



## Amplitude

### Status ongoing: active inclusion

s-nummer: S68013

Phase II – III study

Principal Investigator: prof. dr. Kathleen Claes

Title: A Phase 2/3 Adaptive, Double-blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of VX-147 in Adult and Pediatric Subjects With APOLI-mediated Proteinuric Kidney Disease.

Note: Phase 2 completed, dose finding has been decided.

Purpose and rationale: Phase 2 is designed to select a dose of VX-147 and phase 3 is designed to establish the efficacy and safety of the selected dose. The aim is to evaluate the efficacy of VX-147 to reduce proteinuria, and to evaluate the efficacy of VX-147 on renal function as measured by eGFR slope.

Primary endpoint: Percent change in UPCR from baseline at Week 48 (assessed at the interim analysis (IA)) and eGFR slope (with  $\geq 48$  weeks of eGFR data assessed at the IA and at least 2 years of eGFR data assessed at the final analysis)

Medication/treatment: VX-147 (APOLI inhibitor) 45 mg or matching placebo (1:1 randomization). Oral medication taken once daily.

Duration of study: Estimated to be approximately 4 years from start of enrolment to study completion. Consisting of 17 visits of which 4 via a telephone call.

#### Key inclusion criteria:

- APOLI genotype of G1/G1, G2/G2, or G1/G2
- Male and females between the ages of 12 and 65 years
- UPCR of  $\geq 0.7$  g/g and  $< 10$  g/g in the first morning void
- eGFR  $\geq 25$  to  $< 75$  mL/min/1.73 m<sup>2</sup>
- Stable, maximum tolerated labelled dose (at least 4 weeks) of an ACE inhibitor or ARB
- Stable dose for 4 weeks of SGLT2 inhibitors, MRAs or permitted immunosuppression (prednisone  $\leq 10$  mg or steroid equivalent, mycophenolate, tacrolimus or cyclosporine)

#### Key exclusion criteria:

- History of any illness that might confound the results (Solid organ or bone marrow transplantation, cancer, clinical significant active infection, clinical significant liver disease, stroke or MI within 6 months before screening)
- Evidence of FSGS with a known cause other than due to APOLI mutations.
- History of diabetes mellitus
- Abnormal laboratory values: Serum albumin  $< 1$  g/dL; Total bilirubin  $\geq 1.5$ ULN; AST or ALT  $\geq 2$ ULN; Hb  $< 9$  mg/dL.
- Positive for HBsAg, HCV RNA, or positive HIV test
- Blood pressure of  $\geq 180$  mm Hg (systolic) or  $\geq 100$  mm Hg (diastolic).