parameter versus $AUEC_{0\text{-}t}$ or $\Delta Eosinophil_{dec,\ max}$)

4.3. Exploratory Endpoints

- Additional pharmacokinetic parameters for mepolizumab and reslizumab, including time of maximum concentration (T_{max}), elimination rate constant (K_{el}), area under the curve from time 0 to end of study ($AUC_{0\text{-}t}$), half-life ($t_{1/2}$), apparent clearance (CL/F), and apparent volume of distribution (V/F).
- Time course profiles, maximum increase/decrease from baseline, and AUEC for plasma proteomics and small RNA transcriptomics (set of markers be determined)

5. Analysis Populations

- For all analyses, subjects will be analyzed according to the dose and treatment received, not the dose and treatment to which subjects were randomized.
- The PD population will include all subjects who receive study drug and have at least 1 estimable PD parameter after dosing. For baseline-adjusted analyses, subjects must also have at least one valid baseline sample between screening to dose administration on day 1. Subjects without a valid baseline sample will be excluded from PD assessments where the derived metric is baseline adjusted.
- The PK population will include all subjects who receive study drug and have at least 1 estimable PK parameter after dosing. Subjects with all samples below the lower limit of quantification will not be included in PK population summaries.
- The PK/PD population (exposure-response population) will include all subjects from the PK and PD populations, including subjects treated with placebo or subjects

where all PK samples were below the lower limit of quantification. The PK/PD population will be used for the model-based exposure-response analysis.

- Subjects who discontinued from the study before their assigned end of study day (referred to as early termination subjects) will be excluded from pharmacokinetic and pharmacodynamic parameter summary calculations.
- The safety population will include all subjects who receive at least 1 dose of any of the study drugs.

6. Data Screening and Acceptance

6.1. Handling of Missing and Incomplete Data

The following imputation of missing values will be done:

- Pharmacokinetic measurements below the quantification limits will be considered equal to zero for all analyses.
- Non-pharmacokinetic measurements (e.g., eosinophils) below the quantification limits will be considered equal to the lower limit of quantification for all analyses unless explicitly noted otherwise.
- Missing pharmacokinetic or pharmacodynamic data (e.g., skipped outpatient visit) will not be imputed.
- For baseline adjusted measures, samples from Day 1, time 0 will be used for calculating this derived metric. In cases where the Day 1, time 0 sample is missing or invalid, the sample collected at check-in (Day -1) will be used, followed by the screening sample. If none of these samples are available or valid, then no baseline value will be calculated for the subject.

7. General Statistical Considerations

All data will be presented in data listings. Data from subjects excluded from an analysis population will be presented in the data listings, but not included in the calculation of summary statistics. In addition, the reason for exclusion from an analysis population will be noted for individual subjects.

7.1. Subject Disposition

The number of subjects who enroll in the study and the number and percentage of subjects who complete each assessment will be presented. The frequency and percentage of subjects who withdraw or discontinue from the study and the reason for withdrawal or discontinuation will be summarized. In addition, significant known protocol deviations will be noted for individual subjects.

7.2. Demographics and Baseline Characteristics

Descriptive statistics will be used to summarize demographic and baseline subject characteristics for age, sex, weight, body mass index, race, and ethnicity. For continuous variables, the mean, median, standard deviation (SD), minimum, and maximum values will be reported. For categorical (nominal) variables, the number and percentage of subjects (or observations) will be reported.

7.3. Pharmacodynamic Analyses

7.3.1 Peripheral Blood Eosinophils

Individual eosinophil versus time plots will be presented for each participant. For eosinophils, AUEC and maximum decrease from baseline will be calculated for each participant using all on treatment timepoints. Calculations will be performed using non-compartmental analysis packages available in a statistical software. The primary analysis with eosinophils will use pAUEC and maximum decrease from baseline; other derived AUEC measures may be calculated (AUEC calculation without baseline adjustment and with normalization to baseline [pAUEC]) to evaluate how derived PD metrics impact trial design. Baseline adjustments will be based on the average of multiple measurements (i.e., day -1 and day 0, time 0), when available. If only a one of these measures is available, it will be used without averaging in the baseline calculation. PD parameters of mepolizumab, reslizumab, and placebo groups will be listed and summarized using descriptive statistics (n, mean, SD, coefficient of variation, mean, SD, minimum, median, interquartile range, and maximum) for each treatment arm.

7.4. Pharmacokinetic Analyses

Individual serum concentration versus time plots for mepolizumab and reslizumab groups will be presented for each participant. $AUC_{0\text{-}inf}$ and C_{max} will be calculated for each participant using all on treatment timepoints as part of the secondary analysis. In addition, the following PK parameters will be calculated for each individual as exploratory analyses: $AUC_{0\text{-}t}$, T_{max}, apparent clearance (CL/F), apparent volume of distribution (V/F), elimination rate (K_{el}), and terminal half-life ($t_{1/2}$) PK parameters will be calculated for each participant using all on treatment timepoints. All parameters will be summarized using descriptive statistics (n, geometric mean, coefficient of variation, minimum, median, interquartile range, and maximum) for each mepolizumab and reslizumab treatment arm.

Calculations will be performed using non-compartmental analysis packages available in a statistical software. Serum concentrations below the limits of quantification will be set to zero for the purpose of this analysis. Subjects with all samples below the limit of quantification will be excluded from PK summaries. $AUC_{0\text{-}inf}$, $t_{1/2}$, and K_{el} for subjects will only be included for subjects with 3 or more concentration values on the terminal portion of the pharmacokinetic curve and with an adjusted coefficient of determinations (R^2) greater than 0.80.

7.5. PK/PD Analyses

The dose- and exposure-response relationship between baseline-adjusted AUEC for eosinophils and $\Delta Eosinophil_{dec,\ max}$ and mepolizumab and reslizumab will be explored graphically (separate assessments for both response measures). Based on these observations, model-based analyses using statistical software will be conducted separately for each drug with respect to each of the above-mentioned PD measures.

The model-based analysis will explore both dose and exposure (i.e., $AUC_{0\text{-}inf}$, referred to as AUC below) as the dependent variable. All dose levels for a drug, as well as placebo data, will be combined for the analysis. Model selection will be based on the initial graphical assessment and will be selected from one of the following structures – linear,

E_{max}, and sigmoidal E_{max}. Multiple models may be evaluated based on the initial graphical analysis, in which case model selection will be based on a combination of goodness of fit plots, parameter uncertainty (i.e., parameter confidence intervals including zero), and Akaike's information criterion (AIC). General representations for each of the model structures and parameterizations is shown below:

Dose-relationship

Linear: Response ~ E_0 + Slope * Dose

E_{max}: Response ~ $E_0 + E_{max,dose} * Dose / (Dose + ED_{50})$

Sigmoidal E_{max}: Response ~ $E_0 + E_{max,dose} * Dose^{\gamma} / (Dose^{\gamma} + ED_{50}^{\gamma})$

Exposure-relationship

Linear: Response ~ E_0 + Slope * AUC

E_{max}: Response ~ $E_0 + E_{max,exp} * AUC / (AUC + EC_{50})$

Sigmoidal E_{max}: Response ~ $E_0 + E_{max,exp} * AUC^{\gamma} / (AUC^{\gamma} + EC_{50}^{\gamma})$

Model evaluation will include residual variability error term but will not include any random effects or covariate evaluation on fixed effect.

7.6. Exploratory Omics Analysis

Various proteomics, transcriptomics, and genomic analyses may be performed on collected data for biomarker exploration. Additional details regarding the statistical methods for these analyses will be described in a separate plan.

7.7. Safety Analyses

7.7.1 Adverse Events

All AEs will be coded using the latest version of the Medical Dictionary for Regulatory Activities (MedDRA). The incidence of TEAEs, organized by system organ class and frequency, will be summarized by seriousness, severity, relationship to treatment, and by treatment at onset of the TEAE. A detailed listing of serious AEs and TEAEs leading to withdrawal will also be provided.

7.7.2 Clinical Laboratory Tests

Clinical laboratory results (hematology, serum chemistry, and urinalysis) will be summarized using descriptive statistics (number of subjects, mean, SD, minimum, median, and maximum). Clinical laboratory results will be classified as normal or abnormal, according to the reference ranges of the individual parameter. No statistical testing will be performed on clinical laboratory data.

7.7.3 Vital Sign Measurements

Vital sign measurements and changes from Baseline will be summarized using descriptive statistics (number of subjects, mean, SD, minimum, median, and maximum) by treatment and time point.

7.7.4 Safety 12-lead Electrocardiograms

The incidence of pathological ECG interpretive statements at Baseline and during treatment will be assessed among the treatments.

7.7.5 Physical Examinations

Physical examination findings will be presented in a data listing, and abnormal physical examination findings will be recorded as AEs.

7.7.6 Other Safety Data

All concomitant medication usage and medications that changed in daily dose, frequency, or both since the subject provided informed consent will be summarized for each subject.

8. Data Quality Assurance

Completed eCRFs are required for each subject randomly assigned to study drug. Electronic data entry will be accomplished through the ClinSpark® remote electronic data capture system, which allows for on-site data entry and data management. This system provides immediate, direct data transfer to the database, as well as immediate detection of discrepancies, enabling site coordinators to resolve and manage discrepancies in a timely manner. Each person involved with the study will have an individual identification code and password that allows for record traceability. Thus, the system, and subsequently any

investigative reviews, can identify coordinators, investigators, and individuals who have entered or modified records.

Furthermore, the investigator retains full responsibility for the accuracy and authenticity of all data entered into the electronic data capture system. The completed dataset and their associated files are the sole property of the sponsor and should not be made available in any form to third parties, except for appropriate governmental health or regulatory authorities, without written permission of the sponsor.

Attachment A. Pharmacokinetic, Pharmacodynamic, and Biomarker Sample Collection Schedule

Pharmacokinetic Sample Collection

Pharmacokinetic blood samples (5 mL) for determination of mepolizumab and reslizumab concentration will be collected and processed for serum at the following time points:

- Day 1: 0 (pre-dose), 1, 4, 12, and 24 h (0 h, Day 2)
- Day 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 21, 28, 35, 42, 49, 56, 63, 93, and 123

Blood samples will be collected by direct venipuncture or by inserting an IV catheter into the subject's forearm region. Each blood sample will be labeled with subject number, study number, study day, time point, event, and a barcode that matches that belonging to the subject.

Pharmacodynamic Sample Collection

Blood samples (5 mL) for primary pharmacodynamic biomarker (eosinophils) assessment will be collected at the following time points:

- Screening (Day -21 to -2)
- Day -1 (check-in)
- Day 1: 0 (Pre-dose), 24 h (0 h, Day 2)
- Day 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 21, 28, 35, 42, 49, 56, 63, 93, and 123

Blood samples will be collected by direct venipuncture or by inserting an IV catheter into the subject's forearm region. Each blood sample will be labeled with subject number, study number, study day, time point, event, and a barcode that matches that belonging to the subject.

Exploratory PD Biomarkers

Exploratory PD biomarkers will be evaluated using plasma proteomics and small RNA transcriptomics. Whole blood samples (5 mL) will be collected and processed for plasma at the following time points:

- Day -1 (check-in)
- Day 1: 0 (pre-dose), 0.5, 1, 2, 3, 4, 6, 9, 12, 18 and 24 h (0 h, Day 2)
- Day 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 21, 28, 35, 42, 49, 56, 63, 93, and 123

Blood samples will be collected by direct venipuncture or by inserting an IV catheter into the subject's forearm region. Each blood sample will be labeled with subject number, study number, study day, time point, event, and a barcode that matches that belonging to the subject. All blood samples will be processed for preparation of plasma.

Attachment B. Randomization Schedule

Subjects will enter the study clinic for check-in procedures the day before study drug administration of the first period (Day -1). Mepolizumab will be administered subcutaneously and reslizumab will be administered intravenously. Placebo will be administered subcutaneously or intravenously to match study drug. On Day 1, subjects will receive their assigned treatment according to the randomization schedule generated by the randomization biostatistician (unblinded and unaffiliated with study data analysis) and provided to designated unblinded recipients (i.e., pharmacist) at the clinical site.

Treatment Group	**Drug**
A	Mepolizumab low (3 mg)
B	Mepolizumab low intermediate (6 mg)
C	Mepolizumab high intermediate (12 mg)
D	Mepolizumab high (24 mg)
E	Reslizumab low (0.1 mg/kg)
F	Reslizumab low intermediate (0.2 mg/kg)
G	Reslizumab high intermediate (0.4 mg/kg)
H	Reslizumab high (0.8 mg/kg)
I	Placebo