A Phase 2, six-month, randomized, active-controlled, safety and efficacy study of TransCon hGH compared to daily hGH in children with Growth Hormone Deficiency (GHD)

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Background
TransCon hGH is a long-acting prodrug of recombinant human Growth Hormone (rhGH) that releases fully active unmodified rhGH into the blood compartment. In Phase 1 and Phase 2 AGHD studies, TransCon hGH was shown to:
1) Be safe and well tolerated,
2) Be suitable for a once-weekly dosing regimen,
3) Provide a pharmacokinetic (PK) hGH and pharmacodynamic (PD) IGF-I response comparable to daily hGH treatment throughout the dosing period.

This pediatric Phase 2 clinical study was designed to investigate the safety, efficacy, pharmacokinetics and pharmacodynamics of TransCon hGH compared to daily hGH over a treatment period of six months. Tophine data of the full analysis set are reported in this poster.

Results - Growth
Annualized height velocities among the three once-weekly TransCon hGH doses ranged from 11.9 cm for the 0.14 mg rhGH/kg/week dose to 13.9 cm for the 0.30 mg rhGH/kg/week dose, which were comparable to 11.6 cm for the active comparator, daily injections of Genotropin® at a cumulated dose of 0.21 mg rhGH/kg/week.

Results - PK/PD
A full PK/PD profile was established in week 13. Maximum hGH blood concentration is comparable between equivalent weekly doses of TransCon Growth Hormone and daily hGH (Figure 3). IGF-I levels (SDS) increased dose-proportionally and was normalized for all dose groups (Figure 4) following dosing of the three TransCon Growth Hormone dose levels.

Safety
No safety concerns were observed. Injection site reactions have generally been mild and similar to what is expected with daily hGH injections, with no nodule formation or lipatrophy noted.

Conclusion
The results of this Phase 2 study in pediatric patients with GHD confirms the safety, tolerability and the suitability of TransCon hGH for once-weekly dosing. An equivalent dose-level to daily hGH demonstrated numerically higher growth rates compared to daily hGH treatment. No drug-related SAEs occurred, no lipatrophy or nodule formation was seen. IGF-I changes suggest a dose response and levels are in the expected range.

Demographics

<table>
<thead>
<tr>
<th></th>
<th>All subjects</th>
<th>0.14 mg rhGH/kg/week</th>
<th>0.21 mg rhGH/kg/week</th>
<th>0.30 mg rhGH/kg/week</th>
<th>0.34 mg rhGH/kg/week</th>
</tr>
</thead>
<tbody>
<tr>
<td># Subjects</td>
<td>53</td>
<td>12</td>
<td>14</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td>8.0 (2.5)</td>
<td>8.2 (2.9)</td>
<td>8.4 (2.1)</td>
<td>7.5 (2.8)</td>
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<tr>
<td>Height SDS</td>
<td></td>
<td>-3.1 (0.9)</td>
<td>-3.1 (1.1)</td>
<td>-2.8 (0.4)</td>
<td>-3.2 (1.3)</td>
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<tr>
<td>GH Stimulation Test* (nmol/L)</td>
<td></td>
<td>5.0 (2.8)</td>
<td>5.1 (2.3)</td>
<td>5.2 (2.6)</td>
<td>4.4 (2.8)</td>
</tr>
<tr>
<td>IGF-I SDS</td>
<td></td>
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<td>-2.0 (0.7)</td>
<td>-2.0 (0.8)</td>
<td>-2.2 (1.7)</td>
</tr>
</tbody>
</table>

* The higher peak of the two performed GH stimulation tests was used for calculation of the mean.