# Joint Space Width Inclusion Criteria Can Reduce Knee Osteoarthritis Trial Heterogeneity: Post-Hoc Data from a Phase 2 Trial of Wnt Pathway Inhibitor, SM04690

### Philip Conaghan<sup>1</sup>, Jeyanesh R.S. Tambiah<sup>2</sup>, Christopher J. Swearingen<sup>2</sup>, Sarah Kennedy<sup>2</sup>, Mike Bowes<sup>3</sup>, Alan Brett<sup>3</sup>, and Christian Lattermann<sup>4</sup> <sup>1</sup>University of Leeds, Leeds, UK <sup>2</sup>Samumed, LLC, San Diego, CA <sup>3</sup>Imorphics, Manchester, UK <sup>4</sup>University of Kentucky, Lexington, KY

# Background

- Kellgren-Lawrence (KL) radiographic grading is used to classify knee osteoarthritis (OA) but may not accurately reflect disease progression.<sup>1</sup>
- Classifying subjects by baseline medial joint space width (mJSW) instead may be more specific and identify a more homogeneous clinical trial population.<sup>2</sup> This hypothesis was assessed in a post-hoc analysis of a phase 2, 52-week, randomized controlled trial of SM04690, a small molecule Wnt pathway inhibitor and potential disease modifying knee OA drug (DMOAD; clinicaltrials.gov identifier NCT02536833). A subgroup (n=258) with baseline mJSW of 2-4 mm was compared with the intent-to-treat (ITT) population.

## Methods

- 455 subjects with KL grades 2-3 knee OA were randomized to receive a single, 2 mL, intra-articular injection of 0.03 mg, 0.07 mg, or 0.23 mg SM04690 or placebo (PBO) into their target (most painful) knee at Day 0.
- Radiographs (PA, QuAP<sup>™</sup> positioned) were taken at Weeks 0 and 52. A blind read, fixed, landmark-based methodology was used to measure mJSW.

# Results

# Figure 1. Selecting mJSW [2-4] mm group resulted in reduced heterogeneity compared with other groups



- Baseline heterogeneity was assessed with 'box and whisker' plots.
- A post-hoc, exploratory analysis of a subgroup (n=258) with baseline mJSW [2-4] mm was compared between groups (ITT, KL 2, KL 3, mJSW [2-4] mm).
- Standardized response means (SRMs) were calculated by dividing mJSW mean change from baseline by standard error.
- Baseline-adjusted ANCOVA with multiple imputation was used to compare treatment with PBO.

Results							
Table 1. Demographic characteristics among the ITT Population							
		0.03 mg	0.07 mg	0.23 mg	PBO	All subjects	
Ν		112	117	110	116	455	
Age at consent (years) [mean (SD)]		59.0 (9.0)	60.0 (8.2)	61.3 (8.7)	60.7 (8.9)	60.3 (8.7)	
BMI (kg/m²) [mean (SD)]		29.8 (4.8)	30.8 (4.7)	29.6 (4.5)	29.2 (4.4)	29.9 (4.6)	
Female [n(%)]		68 (60.7%)	60 (51.3%)	68 (61.8%)	72 (62.1%)	268 (58.9%)	
Race [	'n(%)]						
	White	92 (82.1%)	102 (87.2%)	96 (87.3%)	102 (87.9%)	392 (86.2%)	
	African-American	18 (16.1%)	14 (12.0%)	12 (10.9%)	10 (8.6%)	54 (11.9%)	
	Asian	1 (0.9%)	0	2 (1.8%)	0	3 (0.7%)	
Kellgren-Lawrence grade 3 [n(%)]		74 (66.1%)	74 (63.2%)	70 (63.6%)	74 (63.8%)	292 (64.2%)	
Unilatoral aumotamatia $OA [n/0/1]$		15 (10 20/)	25 (20 00/)		20 (22 60/)	161 (26 00/)	

**Figure 1.** Box and whisker plot of baseline mJSW in ITT, by KL 2, KL 3, and ITT restricted within 2-4 mm. **Interior bar**: Median; **Box**: Interquartile [25<sup>th</sup>-75<sup>th</sup>] range; **Whisker**: 1.5x interquartile range. **Interior symbol**: Mean; **Exterior symbol**: Outlier.

### Figure 2. mJSW [2-4] mm group showed increased SRMs compared with most other groups

Unhateral symptomatic UA [n(%)]

43(40.2%) 33(29.9%) 43(40.9%)

39 (33.0%) 104 (30.0%)



Table 2. Baseline and change in mJSW by treatment and analysis group

ITT mJSW							
	0.03 mg	0.07 mg	0.23 mg	PBO			
Ν	112	117	110	116			
Baseline (mm) [mean (SE)]	3.42 (0.12)	3.45 (0.10)	3.06 (0.12)	3.31 (0.13)			
Week 52 change from baseline	-0.04 (0.06)	-0.09 (0.06)	-0.16 (0.07)	-0.14 (0.06)			
Week 52 compared with PBO	0.10 (0.09)	0.06 (0.09)	-0.02 (0.09)	_			

Kellgren-Lawrence grade 2 mJSW						
	0.03 mg	0.07 mg	0.23 mg	PBO		
Ν	38	43	39	41		
Baseline (mm) [mean (SE)]	3.94 (0.20)	4.07 (0.16)	3.82 (0.14)	3.92 (0.17)		
Week 52 change from baseline	0.09 (0.11)	-0.12 (0.09)	-0.08 (0.09)	-0.14 (0.11)		
Week 52 compared with PBO	0.22 (0.16)	0.02 (0.15)	0.05 (0.14)	_		

	Kellgren-Lawre	nce grade 3 mJSW					
	0.03 mg	0.07 mg	0.23 mg	PBO			
Ν	74	74	70	74			
Baseline (mm) [mean (SE)]	3.15 (0.14)	3.09 (0.12)	2.68 (0.15)	3.00 (0.16)			
Week 52 change from baseline	-0.10 (0.08)	-0.07 (0.09)	-0.22 (0.09)	-0.14 (0.08)			
Week 52 compared with PBO	0.04 (0.12) 0.08 (0.12) -0.08 (0.13)		-0.08 (0.13)	_			
mJSW [2-4] mm*							
	0.03 mg	0.07 mg	0.23 mg	PBO			
Ν	56	72	65	65			
Baseline (mm) [mean (SE)]	3.12 (0.09)	3.05 (0.06)	2.98 (0.07)	2.99 (0.07)			
Week 52 change from baseline	-0.03 (0.08)	-0.03 (0.08)	-0.16 (0.09)	-0.22 (0.09)			
Week 52 compared with PBO	0.19 (0.13)	0.19 (0.12)	0.06 (0.13)	_			

**Figure 2.** Ladder plots from baseline-adjusted ANCOVA compared treatment with PBO at Week 52 with SRMs reported as favoring SM04690.

‡0.13 mm is radiographic minimal detectable difference.<sup>3</sup> δ : SRM

### Conclusions

• In this post-hoc analysis conducted among a subgroup with 2-4 mm mJSW at baseline, mJSW changes

\*Group classification based upon observed, non-imputed baseline mJSW

beyond radiographic measurement error (>0.13 mm)<sup>3</sup> were observed with 0.03 mg and 0.07 mg SM04690 groups compared with PBO, suggesting baseline cartilage thickness is an important determinant for detection of change.

- A less heterogenous baseline reduces measurement variability, which may reduce the required population size in a clinical trial while maintaining statistical power.
- Future trials using radiography to assess structure modification in knee OA should consider mJSW [2-4] mm as a specific inclusion criterion.

#### References

Kohn MD, et al. *Clin Orthop Relat Res.* 2016;474:1886-93.
Bowes M, et al. *Ann Rheum Dis.* 2017;76:119-20.
Dupuis DE, et al. *Osteoarthritis Cartilage.* 2003;11:716-24.



**Poster# 518**