Clinical Trial Review Board Meeting
Agenda Item Meeting Minutes

Date: 19 February 2004

Agenda Item: Double-blind, placebo-controlled, dose determination, efficacy, safety, and tolerability study of BG00012 in patients with relapsing remitting MS

Support: * **Support with Minor Revisions:** *

Not Support: * **Rework Required:** X

Attendees: The following people were present during the discussion of the above-referenced agenda item.

TITLE	NAME or NAME OF DESIGNEE	PRESENT
Clinical Project Manager	[redacted]	Yes
CTRB Chairperson	Carmen Bozic	Yes
Medical Director	Gilmore O'Neill	Yes
Medical Writer	[redacted]	Yes
Vice President, Drug Safety and Medical Information	[redacted]	Yes
Senior Vice President, Medical Research	[redacted]	Yes
Senior Vice President, Regulatory Affairs	[redacted]	No
Vice President, Biometrics and Data Management	[redacted]	No
Vice President, Preclinical and Clinical Development Sciences	[redacted]	No
Other(s)	[redacted] Minhua Yang, [redacted] Al Sandrock, [redacted], Cara Lansden [redacted]	

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Summarized Discussion

- Gilmore O'Neill presented the concept to the CTRB. Four options were included in the presentation as shown in the table below:

Option	Dosing Regimes					
#1		240 mg/day 2 div dose	360 mg/day 3 div dose	480 mg/day 2 div dose	720 mg/day 3 div dose	
#2	120 mg/day Single dose		360 mg/day 3 div dose	480 mg/day 2 div dose	720 mg/day 3 div dose	
#3	120 mg/day Single dose		360 mg/day 3 div dose		720 mg/day 3 div dose	
#4					720 mg/day 3 div dose	1080 mg/day 3 div dose

The discussion focused on Options 1, 2, and 3. Option 4 was discarded.

- Dosing emerged as the most critical issue. Option 2 appeared confusing to some CTRB members. Commercial representatives were not in favor of a 240 mg dose because this dose might affect the marketing strategy of the 720 mg dose under development for psoriasis. Regulatory representatives were concerned that bypassing a 240 mg dose might raise questions with regulatory agency reviewers. Research representatives felt that a true dose ranging study was only reflected in Option 3, or possibly adding a 120 mg arm to Option 1.
- Reformulation of study drug was discussed (i.e., developing a 60 mg capsule in addition to the 120 mg capsule now available). However, this was thought to be not possible due to time constraints.
- BID dosing was discussed and it was thought that this dosing regimen was beneficial on many different levels.

Summarized Action Plan

- The concept was not approved. The team was instructed to seek alignment amongst the different interests (i.e., research and commercial) and reconvene an ad hoc CTRB a soon as possible, preferably the week of February 23rd, with an updated and agreed upon study design.