NOVARTIS

Clinical Trial Results Website

Sponsor

Novartis Pharmaceuticals

Generic Drug Name

Secukinumab

Trial Indication(s)

Giant cell arteritis

Protocol Number

CAIN457ADE11C

Protocol Title

A randomized, parallel-group, double-blind, placebo-controlled, multicenter phase 2 trial to investigate the safety and efficacy of secukinumab (AIN457) in patients with giant cell arteritis (TitAIN)

Clinical Trial Phase

Phase 2

Phase of Drug Development

Phase IV

Study Start/End Dates

Study Start Date: January 30, 2019 (Actual)
Primary Completion Date: June 08, 2021 (Actual)
Study Completion Date: June 08, 2021 (Actual)

Study Design/Methodology

This randomized, parallel-group, double-blind, placebo-controlled, multicenter, Phase II study was designed to evaluate the efficacy of secukinumab compared to placebo in combination with a 26-week prednisolone taper regimen in terms of sustained remission in patients with newly diagnosed or relapsing GCA who were naïve to biological therapy. The study consisted of a Screening Period of up to 6 weeks (maximum duration), a 52-week Treatment Period and an 8-week Safety Follow-up Period.

Centers

Germany(11)

Objectives:

To evaluate the efficacy of secukinumab compared to placebo, in combination with a 26-week prednisolone taper regimen, based on the proportion of patients with giant cell arteritis (GCA) who had sustained remission.

Test Product (s), Dose(s), and Mode(s) of Administration

The study treatment (secukinumab 300 mg, and placebo) was administered by s.c. injections using 1 mL pre-filled syringes (PFSs) throughout the study.

Co-administered treatment: prednisolone provided as tablets (1 mg, 5 mg, 10 mg, 20 mg tablets) for daily administration

Statistical Methods

The primary endpoint was the proportion of GCA patients who adhere to the prednisolone taper regimen and are in sustained remission until Week 28.

The response rate of the comparable placebo-arm of the GIACTA study were used as the prior distribution for the placebo response rate for the primary endpoint in this study. The prior distribution for the response rate on secukinumab was a uniform Beta distribution.

Posterior distributions for the estimate of the odds ratio, risk-ratio and risk difference were derived by sampling from the posterior distributions of the response rates of secukinumab and placebo.

Study Population: Key Inclusion/Exclusion Criteria

Inclusion Criteria:

Diagnosis of GCA classified according to the following criteria:
•Age at onset of disease ≥ 50 years.
•History of ESR ≥ 30 mm/hr or CRP ≥ 10 mg/L.
•Unequivocal cranial symptoms of GCA (new-onset localized headache, scalp or temporal artery tenderness, ischemia-related vision loss, or otherwise unexplained mouth or jaw pain upon mastication)
AND/OR
symptoms of polymyalgia rheumatica (PMR) defined as shoulder and/or hip girdle pain associated with inflammatory morning stiffness
•Temporal artery biopsy revealing features of GCA
AND/OR
•evidence of large-vessel vasculitis by angiography or cross-sectional imaging study such as magnetic resonance angiography (MRA), computed tomography angiography (CTA), positron emission tomography-computed tomography (PET CT), or ultrasound

Patients with new onset GCA or relapsing GCA
(Definition new onset: diagnosis of GCA within 6 weeks of Baseline Visit; Definition relapsing GCA: diagnosis of GCA (in accordance with inclusion criterion no. 4) > 6 weeks before Baseline Visit and in the meantime achieved remission (absence of signs and symptoms attributable to GCA and normalization of ESR (< 30 mm/hr) and CRP (<10.0mg/L) included) including previous treatment with ≥ 25 mg/day prednisolone equivalent for ≥ 2 weeks.)

Active disease as defined by the presence of signs and symptoms of GCA (cranial or PMR) and elevated ESR ≥ 30 mm/hr, or CRP ≥ 10 mg/L, attributed to active GCA within 6 weeks of Baseline.

Prednisolone dose of 25-60 mg/day at Baseline.

Exclusion Criteria:

Previous exposure to secukinumab or other biologic drug directly targeting Interleukin(IL)-17 or IL-17 receptor.

Patients treated with any cell-depleting therapies including but not limited to anti-CD20 or investigational agents (e.g. anti-CD3, anti-CD4, anti-CD5 or anti-CD19).

Patients who have previously been treated with any biologic agent including but not limited to tocilizumab, sirukumab, abatacept, or tumor necrosis factor alpha (TNFα) inhibitors (infliximab, adalimumab, etanercept, certolizumab, golimumab).

Patients who have previously been treated with tofacitinib or baricitinib.

Patients treated with i.v. immunoglobulins or plasmapheresis within 8 weeks prior to Baseline.

Patients treated with cyclophosphamide, tacrolimus or everolimus within 6 months prior to Baseline.

Patients treated with hydroxychloroquine, cyclosporine A, azathioprine, sulfasalazine or mycophenolate mofetil within 4 weeks of Baseline.

Patients treated with leflunomide within 8 weeks of Baseline unless a cholestyramine washout has been performed in which case the patient must be treated within 4 weeks of Baseline.

Patients treated with an alkylating agent except for cyclophosphamide as mentioned above.

Patients requiring systemic chronic glucocorticoid therapy for any other reason than GCA.

Chronic systemic glucocorticoid therapy over the last 4 years or longer; or inability, in the opinion of the investigator, to withdraw glucocorticoid therapy through protocol-defined taper regimen due to suspected or established adrenal insufficiency.

Patients requiring chronic (i.e. not occasional “prn”) high potency opioid analgesics for pain management.

Active ongoing inflammatory diseases or underlying metabolic, hematologic, renal, hepatic, pulmonary, neurologic, endocrine, cardiac, infectious or gastrointestinal conditions, which in the opinion of the investigator immunosuppressed the patient and/or places the patient at unacceptable risk for participation in an immunomodulatory therapy.

History of renal trauma, glomerulonephritis, or patients with one kidney only, or a serum creatinine level exceeding 1.8 mg/dL (159.12 µmol/L).

Screening total white blood cell (WBC) count < 3000/µL, or platelets < 100 000/µL or neutrophils < 1500/µL or hemoglobin < 8.3 g/dL (83 g/L).

Major ischemic event, unrelated to GCA, within 12 weeks of screening.

Known infection with human immunodeficiency virus (HIV), hepatitis B or hepatitis C at screening or randomization.

Life vaccinations within 6 weeks prior to Baseline or planned vaccination during study participation until 12 weeks after last study treatment administration.

Participant Flow Table

Overall Study

	Secukinumab	Placebo	Total
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	
Started	27	25	52
Completed	22	17	39
Not Completed	5	8	13
Subject decision	2	3	5
Physician Decision	2	4	6
Death	0	1	1
Lost to Follow-up	1	0	1

Baseline Characteristics

	Secukinumab	Placebo	Total
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	
Number of Participants [units: participants]	27	25	52
Baseline Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo).		
Age Continuous (units: years) Analysis Population Type: Participants Mean ± Standard Deviation			
	76.4±5.31	69.6±8.02	73.1±7.52
Sex: Female, Male (units: participants) Analysis Population Type: Participants Count of Participants (Not Applicable)			
Female	17	18	35
Male	10	7	17
Race/Ethnicity, Customized (units: participants) Analysis Population Type: Participants Count of Participants (Not Applicable)			
White	27	25	52

Primary Outcome Result(s)

Percentage of participants in sustained remission until Week 28

Description	Remission was defined as the absence of flare. Sustained remission was defined as the absence of flare until Week 28 and in adherence to the protocol prednisolone taper regimen. Flare was determined by the investigator and was defined as the recurrence after remission of signs or symptoms of Giant Cell Arteritis (GCA) and/or erythrocyte sedimentation rate (ESR) greater than or equal to (>/=) 30 millimeters per hour (mm/hr) and/or C-reactive Protein (CRP) (>/=10.0 mg/L) attributable to GCA. Patients were classified as non-responders if they did not achieve remission within 12 weeks of Baseline (remission referred to the absence of flare), were in the “escape arm” (this referred to patients entering escape between Baseline and Week 28), prematurely discontinued study treatment prior to Week 28 (absence of flare was checked prior to study treatment administration), did not have information to evaluate sustained remission response until Week 28.
Time Frame	Until week 28
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo).

	Secukinumab	**Placebo**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	25
Percentage of participants in sustained remission until Week 28 (units: Participants)	**Count of Participants (Not Applicable)**	**Count of Participants (Not Applicable)**
	19 (70.37%)	6 (24%)

Statistical Analysis

Groups	Secukinumab, Placebo	Odds Ratio
Type of Statistical Test	Superiority	
Odds Ratio (OR)	9.31	Odd Ratio (posterior median) median and 95% credibility interval calculated using the Bayesian inference
95 % Confidence Interval 2-Sided	3.54 to 26.29	

Secondary Outcome Result(s)

Percentage of participants in remission at Week 12

Description	Remission was defined as the absence of flare. Sustained remission was defined as the absence of flare until Week 28 and in adherence to the protocol prednisolone taper Regimen. Flare was determined by the investigator and was defined as the recurrence after remission of signs or symptoms of GCA and/or erythrocyte sedimentation rate (ESR) greater than or equal to (>/=) 30 millimeters per hour (mm/hr) and/or CRP (>/=10.0 mg/L) attributable to GCA. Patients were classified as non-responders if they did not achieve remission within 12 weeks of Baseline (remission referred to the absence of flare), were in the “escape arm” (this referred to patients entering escape between Baseline and Week 28), prematurely discontinued study treatment prior to Week 28 (absence of flare was checked prior to study treatment administration), did not have information to evaluate sustained remission response until Week 28.
Time Frame	Week 12
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo).

	Secukinumab	Placebo
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as	Participants received placebo as subcutaneous (s.c.) injection at

	subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	25
Percentage of participants in remission at Week 12 (units: Participants)	**Count of Participants (Not Applicable)**	**Count of Participants (Not Applicable)**
	22 (81.48%)	12 (48%)

Time to first GCA flare after clinical remission

Description	Flare was determined by the investigator and was defined as the recurrence after remission of signs or symptoms of GCA and/or erythrocyte sedimentation rate (ESR) greater than or equal to (>/=) 30 millimeters per hour (mm/hr) and/or CRP (>/=10.0 mg/L) attributable to GCA. Time to first flare after remission referred to time from first day of study treatment until first post-Baseline flare. For time to first GCA flare after remission (up to and including Week 52), patients who prematurely discontinued study treatment prior to Week 52 were censored at the time of premature discontinuation and patients who completed treatment and did not have a flare were censored at their last visit in the treatment phase. Time to first GCA flare after remission was calculated using Kaplan-Meier plot of time.
Time Frame	Up to Week 52 (included)
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo).

	Secukinumab	**Placebo**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	25

Time to first GCA flare after clinical remission (units: days)	Median (95% Confidence Interval)	Median (95% Confidence Interval)
	NA (NA to NA)[1]	197.0 (101.0 to 280.0)

[1] NA: not enough participants with events to calculate the median & CI

Total cumulative prednisolone dose over 28 weeks and 52 weeks

Description	Total cumulative co-administered prednisolone treatment was summarized over time by treatment arm. Patients received a daily dose of prednisolone, which was decreased (i.e. tapered down) from Baseline to Week 26. No additional prednisolone or equivalent was permitted.
Time Frame	from Baseline to week 28, from baseline to week 52 weeks
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo).

	Secukinumab	Placebo
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	25
Total cumulative prednisolone dose over 28 weeks and 52 weeks (units: milligrams)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Baseline to Week 28	2689.70 ± 935.860	2693.74 ± 1241.907
Baseline to Week 52	2841.26 ± 1116.192	3375.58 ± 1720.978

Percentage of participants with GCA who had sustained remission until Week 52

Description	Remission was defined as the absence of flare. Sustained remission was defined as patients without flare until Week 52 and in adherence to the protocol prednisolone taper regimen plus prednisolone-free phase from Week 27 onwards. Flare was determined by the investigator and was defined as the recurrence after remission of signs or symptoms of GCA and/or erythrocyte sedimentation rate (ESR) greater than or equal to (>/=) 30 millimeters per hour (mm/hr) and/or CRP (>/=10.0 mg/L) attributable to GCA. Patients were classified as non-responders if they did not achieve remission within 12 weeks of Baseline (remission referred to the absence of flare), were in the "escape arm" (this referred to patients entering escape between Baseline and Week 28), prematurely discontinued study treatment prior to Week 28 (absence of flare was checked prior to study treatment administration), did not have information to evaluate sustained remission response until Week 28.
Time Frame	Until Week 52
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo).

	Secukinumab	**Placebo**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	25
Percentage of participants with GCA who had sustained remission until Week 52 (units: Participants)	**Count of Participants (Not Applicable)**	**Count of Participants (Not Applicable)**
	16 (59.26%)	2 (8%)

Number of participants on prednisolone dose ≤ 5mg/day

Description	Number of participants on co-administered prednisolone treatment ≤ 5mg/day who responded at Week 19, Week 26 and Week 52. Remission was defined as the absence of flare. Sustained remission was defined as the absence of flare until Week 28 and in adherence to the protocol prednisolone taper Regimen. There were 2 taper regimens: for patients on 40 to 60 mg/day prednisolone at Baseline and for

	patients on 25 to 40 mg/day prednisolone at Baseline depending on patients' prednisolone levels at Baseline. Prednisolone was tapered from a dose of 25 mg to 60 mg at Baseline to 1 mg at Week 26 [last dose].
Time Frame	Week 19, Week 28, Week 52
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo). n represents the number of participants with a value for a specific categorical variable at Week 19, 28 and 52.

	Secukinumab	**Placebo**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	25
Number of participants on prednisolone dose ≤ 5mg/day (units: Participants)	**Count of Participants (Not Applicable)**	**Count of Participants (Not Applicable)**
Week 19 (n = 25, 20)	22 (88%)	10 (50%)
Week 28 (n = 23, 20)	19 (82.61%)	9 (45%)
Week 52 (n = 21, 17)	19 (90.48%)	13 (76.47%)

Physicians global assessment (PhGA) of disease activity: Change from Baseline Score via visual analogue scale (VAS)

Description	Clinician Reported Outcome: Physicians global assessment (PhGA) using a visual analogue scale (VAS) scale. VAS is a range of scores from 0-100, with lower change from baseline scores indicating a more favorable outcome and higher change from baseline scores indicating a greater disease activity.
Time Frame	Baseline, Weeks 4, 8, 12, 16, 20, 24, 28, 36, 44 & 52

Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo). The change from baseline at each visit is calculated only for subjects with a value at baseline and the particular visit.

	Secukinumab	**Placebo**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	23
Physicians global assessment (PhGA) of disease activity: Change from Baseline Score via visual analogue scale (VAS) (units: scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4 (n = 27, 23)	-4.8 ± 14.43	-3.2 ± 18.45
Week 8 (n = 26, 21)	-5.8 ± 12.77	2.1 ± 18.94
Week 12 (n = 25, 20)	-3.4 ± 21.93	-3.1 ± 10.81
Week 16 (n = 25, 20)	-4.1 ± 15.62	0.7 ± 13.97
Week 20 (n = 24, 20)	-6.9 ± 14.78	-1.5 ± 14.32
Week 24 (n = 23, 20)	-4.3 ± 15.92	2.2 ± 17.22
Week 28 (23, 19)	-5.4 ± 15.61	3.9 ± 21.47
Week 36 (21, 19)	-8.7 ± 18.45	0.7 ± 17.45
Week 44 (n = 21, 16)	-5.5 ± 16.87	1.1 ± 15.20
Week 52 (n = 21, 16)	-9.5 ± 16.72	4.0 ± 21.24

Patients global assessment (PGA) of disease activity: Change from Baseline via visual analogue scale (VAS)

Description	Patient Reported Outcome: Patients global assessment (PGA) score using a VAS scale. VAS is a range of scores from 0-100, with lower change from baseline scores indicating a more favorable outcome and higher change from baseline scores indicating a greater disease activity.
Time Frame	Baseline, Weeks 4, 8, 12, 16, 20, 24, 28, 36, 44 & 52
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo). The change from baseline at each visit is calculated only for subjects with a value at baseline and the particular visit.

	Secukinumab	**Placebo**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	23
Patients global assessment (PGA) of disease activity: Change from Baseline via visual analogue scale (VAS) (units: scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4 (n = 27, 23)	-15.8 ± 28.17	-0.5 ± 23.58
Week 8 (n = 26, 21)	-15.8 ± 27.61	-10.8 ± 27.64
Week 12 (n = 25, 20)	-8.0 ± 29.43	-11.9 ± 31.46
Week 16 (n = 25, 20)	-18.6 ± 19.39	-8.8 ± 31.43
Week 20 (n = 24, 20)	-19.18 ± 30.68	-6.9 ± 31.94
Week 24 (n = 23, 20)	-14.9 ± 28.84	-7.0 ± 30.61
Week 28 (n = 23, 19)	-14.4 ± 25.46	-8.0 ± 31.31

Week 36 (n = 21, 19)	-20.9 ± 22.31	-8.6 ± 29.90
Week 44 (n = 21, 16)	-21.7 ± 27.35	-9.4 ± 30.58
Week 52 (n = 21, 16)	-19.2 ± 27.35	-15.9 ± 24.04

Change from Baseline in FACIT-Fatigue scale

Description	Patient Reported Outcome: Functional Assessment of Chronic Illness Therapy (FACIT)-Fatigue is a 13-item questionnaire with a full scale of 0 -52 that assesses self-reported fatigue and its impact upon daily activities and function. The higher the score the better functioning (less fatigue).
Time Frame	Baseline, Weeks 4, 8, 12, 16, 20, 24, 28, 36, 44 & 52
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo). The change from baseline at each visit is calculated only for subjects with a value at baseline and the particular visit.

	Secukinumab	**Placebo**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	23
Change from Baseline in FACIT-Fatigue scale (units: scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4 (n = 27, 23)	2.11 ± 9.613	-0.96 ± 7.358
Week 8 (n = 26, 21)	2.19 ± 10.190	0.81 ± 7.498
Week 12 (n = 25, 20)	0.96 ± 11.175	-0.25 ± 10.047
Week 16 (n = 25, 20)	2.12 ± 8.876	-0.36 ± 8.884
Week 20 (n =24, 20)	3.42 ± 8.617	0.05 ± 10.318

Week 24 (n = 23, 20)	2.91 ± 10.409	-3.10 ± 11.281
Week 28 (n = 23, 19)	3.61 ± 11.044	0.42 ± 9.203
Week 36 (n = 21, 19)	3.90 ± 7.245	1.84 ± 8.719
Week 44 (n = 21, 16)	2.67 ± 5.986	0.31 ± 10.928
Week 52 (n = 21, 16)	3.19 ± 7.033	0.19 ± 8.848

Change from Baseline in Short-Form (SF)-36 questionnaire

Description	Patient Reported Outcome: The SF-36 is a standardized questionnaire used to measure health-related quality of life among healthy patients and patients with acute and chronic conditions. It consists of 8 subscales that can be scored individually: Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional and Mental Health. The higher the score (change from baseline) the more favorable the outcome. The values were reported by change from baseline in SF-36 domain scores.
Time Frame	Baseline, Weeks 4, 8, 12, 16, 20, 24, 28, 36, 44 & 52
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo). The change from baseline at each visit is calculated only for subjects with a value at baseline and the particular visit.

	Secukinumab	**Placebo**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	23
Change from Baseline in Short-Form (SF)-36 questionnaire (units: scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4: Physical Functioning (PF) (n = 27, 23)	0.14 ± 7.562	-1.25 ± 4.417
Week 8: PF (n = 26 ,21)	-0.44 ± 8.849	0.18 ± 4.987

Week 12: PF (n = 25, 20)	0.38 ± 6.322	-0.38 ± 8.750
Week 16: PF (n = 25, 20)	-0.00 ± 8.646	-0.86 ± 6.814
Week 20: PF (n = 24, 20)	0.80 ± 8.098	-0.10 ± 6.495
Week 24: PF (n = 22, 20)	0.52 ± 5.702	-2.11 ± 8.667
Week 28: PF (n = 23, 19)	1.25 ± 5.276	-0.40 ± 6.460
Week 36: PF (n = 21, 19)	1.37 ± 5.778	-1.31 ± 6.631
Week 44: PF (n = 21, 16)	1.00 ± 6.674	-0.36 ± 8.065
Week 52: PF (n = 21, 16)	2.46 ± 4.770	0.12 ± 5.696
Week 4: Role-Physical (R-P) (n =27, 23)	3.49 ± 7.886	0.49 ± 10.616
Week 8: R-P (n =26, 21)	3.80 ± 9.628	-0.75 ± 10.515
Week 12: R-P (n = 25, 20)	3.32 ± 9.3301	1.01 ± 9.539
Week 16: R-P (n = 25, 20)	4.58 ± 8.947	-1.12 ± 8.847
Week 20: R-P (n = 24, 20)	4.40 ± 9.538	-0.45 ± 8.163
Week 24: R-P (n = 22, 20)	3.37 ± 7.458	-0.00 ± 10.094
Week 28: R-P (n = 23, 19)	5.96 ± 10.034	1.77 ± 8.553
Week 36: R-P (n = 21, 19)	5.99 ± 6.444	0.24 ± 10.121
Week 44: R-P (n = 21, 16)	5.13 ± 6.515	0.70 ± 11.262
Week 52: R-P (n = 21, 16)	6.20 ± 6.659	1.40 ± 9.126
Week 4: Bodily Pain (BP) (n = 27, 23)	8.03 ± 13.272	7.68 ± 11.235
Week 8: BP (n = 26, 21	5.80 ± 14.475	9.68 ± 10.485
Week 12: BP (n = 25, 20)	6.92 ± 13.426	6.84 ± 11.674
Week 16: BP (n = 25, 20)	7.69 ± 14.841	4.50 ± 13.560
Week 20: BP (n = 24, 20)	6.10 ± 14.072	8.63 ± 12.457
Week 24: BP (n = 22, 20)	5.97 ± 12.689	3.93 ± 11.952
Week 28: BP (n = 23, 19)	6.47 ± 12.643	6.32 ± 13.149

Week 36: BP (n = 21, 19)	7.20 ± 13.724	7.81 ± 10.794
Week 44: BP (n = 21, 16)	8.01 ± 15.378	9.00 ± 7.910
Week 52: BP (n = 21, 16)	5.49 ± 12.328	8.39 ± 11.866
Week 4: General Health (GH) (n = 27, 23)	3.49 ± 9.207	0.23 ± 6.761
Week 8: GH (n = 26, 21)	2.74 ± 8.119	0.18 ± 6.758
Week 12: GH (n = 25, 20	2.22 ± 7.383	0.62 ± 8.158
Week 16: GH (n = 25, 20)	2.28 ± 8.235	-0.74 ± 7.858
Week 20: GH (n = 24, 20)	4.50 ± 6.774	-0.38 ± 7.933
Week 24: GH (n = 22, 20)	2.85 ± 7.149	-0.19 ± 9.031
Week 28: GH (n = 23, 19)	3.53 ± 7.285	1.18 ± 7.837
Week 36:GH (n = 21, 19)	3.42 ± 6.680	-0.47 ± 7.833
Week 44: GH (n = 21, 16)	1.02 ± 8.127	-0.30 ± 9.597
Week 52: GH (n = 21, 16)	3.03 ± 6.733	0.15 ± 10.277
Week 4: Vitality (n = 27, 23)	4.07 ± 8.607	-1.42 ± 7.699
Week 8: Vitality (n = 26, 21)	2.17 ± 7.952	0.71 ± 8.185
Week 12: Vitality (n = 25, 20)	3.57 ± 7.477	-0.30 ± 9.241
Week 16: Vitality (n = 25, 20)	4.28 ± 7.431	-0.45 ± 7.847
Week 20: Vitality (n = 24, 20)	4.70 ± 8.445	0.45 ± 9.652
Week 24: Vitality (n = 22, 20)	3.78 ± 7.112	-1.93 ± 11.697
Week 28: Vitality (n = 23, 19)	6.20 ± 7.489	0.16 ± 6.679
Week 36: Vitality (n = 21, 19)	7.07 ± 7.060	1.41 ± 5.635
Week 44: Vitality (n = 21, 16)	6.08 ± 8.375	-0.93 ± 12.497
Week 52: Vitality (n = 21, 16)	7.21 ± 8.690	0.37 ± 11.474
Week 4: Social Functioning (SF) (n = 27, 23)	3.71 ± 7.939	1.74 ± 7.499
Week 8: SF (n = 26, 21)	4.82 ± 8.327	2.63 ± 9.979

Week 12: SF (n = 25, 20)	4.01 ± 9.154	1.76 ± 7.325
Week 16: SF (n = 25, 20)	5.21 ± 11.069	0.75 ± 7.325
Week 20: SF (n = 24, 20)	4.81 ± 10.080	3.51 ± 8.150
Week 24: SF (n = 22, 20)	4.56 ± 8.602	0.00 ± 10.912
Week 28: SF (n = 23, 19)	3.49 ± 8.476	3.17 ± 9.631
Week 36: SF (n = 21, 19)	7.16 ± 10.703	5.01 ± 7.285
Week 44: SF (n = 21, 16)	6.45 ± 8.988	0.63 ± 11.561
Week 52: SF (n = 21, 16)	7.16 ± 8.621	2.82 ± 9.681
Week 4: Role-Emotional (RE) (n = 27, 23)	-0.77 ± 12.454	3.48 ± 12.985
Week 8: RE (n = 26, 21)	3.08 ± 11.457	1.99 ± 13.239
Week 12: RE (n = 25, 20)	-0.42 ± 12.076	0.52 ± 13.188
Week 16: RE (n = 25, 20)	3.76 ± 10.586	-0.00 ± 11.465
Week 20: RE (n = 24, 20)	3.48 ± 11.058	0.35 ± 11.569
Week 24: RE (n = 22, 20)	2.85 ± 11.753	-1.22 ± 16.025
Week 28: RE (n = 23, 19)	3.63 ± 11.853	1.10 ± 11.725
Week 36: RE (n = 21, 19)	5.47 ± 10.066	0.73 ± 16.518
Week 44: RE (n = 21, 16)	4.15 ± 12.293	3.26 ± 16.354
Week 52: RE (n = 21, 16)	6.14 ± 11.385	0.43 ± 19.234
Week 4: Mental Health (MH) (n = 27, 23)	3.0 ± 8.514	0.57 ± 8.420
Week 8: MH (n = 26, 21)	2.82 ± 10.643	1.49 ± 6.950
Week 12: MH (n = 25, 20)	3.14 ± 10.786	4.45 ± 7.690
Week 16: MH (n = 25, 20)	4.29 ± 8.337	5.36 ± 6.379
Week 20: MH (n = 24, 20)	3.49 ± 10.926	6.41 ± 7.984
Week 24: MH (n = 22, 20)	2.62 ± 8.730	2.61 ± 13.149
Week 28: MH (n = 23, 19)	2.84 ± 9.816	6.06 ± 7.350

Week 36: MH (n = 21, 19)	5.98 ± 8.111	5.64 ± 8.988
Week 44: MH (n = 21, 16)	4.11 ± 8.969	1.14 ± 11.891
Week 52: MH (n = 21, 16)	5.73 ± 7.473	4.25 ± 11.257

Change from Baseline in EQ-5D-5L (EuroQol 5D) questionnaire

Description	EQ-5D-5L, a self-administered questionnaire assessing health status in adults, is divided into 2 sections. The 1st section addresses 5 dimensions (mobility, self-care, usual activity, pain/discomfort, & anxiety/depression). Items are rated either “no problem”, “slight problems”, “moderate problems”, “severe problems”, or “extreme problems/unable.” A composite health index is defined by combining the levels for each dimension. The 2nd section measures self-rated (global) health status via vertically oriented VAS where 100 represents the “best possible health state” & 0 represents the “worst possible health state.” The EQ-5D-5L contains 6 items assessing health status via a single index value or health utility score and allows “weighting” by the patient of health states & generation of patient utilities. Published weights are available allowing for creation of a single summary health utility score. Scores range from 0 to 1, with lower scores representing a higher level of dysfunction.
Time Frame	Baseline, Weeks 4, 8, 12, 16, 20, 24, 28, 36, 44 & 52
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo). The change from baseline at each visit is calculated only for subjects with a value at baseline and the particular visit.

	Secukinumab	**Placebo**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	27	23
Change from Baseline in EQ-5D-5L (EuroQol 5D) questionnaire (units: scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
EQ-5D-5L VAS: Week 4 (n = 27, 23)	11.26 ± 16.819	1.87 ± 21.467
EQ-5D-5L VAS: Week 8 (n = 26, 21)	5.58 ± 16.650	5.52 ± 29.646

EQ-5D-5L VAS: Week 12 (n = 25, 20)	4.64 ± 19.598	3.30 ± 22.850
EQ-5D-5L VAS: Week 16 (n = 25, 20)	7.000 ± 19.530	4.40 ± 27.354
EQ-5D-5L VAS: Week 20 (n = 24, 20)	7.88 ± 19.077	6.30 ± 25.041
EQ-5D-5L VAS: Week 24 (n = 23, 20)	5.39 ± 17.598	-1.00 ± 29.902
EQ-5D-5L VAS: Week 28 (n = 23, 19)	4.43 ± 17.840	10.37 ± 21.670
WEQ-5D-5L VAS: Week 36 (n = 21, 19)	6.90 ± 17.972	5.32 ± 28.825
EQ-5D-5L VAS: Week 44 (n = 21, 16)	6.38 ± 19.505	12.69 ± 21.941
EQ-5D-5L VAS: Week 52 (n = 21, 16)	11.62 ± 16.877	10.81 ± 24.109
EQ-5D-5L utility index: Week 4 (n = 27, 23)	0.0166 ± 0.19559	-0.0702 ± 0.21239
EQ-5D-5L utility index: Week 8 (n = 26, 21)	-0.0034 ± 0.19972	0.0087 ± 0.9869
EQ-5D-5L utility index: Week 12 (n = 25, 20)	0.0016 ± 0.16236	-0.0122 ± 0.15686
EQ-5D-5L utility index: Week 16 (n = 25, 20)	0.0186 ± 0.14639	-0.0196 ± 0.19789
EQ-5D-5L utility index: Week 20 (n = 24, 20)	0.0210 ± 0.13308	0.0221 ± 0.16759
EQ-5D-5L utility index: Week 24 (n = 23, 20)	0.0402 ± 0.12427	-0.0444 ± 0.20875
EQ-5D-5L utility index: Week 28 (n = 23, 19)	-0.0002 ± 0.06695	0.0240 ± 0.13458
EQ-5D-5L utility index: Week 36 (n = 21, 19)	0.0063 ± 0.06432	-0.0155 ± 0.13186
EQ-5D-5L utility index: Week 44 (n = 21, 16)	-0.0119 ± 0.08525	0.0090 ± 0.13033
EQ-5D-5L utility index: Week 52 (n = 21, 16)	-0.0076 ± 0.11997	0.0205 ± 0.09403

Change from Baseline in Erythrocyte Sedimentation Rate (ESR)

Description	ESR is a laboratory test that provides a non-specific measure of inflammation. This was assessed in order to identify the presence of inflammation, to determine its severity, and to monitor response to treatment. The test assesses the rate at which red blood cells fall in a test tube. Normal range is 0-30 mm/hr. A higher rate is consistent with inflammation.
Time Frame	Baseline, Week 28, Week 52
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo). The change from Baseline at each visit is calculated only for subjects with a value at Baseline and the particular visit.

	Secukinumab	Placebo
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	23	18
Change from Baseline in Erythrocyte Sedimentation Rate (ESR) (units: mm/hr)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 28 (n = 23, 18)	4.043 ± 16.1934	14.667 ± 23.9141
Week 52 (n = 21, 16)	-3.286 ± 10.6167	10.000 ± 14.8728

Change from Baseline in C-Reactive Protein (CRP) Level

Description	The test for CRP is a laboratory measurement for evaluation of an acute phase reactant of inflammation through the use of an ultrasensitive assay. This was assessed in order to identify the presence of inflammation, to determine its severity, and to monitor response to treatment. A decrease in the level of CRP indicates reduction in inflammation and therefore improvement.
Time Frame	Baseline, Week 28, Week 52
Analysis Population Description	The Full Analysis Set (FAS) comprised all patients to whom study treatment had been assigned by randomization and who received at least one dose of randomized study treatment (secukinumab or placebo). The change from Baseline at each visit is calculated only for subjects with a value at Baseline and the particular visit.

	Secukinumab	Placebo
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48

	thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	along with a 26-week prednisolone tapering regimen.
Number of Participants Analyzed [units: participants]	23	19
Change from Baseline in C-Reactive Protein (CRP) Level (units: mg/L)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 28 (n = 23, 19)	4.426 ± 9.6836	5.216 ± 8.9820
Week 52 (n = 21, 16)	-1.433 ± 8.7909	4.650 ± 14.3691

Instruction: *This information can usually be found in the CSR*

Definition: Safety tables for Company Clinical Trial Results template: by system organ class, By preferred term and death/SAE/discontinuations

Safety Results

All-Cause Mortality

	Secukinumab N = 27	**Placebo N = 25**	**All Participants N = 52**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	All participants who participated in the study.

	a 26-week prednisolone tapering regimen.		
Total Number Affected	1	1	2
Total Number At Risk	27	25	52

Serious Adverse Events by System Organ Class

	Secukinumab N = 27	**Placebo N = 25**	**All Participants N = 52**
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	All participants who participated in the study.
Total # Affected by any Serious Adverse Event	6	11	17
Total # at Risk by any Serious Adverse Event	27	25	52
Cardiac disorders			
Atrial fibrillation	0 (0.00%)	1 (4.00%)	1 (1.92%)
Atrial tachycardia	0 (0.00%)	1 (4.00%)	1 (1.92%)
Cardiac failure	1 (3.70%)	1 (4.00%)	2 (3.85%)
Tachyarrhythmia	1 (3.70%)	0 (0.00%)	1 (1.92%)
Gastrointestinal disorders			
Faecaloma	1 (3.70%)	0 (0.00%)	1 (1.92%)
Gastrointestinal pain	0 (0.00%)	1 (4.00%)	1 (1.92%)
Melaena	0 (0.00%)	1 (4.00%)	1 (1.92%)

Noninfective sialoadenitis	1 (3.70%)	0 (0.00%)	1 (1.92%)
General disorders and administration site conditions			
General physical health deterioration	0 (0.00%)	1 (4.00%)	1 (1.92%)
Pyrexia	1 (3.70%)	0 (0.00%)	1 (1.92%)
Infections and infestations			
Arthritis bacterial	1 (3.70%)	0 (0.00%)	1 (1.92%)
Erysipelas	1 (3.70%)	0 (0.00%)	1 (1.92%)
Urinary tract infection	0 (0.00%)	1 (4.00%)	1 (1.92%)
Injury, poisoning and procedural complications			
Face injury	1 (3.70%)	0 (0.00%)	1 (1.92%)
Fall	1 (3.70%)	1 (4.00%)	2 (3.85%)
Femur fracture	0 (0.00%)	1 (4.00%)	1 (1.92%)
Fibula fracture	0 (0.00%)	1 (4.00%)	1 (1.92%)
Pelvic fracture	1 (3.70%)	1 (4.00%)	2 (3.85%)
Spinal compression fracture	0 (0.00%)	1 (4.00%)	1 (1.92%)
Investigations			
Inflammatory marker increased	1 (3.70%)	0 (0.00%)	1 (1.92%)
Metabolism and nutrition disorders			
Fluid retention	1 (3.70%)	0 (0.00%)	1 (1.92%)
Musculoskeletal and connective tissue disorders			
Spinal stenosis	1 (3.70%)	1 (4.00%)	2 (3.85%)
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			

Squamous cell carcinoma of lung	0 (0.00%)	1 (4.00%)	1 (1.92%)
Nervous system disorders			
Cerebrovascular accident	1 (3.70%)	0 (0.00%)	1 (1.92%)
Dizziness	0 (0.00%)	1 (4.00%)	1 (1.92%)
Facial paralysis	1 (3.70%)	0 (0.00%)	1 (1.92%)
Intracranial aneurysm	0 (0.00%)	1 (4.00%)	1 (1.92%)
Neurological symptom	1 (3.70%)	0 (0.00%)	1 (1.92%)
Syncope	1 (3.70%)	0 (0.00%)	1 (1.92%)
Respiratory, thoracic and mediastinal disorders			
Asphyxia	0 (0.00%)	1 (4.00%)	1 (1.92%)
Aspiration	0 (0.00%)	1 (4.00%)	1 (1.92%)
Chronic obstructive pulmonary disease	0 (0.00%)	1 (4.00%)	1 (1.92%)
Pulmonary embolism	1 (3.70%)	0 (0.00%)	1 (1.92%)
Vascular disorders			
Deep vein thrombosis	1 (3.70%)	0 (0.00%)	1 (1.92%)
Haematoma	1 (3.70%)	0 (0.00%)	1 (1.92%)

Other Adverse Events by System Organ Class

Frequent Event Reporting Threshold 5%

	Secukinumab N = 27	Placebo N = 25	All Participants N = 52
Arm/Group Description	Participants received secukinumab at a dose of 300 milligrams (mg) as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	Participants received placebo as subcutaneous (s.c.) injection at Baseline, Week 1,2,3,4 and then every 4 weeks thereafter through to week 48 along with a 26-week prednisolone tapering regimen.	All participants who participated in the study.
Total # Affected by any Other Adverse Event	25	23	48
Total # at Risk by any Other Adverse Event	27	25	52
Endocrine disorders			
Cushingoid	1 (3.70%)	2 (8.00%)	3 (5.77%)

Eye disorders			
Glaucoma	2 (7.41%)	2 (8.00%)	4 (7.69%)
Vision blurred	1 (3.70%)	2 (8.00%)	3 (5.77%)
Gastrointestinal disorders			
Dental caries	2 (7.41%)	0 (0.00%)	2 (3.85%)
Diarrhoea	2 (7.41%)	2 (8.00%)	4 (7.69%)
Haemorrhoidal haemorrhage	0 (0.00%)	2 (8.00%)	2 (3.85%)
Nausea	0 (0.00%)	2 (8.00%)	2 (3.85%)
General disorders and administration site conditions			
Fatigue	2 (7.41%)	1 (4.00%)	3 (5.77%)
Oedema peripheral	2 (7.41%)	4 (16.00%)	6 (11.54%)
Infections and infestations			
Gastroenteritis	1 (3.70%)	2 (8.00%)	3 (5.77%)
Nasopharyngitis	5 (18.52%)	5 (20.00%)	10 (19.23%)
Oral candidiasis	4 (14.81%)	1 (4.00%)	5 (9.62%)
Respiratory tract infection	2 (7.41%)	1 (4.00%)	3 (5.77%)
Rhinitis	2 (7.41%)	0 (0.00%)	2 (3.85%)
Urinary tract infection	4 (14.81%)	2 (8.00%)	6 (11.54%)
Injury, poisoning and procedural complications			

Bone contusion	2 (7.41%)	0 (0.00%)	2 (3.85%)
Fall	2 (7.41%)	0 (0.00%)	2 (3.85%)
Rib fracture	2 (7.41%)	0 (0.00%)	2 (3.85%)
Skin laceration	1 (3.70%)	2 (8.00%)	3 (5.77%)
Thoracic vertebral fracture	0 (0.00%)	2 (8.00%)	2 (3.85%)
Tooth fracture	1 (3.70%)	2 (8.00%)	3 (5.77%)
Investigations			
Blood pressure increased	0 (0.00%)	2 (8.00%)	2 (3.85%)
C-reactive protein increased	1 (3.70%)	2 (8.00%)	3 (5.77%)
Gamma-glutamyltransferase increased	1 (3.70%)	2 (8.00%)	3 (5.77%)
Metabolism and nutrition disorders			
Diabetes mellitus	1 (3.70%)	2 (8.00%)	3 (5.77%)
Musculoskeletal and connective tissue disorders			
Arthralgia	3 (11.11%)	3 (12.00%)	6 (11.54%)
Back pain	0 (0.00%)	5 (20.00%)	5 (9.62%)
Bursitis	3 (11.11%)	1 (4.00%)	4 (7.69%)
Muscle spasms	4 (14.81%)	1 (4.00%)	5 (9.62%)
Osteoarthritis	3 (11.11%)	2 (8.00%)	5 (9.62%)
Osteoporosis	2 (7.41%)	1 (4.00%)	3 (5.77%)

Nervous system disorders			
Dizziness	3 (11.11%)	0 (0.00%)	3 (5.77%)
Headache	4 (14.81%)	3 (12.00%)	7 (13.46%)
Polyneuropathy	2 (7.41%)	0 (0.00%)	2 (3.85%)
Sciatica	1 (3.70%)	2 (8.00%)	3 (5.77%)
Tension headache	1 (3.70%)	2 (8.00%)	3 (5.77%)
Skin and subcutaneous tissue disorders			
Alopecia	2 (7.41%)	1 (4.00%)	3 (5.77%)
Rash	2 (7.41%)	2 (8.00%)	4 (7.69%)
Skin ulcer	2 (7.41%)	0 (0.00%)	2 (3.85%)
Vascular disorders			
Giant cell arteritis	1 (3.70%)	2 (8.00%)	3 (5.77%)
Haematoma	1 (3.70%)	3 (12.00%)	4 (7.69%)
Hypertension	6 (22.22%)	8 (32.00%)	14 (26.92%)

Conclusion:

- Sustained remission until Week 28 was achieved by a higher proportion of patients in the secukinumab group compared to the placebo group; therefore, the primary endpoint was met.
  - The results from the primary endpoint analysis suggest to proceed with the development of secukinumab in this indication as the GO-criteria were satisfied; the observed data indicated that the probability of any effect (RD > 0) as well as the probability of a relevant effect (RD > 0.22) were both > 99%.

  - The primary analysis results were confirmed by supportive analyses including a logistic regression analysis that showed statistical significance in favor of secukinumab.

- Secondary efficacy endpoints supported the primary endpoint findings:
  - Remission at Week 12 was achieved by a higher proportion of patients in the secukinumab group compared to the placebo group.
  - Sustained remission until Week 52 was achieved by a higher proportion of patients in the secukinumab group compared to the placebo group. The median time to GCA flare was not reached in the secukinumab group and was approximately 7 months in the placebo group.
  - Co-administered prednisolone ≤ 5 mg/day was taken by a greater percentage of patients in the secukinumab group than the placebo group at Week 28 and Week 52 suggesting tapering down was facilitated more easily in the secukinumab group.
  - Disease activity and quality of life data generally indicated better responses to treatment in the secukinumab group compared to the placebo group despite large variances in data.

- Secukinumab was considered safe and well tolerated, and the safety profile observed in this study is in line with the established safety profile of secukinumab in the secukinumab clinical development program to date.

Date of Clinical Trial Report

CSR Published Date: 10 February 2022