Abbreviated Clinical Study Report	
Drug substance	Tesaglitazar
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Study code	D6160C00056
Date	28 May 2008

A Long-Term, Post Treatment, Safety Follow-Up, Multi-Centre Study in Patients with Type 2 Diabetes Mellitus from the GALLANT, GALLEX or ARMOR Studies

G-PLUS (GALLANT, GALLEX and ARMOR – Post Treatment Long-Term Follow-Up Study)

Abbreviated Clinical Study Report

Study dates: First patient enrolled: 12 September 2005
Last patient discontinued: 28 December 2006

Phase of development: Therapeutic confirmatory (III)

This study was performed in compliance with Good Clinical Practice.

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Drug product	Galida	**SYNOPSIS**	
Drug substance(s)	Tesaglitazar		
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Study centres

The study included 162 study centres in Australia, Belgium, Canada, Czech Republic, Finland, France, Germany, Hong Kong, Hungary, India, Indonesia, Israel, Netherlands, Norway, Philippines, Poland, Serbia and Montenegro, Singapore, Slovakia, South Africa, Spain, Sweden, United Kingdom (UK) and the United States of America (USA).

Publications

None at the time of writing this report.

Study dates		**Phase of development**
First patient enrolled	12 September 2005	Therapeutic confirmatory (III)
Last patient discontinued	28 December 2006	

* Note: The GALIDA studies (which included G-PLUS) were terminated prematurely because AstraZeneca discontinued the tesaglitazar development programme as the overall benefit/risk profile was unlikely to offer patients significant advantage over current available therapy.

Objectives

Primary objective

To investigate post-treatment safety of patients with type 2 diabetes, who received randomised treatment in any of the treatment studies, GALLANT, GALLEX or ARMOR by:

- Evaluating medical events and physical examination at 12 months and 24 months post-treatment in patients who received randomised treatment for at least 24 weeks in the treatment study or who discontinued due to the presence of pre-defined laboratory or clinical findings,

- Evaluating 12 weeks post-treatment laboratory safety data, adverse events (AEs), physical examination and weight in patients who completed a GALLANT study in countries not participating in any of the GALLEX studies and

- Evaluating 12 weeks post-treatment laboratory safety data, AEs, cardiac evaluation, physical examination and weight in patients with pre-defined laboratory or clinical findings.

Study design

This was a long-term, multi-centre, safety follow-up study to assess post-treatment safety, at 12 months and 24 months, in patients with type 2 diabetes after participating in the Phase II/III studies ARMOR, GALLANT or GALLEX. The 12 month and 24 month follow-up are referred to as the Long-Term Follow-Up. In addition, selected patients had an additional 12-week post-treatment follow-up visit (including laboratory evaluation and recording of AEs) referred to as the Short-Term Follow-Up.

Patients selected for Short-Term Follow-up were:

- Patients who completed a GALLANT study in a country not participating in any of the GALLEX studies and/or

- Patients with pre-defined laboratory or clinical findings.

Due to the additional Short-Term Follow-Up patients were divided into 2 groups.

- Group 1 participated in both the Short-Term and Long-Term Follow-Ups and thus attended 8 visits (Visit 1 to Visit 8 [all visits]) or

- Group 2 participated only in Long-Term Follow-Up and attended 7 visits (all visits except Visit 2).

The intention of G-PLUS was to summarize long term data post tesaglitazar treatment compared with patients not previously treated with tesaglitazar in an attempt to detect any potential adverse effects not identified during randomized treatment. However, as the

tesaglitazar development program was terminated prematurely, the actual observation time was considerably shorter than planned. Patients entering the G+ study were not randomized but self-selecting in nature, i.e. completed earlier trials, and no study drug was administered. A decision was therefore taken to summarize data in this report without reference to earlier treatment regimens.

Target patient population and sample size

Men and women with type 2 diabetes, who received randomised treatment for at least 24 weeks in a ARMOR, GALLANT or GALLEX study, or those who had pre-defined laboratory or clinical findings in an ARMOR, GALLANT or GALLEX study.

Investigational product and comparator(s): dosage, mode of administration and batch numbers

No investigational product was dispensed to or taken by any patient for the duration of G-PLUS.

Duration of treatment

Not applicable.

Criteria for evaluation (main variables)

Safety

The primary outcome variables (applicable to Group 1 and Group 2 patients) were medical events, physical examination findings, cardiac evaluation and New York Heart Association (NYHA) classification. Additional primary outcome variables were only applicable to patients in Short-Term Follow-Up (Group 1 [Visit 2]) and included AEs, clinical laboratory evaluation, electrocardiogram (ECG), echocardiography and the 6-minute walk test.

Statistical methods

Safety laboratory data from patients participating in the Short-Term Follow-Up were described by summary statistics and other methods, as appropriate. The AEs were tabulated. Other safety-related variables, such as medical events, physical examinations, cardiac evaluation and ECG, were summarised by descriptive statistics, tabulations, and listings. A detailed description of methods used during the analyses is presented in the Statistical Analysis Plan (12 October 2007) (Appendix 12.1.1), which was finalised before database lock.

Patient population

A total of 469 patients enrolled in G-PLUS, 464 (98.9%) patients were included in the Safety analysis set and 326 (69.5%) completed the study.

Efficacy results

The primary focus of this study was to assess the long-term post-treatment safety of the investigational product used in the ARMOR, GALLANT or GALLEX studies, subsequently no efficacy analysis was performed and no Intent to Treat or Per Protocol analysis sets were defined.

Safety results

No patients died before Visit 2. Patient E2115005 died due to a carcinoid tumour of the pancreas and Patient E3125001 fulfilled a study-specific discontinuation criterion, previous enrollment in G-PLUS. Ten (3.0%) patients in Group 1 presented with SAEs. However, no SAE was considered causally related to the previously administered investigational product by the Investigator.

Abnormal laboratory findings were noted during the follow up study. There was no emerging safety signal or new events considered related to previous randomized treatment.