

Update of COURAGE-ALS: A Phase 3, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate Efficacy and Safety of *Reldesemtiv* in Patients With ALS

Stacy A Rudnicki,¹ Jeremy M Shefner,² Merit E Cudkowicz,³ Angela Genge,⁴ Orla Hardiman,⁵ Ammar Al-Chalabi,⁶ Jinsy A Andrews,⁷ Adriano Chio,⁸ Phillippe Corcia,⁹ Philippe Couratier,¹⁰ Mamede de Carvalho,¹¹ Terry Heiman-Patterson,¹² Robert Henderson,¹³ Caroline Ingre,¹⁴ Wendy Johnston,¹⁵ Albert Ludolph,¹⁶ Nicholas J Maragakis,¹⁷ Timothy M Miller,¹⁸ Jesus S Mora Pardina,¹⁹ Susanne Petri,²⁰ Zachary Simmons,²¹ Leonard H van den Berg,²² Lorne Zinman,²³ Stuart Kupfer,¹ Fady I Malik,¹ Lisa Meng,¹ Jenny Wei,¹ Andrew A Wolff¹

¹Cytokinetics Incorporated, South San Francisco, CA, USA; ²Barrow Neurological Institute, University of Arizona, and Creighton University, Phoenix, AZ, USA; ³Neurological Clinical Research Institute, Massachusetts General Hospital, Boston, MA, USA; ⁴Montreal Neurological Institute, Montreal, QC, Canada; ⁵Academic Unit of Neurology, Trinity Biomedical Sciences Institute, Trinity College, Dublin, Ireland; ⁶King's College, London, UK; ⁷The Neurological Institute of New York, Columbia University Irving Medical Center, New York, NY, USA; ⁸University of Turin, Turin, Italy; ⁹Centre de Référence SLA, CHU Bretonneau, Tours, France; ¹⁰ALS Centre CHU Dupuytren, Neurology Department, Limoges, France; ¹¹University of Lisbon Faculty of Medicine, Institute of Physiology, Institute of Molecular Medicine, Department of Neurosciences - Centro Hospitalar Universitário Lisboa Norte, Lisboa, Portugal; ¹²Neurology Lewis Katz School of Medicine at Temple University, Philadelphia, PA, USA; ¹³ATH - Associate Professor, UQ Centre for Clinical Research, The University of Queensland, Brisbane, Australia; ¹⁴Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden; ¹⁵University of Alberta, Edmonton, AB, Canada; ¹⁶UULM Clinic of Neurology, Ulm University, Ulm, Germany; ¹⁷School of Medicine, Johns Hopkins University, Baltimore, MD, USA; ¹⁸Washington University School of Medicine, St. Louis, MO, USA; ¹⁹ALS Unit, Hospital San Rafael, Madrid, Spain; ²⁰Hannover Medical School, Hannover, Germany; ²¹Neurology, Penn State Health Milton S Hershey Medical Center, Hershey, PA, USA; ²²UMC Utrecht Brain Center, Netherlands ALS Centre, University Medical Center Utrecht, Department of Neurology, Utrecht, Netherlands; ²³Sunnybrook Health Sciences Centre, Toronto, ON, Canada

CLT-15

BACKGROUND

Reldesemtiv

- Reldesemtiv* is a selective, small molecule, fast skeletal muscle troponin activator that sensitizes the sarcomere to calcium by increasing the affinity of troponin for calcium

FORTITUDE-ALS

- FORTITUDE-ALS (NCT03160898) was a 12-week, Phase 2, double-blind trial in which patients with amyotrophic lateral sclerosis (ALS) were randomized to 1 of 3 *rel-desemtiv* orally administered doses or placebo¹
 - Key eligibility criteria were diagnosis of ALS \leq 24 months before the trial and slow vital capacity (SVC) at screening \geq 60% of predicted
 - No restrictions were placed on patients' ALS Functional Rating Scale-Revised (ALSFRS-R) scores (total or single item) or pre-study disease progression
- Trial results showed *rel-desemtiv* was well tolerated; with nausea and fatigue being the most common side effects
 - A dose-dependent decrease in estimated glomerular filtration rate was noted, and transaminase elevations were seen in ~5% of patients; both hepatic and renal abnormalities trended toward resolution after study drug discontinuation
- The primary efficacy analysis (change in SVC from baseline to Week 12) did not achieve statistical significance; nevertheless, post hoc analyses pooling all active *rel-desemtiv*-treated patients versus placebo showed trends toward benefit in all endpoints (progression rate for SVC, ALSFRS-R, and muscle strength)
 - Further post hoc analyses suggested that treatment effects might be more apparent in patients with shorter duration of symptoms and lower baseline ALSFRS-R scores; that is, faster rates of disease progression before the study¹
- In clinical trials, including a higher proportion of patients with faster pre-study disease progression could increase trial efficiency and sensitivity to detect a treatment effect

COURAGE-ALS

- COURAGE-ALS (Clinical Outcomes Using *Reldesemtiv* on ALSFRS-R in a Global Evaluation in ALS, also known as CY 5031 or NCT04944784) is a randomized, double-blind, placebo-controlled, Phase 3 trial
- The trial was designed to evaluate the effect of *rel-desemtiv* versus placebo on functional outcomes and a joint rank test of function, respiratory insufficiency, and survival in patients with ALS
- In light of the FORTITUDE-ALS data, different eligibility criteria were applied to COURAGE-ALS, with the aim of enrolling a higher proportion of patients with moderate to fast disease progression

OBJECTIVES

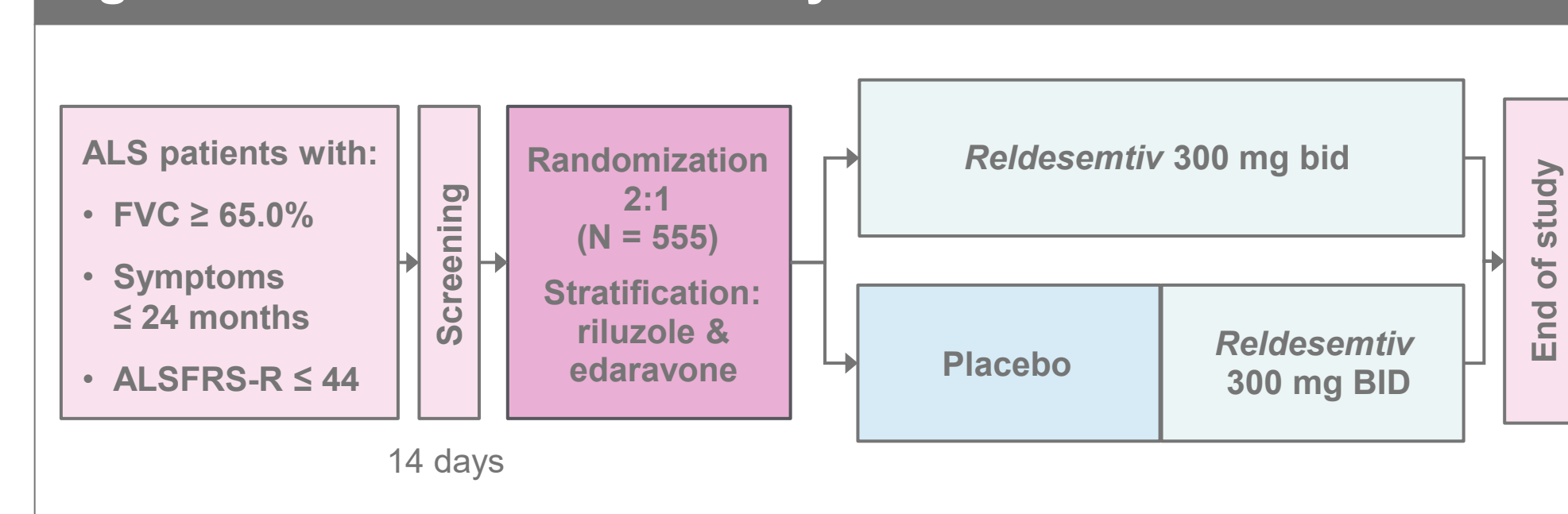
- Compare baseline characteristics of patients enrolled in FORTITUDE-ALS with patients enrolled, as of 29 October 2021, in COURAGE-ALS
- Determine if, at this early stage of the trial enrollment period, targeted inclusion criteria have achieved the intended goal to minimize (but not exclude) enrollment of patients with slower pre-study disease progression
 - Targeted criteria were symptom duration of \leq 24 months and a maximum total score of 44 on the ALSFRS-R

TRIAL UPDATE

COURAGE-ALS Study Design Overview

- Key inclusion criteria for COURAGE-ALS (Figure 1) include symptom onset within 24 months, ALSFRS-R total score of \leq 44, and upright forced vital capacity (FVC) \geq 65% of predicted for age, height, and sex
- Stable doses of riluzole and/or edaravone are permitted, with randomization stratified accordingly
- Participants (planned enrollment = 555) are randomized 2:1 to *rel-desemtiv* 300 mg orally twice daily or placebo for 24 weeks; all patients then receive open-label *rel-desemtiv* for an additional 24-week period

Figure 1. COURAGE-ALS study schematic



ALSFRS-R, ALS Functional Rating Scale-Revised; BID, twice daily; FVC, forced vital capacity

Trial Status

- The first patient enrolled in COURAGE-ALS in August 2021
- At the data cut-off on 29 October 2021, 27 patients had enrolled

Patient Characteristics

- Table 1 shows characteristics of patients enrolled to date in COURAGE-ALS alongside the FORTITUDE-ALS population

Pre-Study Disease Progression Rate (PSDPR)

- The ALS pre-study disease progression rate (PSDPR) was estimated with the formula:

$$\frac{48 - (\text{ALSFRS-R total score at baseline})}{\text{Duration of ALS symptoms in months}}$$

- Progression categories were defined by PSDPR tertiles of patients in FORTITUDE-ALS:
 - Slow progressors \leq 0.37 points per month
 - Middle progressors >0.37–0.67 points per month
 - Fast progressors >0.67 points per month
- For patients enrolled to date in COURAGE-ALS, we determined the proportion in each of these PSDPR categories (Figure 2)

Table 1. Patient demographics and characteristics

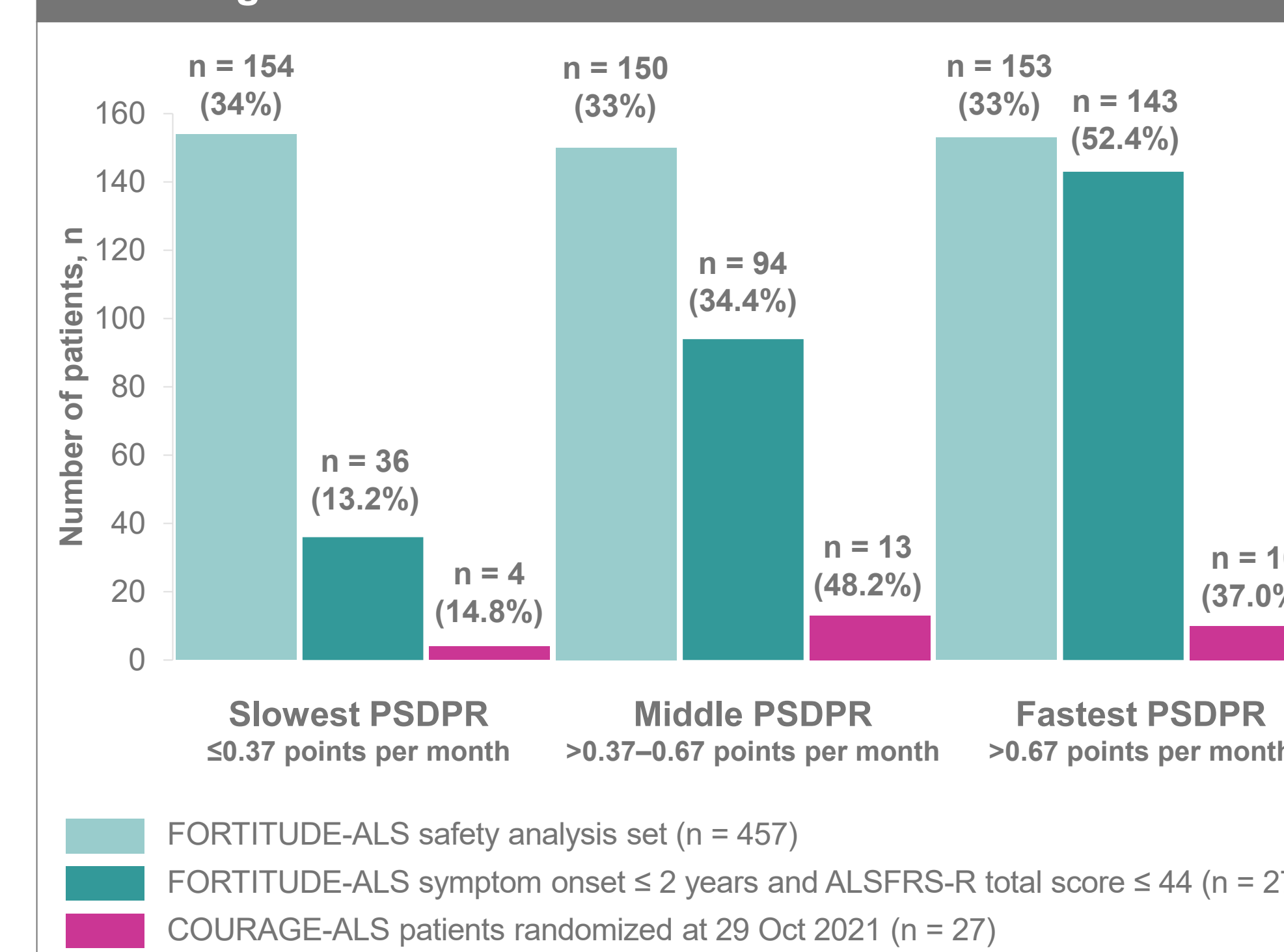
	FORTITUDE-ALS (n = 457) (full study enrollment)	COURAGE-ALS (n = 27) (at 29 Oct 2021)
Age, years, mean \pm SD	58.7 \pm 10.7	62.7 \pm 12.8
Male, n (%)	277 (60.6)	15 (55.6)
ALSFRS-R total score, mean \pm SD	37.4 \pm 5.5	37.1 \pm 3.9
Vital capacity (% predicted), mean \pm SD*	84.7 \pm 15.3	87.7 \pm 14.8
Months since diagnosis, mean \pm SD	8.6 \pm 6.1	8.0 \pm 6.0
Months since 1st symptom, mean \pm SD	22.8 \pm 19.1	16.7 \pm 6.8
ALS site of onset: bulbar, n (%)	87 (19.0)	6 (22.2)
ALS family history: yes, n (%)	53 (11.6)	1 (3.7)
ALS therapies, n (%)†		
On riluzole alone	258 (56.5)	15 (55.6)
On edaravone alone, n (%)	19 (4.2)	1 (3.7)
On riluzole & edaravone, n (%)	94 (20.6)	10 (37.0)

*Slow vital capacity in FORTITUDE-ALS; forced vital capacity in COURAGE-ALS.

†One patient in COURAGE-ALS was on neither riluzole or edaravone.

ALSFRS-R, ALS Functional Rating Scale-Revised; SD, standard deviation

Figure 2. Distribution to date of patients in COURAGE-ALS according to PSDPR tertiles defined in FORTITUDE-ALS



Descriptive statistics only. Percentages for the 3 groups, respectively, show the proportion of the FORTITUDE-ALS safety analysis set (all patients who received \geq 1 study drug dose), the FORTITUDE-ALS subgroup who had symptom onset \leq 2 years and ALSFRS-R total score \leq 44, and the COURAGE-ALS population randomized as of 29 October 2021.

ALSFRS-R, ALS Functional Rating Scale-Revised; PSDPR, pre-study disease progression rate

SUMMARY

- The COURAGE-ALS trial has been undertaken to provide clear evidence as to whether a fast skeletal troponin activator can have a meaningful role in the treatment of patients with ALS
- The trial began enrolling patients in August 2021, and 27 patients had enrolled as of 29 October 2021
- Following results from the Phase 2 FORTITUDE-ALS trial, the Phase 3 COURAGE-ALS trial was designed with different entry criteria
 - The aim was to minimize (but not exclude) the proportion of participants with more slowly progressing disease (defined as a PSDPR of $<$ 0.37 points per month) and to increase the proportion with moderate or fast pre-study disease progression (defined as \geq 0.37 points per month)
 - Adjustments to entry criteria to achieve this included limiting ALS symptom onset to 24 months before starting the trial and setting the maximum screening ALSFRS-R total score to 44 points

CONCLUSIONS

- In this very early analysis of the limited patient population who have enrolled thus far in COURAGE-ALS, it appears that adjusting the inclusion criteria is achieving the planned goal of increasing the proportion of patients with moderate and fast pre-study disease progression rates as compared with FORTITUDE-ALS
 - Once the study is fully enrolled, we will be able to ascertain if that shift has been maintained throughout the trial

References

- Shefner JM et al. Amyotroph Lateral Scler Frontotemporal Degener 2021;22: 287-99.

Acknowledgments

FORTITUDE-ALS was conducted by Cytokinetics, Incorporated in collaboration with Astellas Pharma Inc.

COURAGE-ALS is being conducted by Cytokinetics, Incorporated with co-funding from Astellas Pharma Inc.

We wish to thank the participants and their families for their contributions to these clinical trials, the investigators, and members of the Data Monitoring Committees and Steering Committees.

Editorial support was provided by Geraldine Thompson on behalf of Engage Scientific Solutions, Horsham, UK, and was funded by Cytokinetics, Incorporated.