

1. Executive Summary & Key Messages

Indication: Immunology-F

Modality: monoclonal antibody

Formulation/Route: vial for infusion / intravenous

Planned regimen (synthetic): 3 mg/kg Q4W

Key messages:

- Immunara is being developed for Immunology-F.
- Primary endpoint: Change from baseline in Symptom Score at Week 12.
- Primary result: LS mean difference -1.86 (Drug – Placebo), p=0.037.
- Safety: common AEs include Upper respiratory infection, Headache, Rash.

2. Background & Unmet Need

Immunology-F is associated with persistent symptoms and variable response to standard therapy. This synthetic briefing book is structured to support retrieval-augmented generation (RAG) practice.

Document governance (synthetic):

- Document version: v2.8
- Program identifier: AMGN-D009-302
- Intended use: internal training / prototype only

3. Mechanism of Action

Proposed mechanism: ligand neutralizing antibody.

MOA summary: Neutralizes a circulating ligand to reduce pathway activation.

Biology notes (synthetic):

- Target pathway is assumed disease-relevant for training purposes.
- Biomarker shifts are described as supportive evidence in later pages.

4. Study Design

Trial: AMGN-D009-302 (Phase 2), randomized, double-blind, placebo-controlled (synthetic).

Population: Adults with moderate-to-severe Immunology-F with inadequate response to standard therapy.

Arms:

- Arm: Immunara 3 mg/kg Q4W, n=214
- Arm: Placebo, n=206

Key inclusion criteria:

- Confirmed diagnosis per protocol definition
- Baseline disease activity above threshold
- Stable background therapy for ≥4 weeks

Key exclusion criteria:

- Severe uncontrolled comorbidity (per protocol)
- Recent major surgery within 12 weeks
- Known hypersensitivity to components

5. Endpoints & Analysis Overview

Primary endpoint: Change from baseline in Symptom Score at Week 12

Secondary endpoint: Time to flare through Week 24

Analysis notes (synthetic):

- Primary analysis uses an intention-to-treat estimand.
- Missing data handled via multiple imputation (illustrative).
- Multiplicity control via hierarchical testing (illustrative).

6. Efficacy Results

Primary outcome:

- Result: LS mean difference -1.86 (Drug – Placebo)
- 95% CI: [-2.26, -1.46]
- p-value: 0.037

Secondary outcome:

- Interpretation: Numerically favored active arm; supportive trend

Discontinuations:

- Overall discontinuation rate (synthetic): 11.1%

7. Safety Summary (TEAEs)**Safety overview (synthetic):**

- Serious AE rate: 3.0%
- Discontinuation due to AE: 1.1%

Common adverse events listed below.

Common TEAEs (synthetic)

Adverse Event	Rate (%)
Upper respiratory infection	11.8
Headache	8.1
Rash	8.0
Arthralgia	6.3
Diarrhea	6.2
Nausea	6.8

8. Dosing & Administration

Route: intravenous

Formulation: vial for infusion

Regimen: 3 mg/kg Q4W

Administration notes (synthetic):

- Missed dose: take as soon as remembered unless near next scheduled dose.
- Storage: controlled room temperature unless specified otherwise.
- Concomitant therapy: per protocol allowances.

9. Contraindications, Warnings & Monitoring

Contraindications:

- Known hypersensitivity to active substance or excipients.

Warnings/Precautions:

- Monitor for hypersensitivity reactions.
- Assess for infection risk in susceptible patients.
- Consider hepatic monitoring if clinically indicated.

Monitoring recommendations (synthetic):

- Baseline labs per protocol (CBC, CMP)
- Periodic assessment of liver enzymes
- Clinical monitoring for infections

10. Appendix: Abbreviations & Traceability

Abbreviations:

- AE: Adverse event
- SAE: Serious adverse event
- TEAE: Treatment-emergent adverse event
- ITT: Intention-to-treat

Traceability fields (synthetic):

- Drug ID: D009
- Trial ID: AMGN-D009-302
- Document version: v2.8
- Date: 2025-12-26

Note: This document is synthetic and intended only for RAG/agent practice.