

## 1. Executive Summary & Key Messages

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Indication: Metabolic-D

Modality: small molecule

Formulation/Route: tablet / oral

Planned regimen (synthetic): 150 mg BID

### **Key messages:**

- Glucomet is being developed for Metabolic-D.
- Primary endpoint: Change from baseline in Symptom Score at Week 12.
- Primary result: LS mean difference -1.37 (Drug – Placebo),  $p=0.019$ .
- Safety: common AEs include Arthralgia, Elevated ALT, Diarrhea.

## 2. Background & Unmet Need

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Metabolic-D 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: v2.9
- Program identifier: AMGN-D007-201
- Intended use: internal training / prototype only

### **3. Mechanism of Action**

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Proposed mechanism: bispecific immune modulator.

MOA summary: Engages two targets to rebalance immune signaling.

**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

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Trial: AMGN-D007-201 (Phase 2), randomized, double-blind, placebo-controlled (synthetic).

Population: Adults with moderate-to-severe Metabolic-D with inadequate response to standard therapy.

**Arms:**

- Arm: Glucomet 150 mg BID, n=168
- Arm: Placebo, n=139

**Key inclusion criteria:**

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

**Key exclusion criteria:**

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

## **5. Endpoints & Analysis Overview**

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

Secondary endpoint: Durable response at 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**

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**Primary outcome:**

- Result: LS mean difference -1.37 (Drug – Placebo)
- 95% CI: [-1.77, -0.97]
- p-value: 0.019

**Secondary outcome:**

- Interpretation: Did not meet prespecified significance threshold

**Discontinuations:**

- Overall discontinuation rate (synthetic): 10.4%

7. Safety Summary (TEAEs)

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**Safety overview (synthetic):**

- Serious AE rate: 5.1%
- Discontinuation due to AE: 2.8%

Common adverse events listed below.

**Common TEAEs (synthetic)**

Adverse Event	Rate (%)
Arthralgia	12.2
Elevated ALT	11.0
Diarrhea	9.6
Headache	8.2
Nausea	5.4
Rash	4.6

## **8. Dosing & Administration**

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Route: oral

Formulation: tablet

Regimen: 150 mg BID

### **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**

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### **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**

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**Abbreviations:**

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

**Traceability fields (synthetic):**

- Drug ID: D007
- Trial ID: AMGN-D007-201
- Document version: v2.9
- Date: 2025-12-26

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