

Supplemental Material

Supplement to:

Locatelli F, Hannedouche T, Fishbane S, et al.

Cardiovascular Safety and All-Cause Mortality of Methoxy Polyethylene Glycol-Epoetin Beta Versus and Other Erythropoiesis-Stimulating Agents in Renal Anemia of Chronic Kidney Disease: A Randomized Trial

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Supplemental Appendix 1: List of investigators

Argentina: Carlos Najun Zarazaga, Norma Garrote, Mariano Alpino, Jorge Emilio Lobo

Australia: Simon Roger, Mathew Mathew, Randall Faull, Peter Kerr, Ashley Irish, Johan Rosman, Balaji Hiremagalur, Murty Mantha, John Killen

Belgium: Kathleen Claes, Koenraad Stas, Annemie Dhondt, Raymond Vanholder, Patricia Van Der Niepen, Bart Maes

Brazil: Elias David Neto, Valter Garcia, Irene Noronha, Rachel Bregman, Roberto Flavio Pecoits Filho, Jose Luis Bevilacqua, Maria Da Graca Marabezi, Domingos Otavio D'avila, Maria Eugenia Canziani, Marcus Bastos.

Croatia: Petar Kes, Nikolina Basic Jukic, Marko Jakic, Dragan Ljutic, Sanjin Racki, Zarko Belavic, Vlasta Kupres, Dragan Klaric

Czech Republic: Sylvie Dusilova-Sulkova, Roman Safranek, Ivo Valkovsky, Vladimir Polakovic, Alena Parikova

France: Thierry Hannedouche, Pierre Bataille, Gabriel Choukroun, Christian Combe, Bruno Seigneure, Pierre Bories, Dominique Durand, Celine Granolleras, Frederique Vecina, Bernadette Faller, Alexandre Klein, Dominique Fleury, Reynald Binaut, Vincent Lemaitre, Philippe Vigeral, Gérard Janin, Caroline Créput, Yannick Le Meur, Eric Legrand, Anne Paris, Laurent Juillard, Maurice Laville, Jean-Christophe Szelag, Walid Arkouche, Jean-Claude Aldigier, Vincent Allot

Germany: Vedat Schwenger, Wolfgang Backs, Kai Toussaint, Norbert Bockreiss, Martin Zschätzsch, Volker Wizemann, Johannes Mann, Michael Leidig, Kai-Uwe Eckardt, Joachim Leicht, Dominik Alscher, Stefan Zinn, Wolfgang Paetow, Roland Erwin Winkler, Werner Kleophas, Frank Dellanna, Markus Kroker, Peter Thon, Danilo Fliser, L. Christian Rump, Lutz Renders, Ulrich Kunzendorf, Rainer Woitas, Uwe Kraatz

Greece: Konstantinos Siamopoulos, Vassilios Vargemezis, Ploumis Passadakis, Ioannis Boletis, Dimitrios Memmos, Georgios Efstratiadis, Ioannis Stefanidis

Israel: Yehoshua Weissgarten, Leonid Feldman, Uzi Gafter, Avry Chagnac, Aaron Knecht, Nomy Levin-Iaina, Sharon Mini, Doron Schwartz.

Italy: Francesco Locatelli, Giuseppe Pontoriero, Giuseppe Villa, Ciro Esposito, Alberto Albertazzi, Gianni Cappelli, Alfredo Stefani, Sonia Pasquali, Giuseppe Cannella, Enzo Moriero, Salvatore Mandolfo, Attilio Elli, Marcello Amato, Gesualdo Campolo, Annamaria Bernardi, Fulvio Fiorini, Tecla Pati, Luigi Catizone, Alda Storari, Franco Malacarne, Luciano Cristinelli, Piergiorgio Poisetti, Roberto Scarpioni, Carlo Buzio, Salvatore David, Alessandro Zuccalà, Mario Renato Rapanà, Alberto Baraldi, Carmela Giovannone, Carmelo Cascone, Maria Cristina Maresca, Giuliano Martin, Alessandro Ciavatti, Piergianni Calzavara, Salvatore Cantaro, Agostino Naso, Claudio Minoretti, Ugo Teatini, Maurizio Gallieni, Domenico Di Landro, Massimo Matalone, Marina Di Luca, Nicola Di Daniele, Giacomo Colussi, Giorgio Giovanni Battaglia, Domenico Santoro

Republic of Korea: Yoon-Goo Kim, Kwon-Wook Joo

Lithuania: Vytautas Kuzminskis, Marius Miglinas

Malaysia: Chew Ming Wong, Soo Kun Lim, Ghazali Ahmad, Hin Seng Wong

Mexico: Tommaso Bochicchio

Panama: Rafael Perez

Philippines: Hazel Daphne Ninalga, Juliet Chua Chong-Noel

Poland: Jacek Manitus, Krzysztof Marczewski, Wiesław Klatko, Maciej Drozd, Robert Witek, Ewa Smolen, Waldemar Zelas, Bogna Roszkowiak, Zdzisław Gozdzik, Dorota Radziszewska, Wiesława Kiszka, Marzena Janas

Russian Federation: Elena Kolmakova, Alexey Smirnov, Konstantin Gurevich, Olga Solovyeva, Alexander Zemtchenkov

Serbia: Nada Dimkovic, Steva Pljesa, Gordana Pekovic, Rodoljub Markovic, Milan Radovic, Vidosava Nesic, Vidojko Djordjevic, Miomir Stojanovic, Igor Mitic

Singapore: Hui Lin Choong, Titus Lau, Adrian Liew, Tsun Gun Ng

Spain: Javier Arrieta Lezama, Jesus Montenegro Martinez, Jose Ignacio Cornago, Saioa Bilbao, Ramon Ruiz De Gauna Lopez Heredia, Jesus Arteaga Coloma, Milagros Fernandez Lucas, Maria Dolores Del Pino Y Pino, M. Dolores Prados Garrido, M. José Garcia Cortes, Juan Carlos Herrero Berron, M. Luisa Muñiz Gomez, Fernando De Alvaro Moreno, Antonio Cirugeda

Sweden: Bjoern Wikstroem, Hans Furuland, Stefan Jacobson, Lilian Zezina

Taiwan: Jin-Bor Chen, Kuan-Yu Hung

Thailand: Dusit Lumlertgul, Worapon Buranachokpaisan, Kearkiat Praditpornsilpa

Turkey: Siren Sezer, Idris Sahin, Saime Paydas

United Kingdom: David Wheeler, Andrew Davenport, Sunil Bhandari, Richard D'souza, Kevin Harris, Jonathan Barratt, A. Peter Maxwell, Ashraf Mikhail, Steve Riley, Russell Roberts, Chris Winearls, Mona Wahba, David Makanjuola, Rebecca Suckling, Rob Parry, Jo Taylor, Alastair Woodman, Harish Shetty, Richard Baker, Neil Sheerin, Lui Forni, Patrick Carr, David Reaich, Andrew Paterson, Kevin Eardley, Philip Kalra, Daniel Zehnder, Waqar Ayub, Wai Tse, Gerald Glancey

MIRCERA PASS Data Safety Monitoring Committee

Diethelm Messenger, Ist Gmbh, Mannheim, Germany; Lars Weiss, Njurmedicinkliniken Centralsjukhuset, Karlstadt, Sweden; Nathan Levin, Renal Research Institute, New York, NY, USA; Tilman Drueke, INSERM, Paris, France.

MIRCERA PASS End Point Adjudication Committee

William B White (Chair), University of Connecticut School of Medicine, Farmington, CT, USA; Peter Kowey, Jefferson Medical College, Philadelphia, PA, USA; Philip Gorelick, University of Illinois College Of Medicine, Chicago, IL, USA; Steven Fishbane, Winthrop University Hospital, Mineola, NY, USA.

Supplemental Appendix 2: Cardiovascular end point definitions

A. Primary – APTC/MACE Fatal Events

- i. Death due to myocardial infarction: the presence of two of the three following criteria: a) chest pain consistent with angina, b) any abnormal value of cardiac biomarkers (MB fraction of creatine phosphokinase and/or troponin I or T), c) myocardial injury current or the development of Q waves in two contiguous leads of the electrocardiogram. If the clinical diagnosis of myocardial infarction is not possible, autopsy findings with an unequivocal diagnosis of myocardial infarction may be used to confirm the diagnosis.
- ii. Death due to stroke: ischemic or hemorrhagic stroke defined as an acute, focal neurological event that occurred within 30 days of death. Confirmation by imaging studies (magnetic resonance imaging or computerised tomography of the brain) or autopsy data will be sought in all cases, but will not be required for adjudication of the event.
- iii. Cardiovascular Deaths: deaths that were sudden or unexplained without documentation of myocardial infarction or stroke as follows: Sudden arrhythmic death (observed to have had an arrhythmia)
 - i. Sudden death (etiology unspecified)
 - ii. Other cardiovascular death: death without documentation of myocardial infarction (A.i) or stroke (A.ii) or that is exclusive of the diagnoses listed in Sections A.iii.i. and A.iii.ii.

B. Noncardiovascular deaths

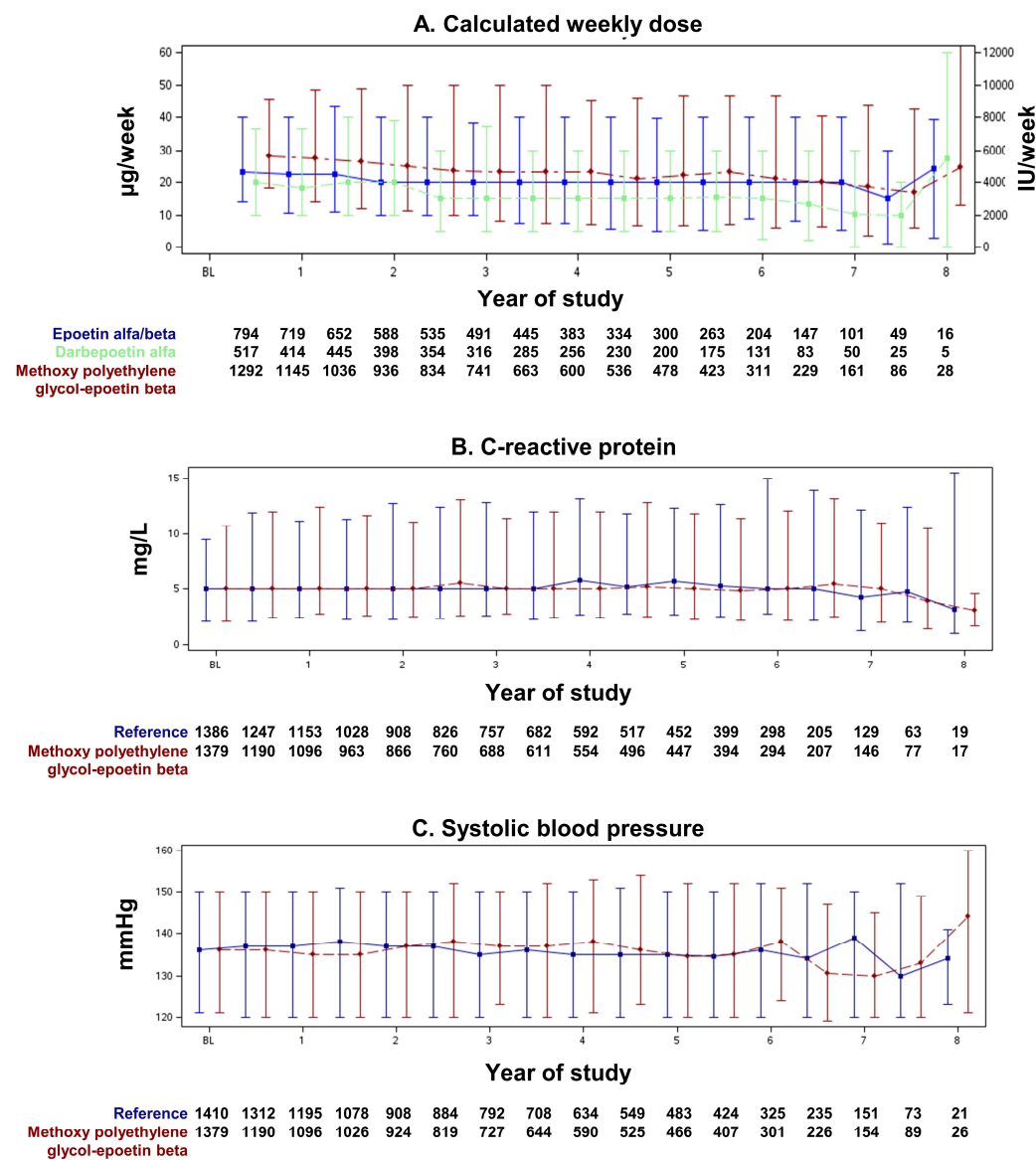
- i. Deaths that are exclusive of the diagnoses listed in Section A

C. Death due to discontinuation of dialysis (voluntary)

D. Nonfatal Stroke: ischemic or hemorrhagic stroke defined as an acute, focal neurological event that persisted for >24 h. Confirmation by imaging studies (magnetic resonance imaging or computerised tomography of the brain) will be sought in all cases, but will not be required for adjudication of the event. The diagnosis of stroke will be made when an imaging study clearly demonstrates brain injury (ischemic or non-ischemic), despite symptoms resolving in <24 h.

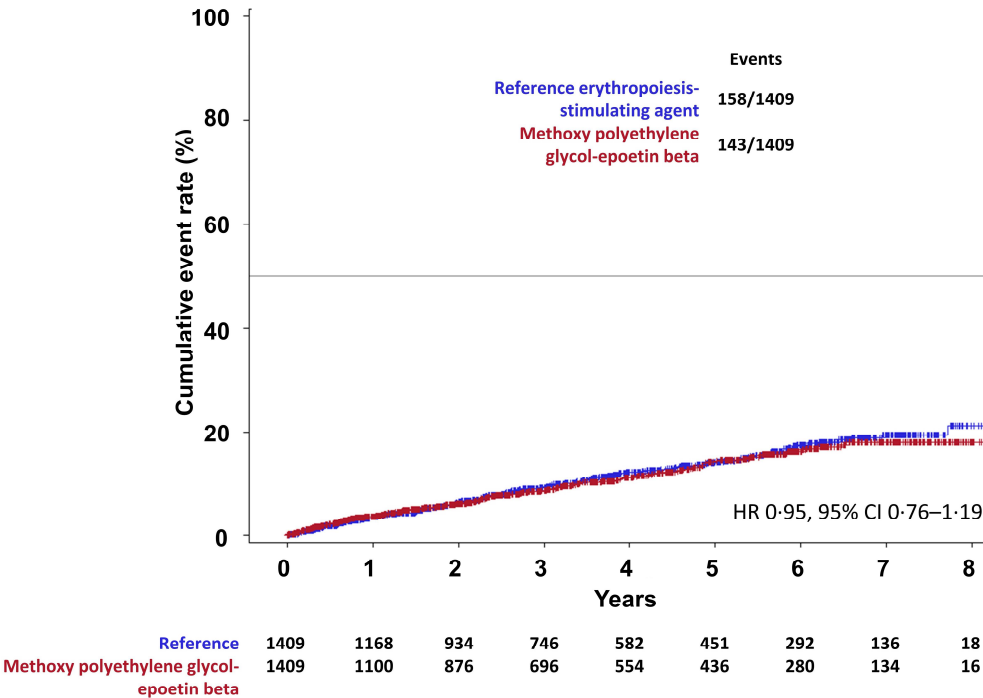
E. Nonfatal myocardial infarction: the presence of two of the three following criteria: a) chest pain consistent with angina, b) any abnormal value of cardiac biomarkers (MB fraction of creatine phosphokinase and/or troponin I or T), c) myocardial injury current or the development of Q waves in two contiguous leads of the electrocardiogram.

Supplemental Figure 1: A. Doses of erythropoiesis-stimulating agents during the study. B. C-reactive protein levels during the study. C. Systolic blood pressure during the study. Values shown are median with interquartile ranges

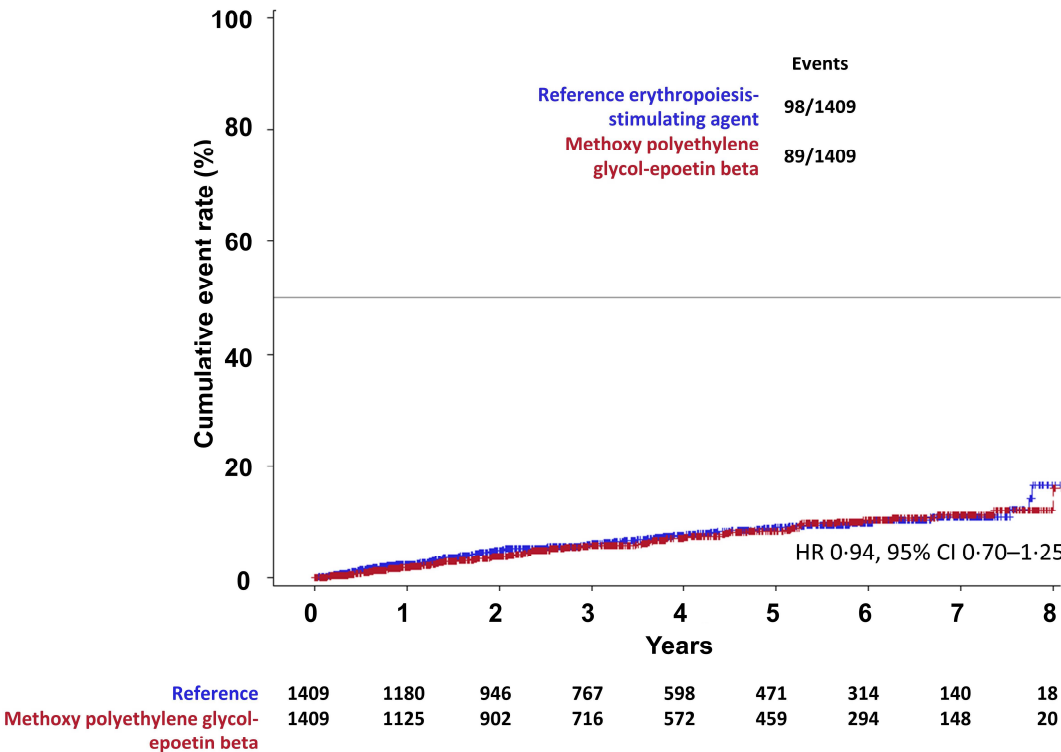


Supplemental Figure 2: Time-to-event curves for A. Time to myocardial infarction and B. Time to stroke

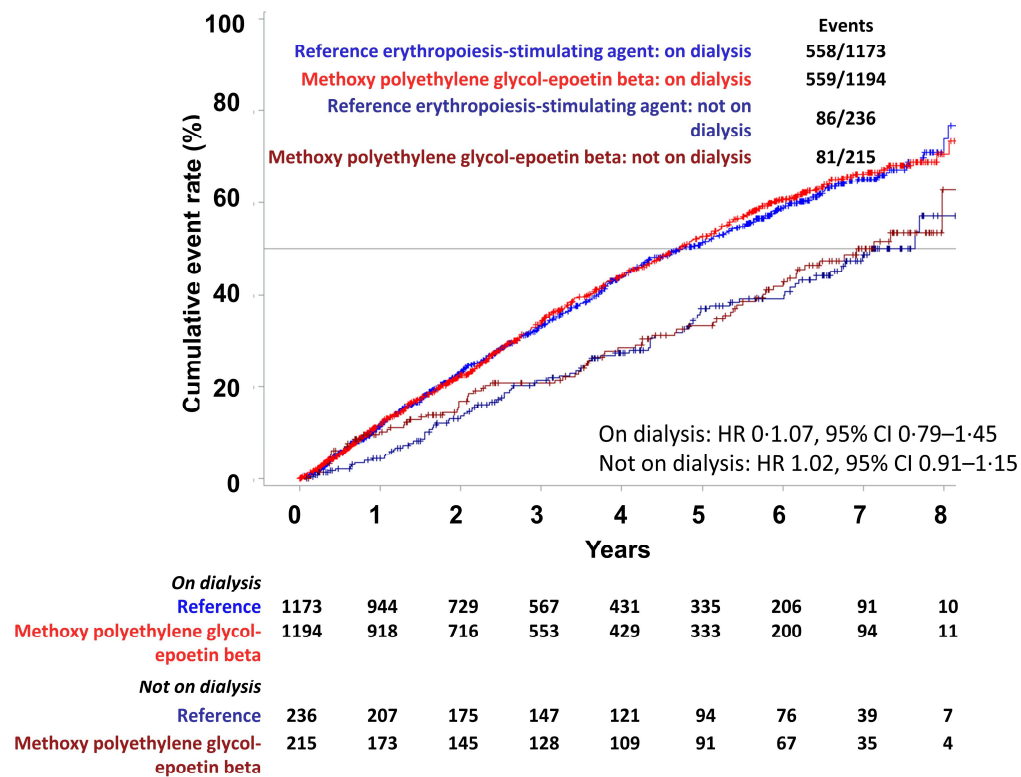
A



B



Supplemental Figure 3: Time-to-event curves for death from any cause, nonfatal stroke or nonfatal myocardial infarction, for patients on dialysis or not on dialysis



Supplemental Table 1: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Written informed consent	Uncontrolled hypertension
Adult patients (≥ 18 years old) with symptomatic anemia associated with chronic kidney disease (renal anemia)	Hypersensitivity to the active substance or any of the excipients of methoxy polyethylene glycol-epoetin beta and other ESAs
Patients with renal anemia who are not treated with an ESA:	Any other contraindication to ESA therapy
Anemia defined as hemoglobin concentration < 11 g/dL (mean of two screening values with at least 1 day and a maximum of 2 weeks between measurements) with a clinical indication for ESA treatment	Conditions known to cause inadequate response to ESA treatment or anemia other than symptomatic anemia associated with chronic kidney disease, including:
or	• Hemoglobinopathies (e.g., homozygous sickle-cell disease, thalassemia of all types) • Anemia due to hemolysis • Pure red cell aplasia • Other: • High likelihood of early withdrawal (e.g. within 1 year) or interruption of the study • Pregnancy or breast-feeding • Women of childbearing potential without effective contraception • Administration of another investigational drug within 1 month before screening or planned during the study period
Patients with renal anemia who are on maintenance ESA therapy	
If on dialysis: regular long-term hemodialysis or peritoneal dialysis therapy with the same mode of dialysis for at least 3 months before screening	
Continuous intravenous or subcutaneous maintenance ESA therapy: darbepoetin afa (Aranesp [®] , Nespo [®] , Aranest [®]), epoetin alfa (Eprex [®] , Epogen [®] , Epopen [®] , Erypo [®]) or epoetin beta (NeoRecormon [®] , Recormon [®]) administered according to approved label of the same agent and route of administration for at least 2 months before screening	
Hemoglobin concentration between 10 and 12 g/dL (mean of two screening values with at least 1 day and a maximum of 2 weeks between measurements)	
Patients with adequate iron status defined as: serum ferritin above or equal to 100 ng/mL or transferrin saturation above or equal to 20%	

ESA=erythropoiesis-stimulating agent.

Supplemental Table 2: Starting dose of methoxy polyethylene glycol-epoetin beta according to previous ESA treatment when switching from another ESA

Previous darbepoetin alfa dose (µg/week)	Previous epoetin dose (IU/week)	Methoxy polyethylene glycol-epoetin beta dose (µg/once monthly)
<40	<8000	120
40–80	8000–16000	200
>80	>16000	360

ESA=erythropoiesis-stimulating agent; IU=international unit.

Supplemental Table 3: Schedule of assessments

The following laboratory assessments were to be performed during the randomized treatment period:

Test	Frequency
Hemoglobin	At study visit 1, at monthly visits and at the final visit. In correction patients' hemoglobin was assessed twice monthly until stabilized.
Platelet count	At study visit 1 and at monthly visits.
Total white blood cell count	At study visit 1 and every 3 months
C-reactive protein	Every 3 months
Serum albumin, calcium, phosphorus, potassium	At study visit 1 and every 3 months
Serum ferritin, serum iron, serum transferrin or total iron-binding capacity, transferrin or percentage of hypochromic red blood cells	Every 3 months
Cholesterol, triglycerides, HbA _{1c} , glucose	At study visit 1 and once a year
Anti-erythropoietin antibody determination	At study visit 1, once a year and at the final visit
Dialysis quantification indexes and renal function: - Patients on hemodialysis: Kt/V or urea reduction ratio - Patients on peritoneal dialysis: the weekly Kt/V - Patients not on dialysis: serum creatinine, creatinine clearance/estimated GFR	At study visit 1 and every 6 months
12-lead ECG recording	At study visit 1 before dose administration.

Supplemental Table 4: Additional baseline characteristics

	Reference ESA	Methoxy polyethylene glycol-epoetin beta
Pre-dialysis systolic blood pressure (mmHg), n (%)	n=1091	n=1104
<140	569 (52)	597 (54)
140–160	359 (33)	384 (35)
>160	163 (15)	123 (11)
HbA _{1c} (%)	n=1221	n=1248
Mean±SD	5.8±3.3	5.9±4.1
Median (IQR)	5.6 (5.1–6.3)	5.6 (5.1 – 6.3)
Albumin (g/dL)	n=1308	n=1318
Categories, n (%)		
<3.5	261 (20)	261 (20)
3.5–4.0	583 (45)	607 (46)
>4.0	464 (35)	450 (34)
Triglycerides [mmol/L]	n=1291	n=1320
Mean ±SD	1.96±3.61	1.91±1.29
Median (IQR)	1.59 (1.10–2.30)	1.58 (1.10–2.33)
HD Vascular Access, n (%)	n=1092	n=1103
Arteriovenous fistula	889 (81)	900 (82)
Arteriovenous graft	61 (6)	56 (5)
Central venous catheter	142 (13)	147 (13)
eGFR (mL/min/1.73m ²)	n=229	n=207
Categories, n (%)		
<30	178 (78)	171 (83)
30–44	39 (17)	28 (14)
≥45	12 (5)	8 (4)
Smoking Status at Screening, n (%)	n=1406	n=1409
Smoker	156 (11)	137 (10)
Non-Smoker	1250 (89)	1272 (90)

ESA=erythropoiesis-stimulating agent; HbA_{1c}=hemoglobin A_{1c}; eGFR=estimated glomerular filtration rate; HD=hemodialysis; IQR=interquartile range; SD=standard deviation.

Supplemental Table 5. Concomitant iron supplementation

	Reference ESA	Methoxy polyethylene glycol- epoetin beta
Patients with at least 1 treatment during the study, n (%)	1315 (93)	1289 (92)
Top treatments:		
Iron sucrose	666 (47)	661(47)
Ferrous gluconate	428 (30)	390 (28)
Iron polymaltose	99 (7)	111 (8)
Ferrous sulfate	101 (7)	101 (7)
Iron dextran	85 (6)	102 (7)
Route		
IV or IV infusion	1244 (85)	1212 (85)
Oral	211 (14)	208 (15)

Supplemental Table 6: Selected baseline parameters by withdrawal in the first year

Parameter, mean (SD) unless stated	Censored in first year		Remained on study past 1 year	
	Reference ESA (n=129)	Methoxy polyethylene glycol-epoetin beta (n=172)	Reference ESA (n=1148)	Methoxy polyethylene glycol-epoetin beta (n=1090)
Hemoglobin, g/dL	10.8 (1.02)	10.88 (0.93)	10.76 (1.03)	10.75 (0.99)
Transferrin saturation, %	27 (13)	29 (15)	31 (23)	30 (20)
Ferritin, ng/mL	464 (561)	497 (353)	488 (391)	481 (415)
ESA type at screening, n (%)	n = 107	n = 148	n = 910	n = 865
Darbepoetin alfa	52 (49)	51 (34)	397 (44)	373 (43)
Epoetin alfa	23 (21)	46 (31)	182 (20)	193 (22)
Epoetin beta	32 (30)	51 (34)	331 (36)	299 (35)
Dialysis at screening	n = 129	n = 172	n = 1148	n = 1090
Hemodialysis	99 (77)	138 (80)	875 (76)	847 (78)
Peritoneal dialysis	9 (7)	12 (7)	67 (6)	70 (6)
None	21 (16)	22 (13)	206 (18)	173 (16)

Supplemental Table 7: Adjudicated causes of death

	Reference ESA n=1409	Methoxy polyethylene glycol-epoetin beta n=1409
All deaths	557	558
Death due to myocardial infarction	37	37
Death due to stroke	26	28
Other cardiovascular death	53	39
Death sudden due to arrhythmia	14	21
Death sudden etiology unknown	136	185
Noncardiovascular death	264	223
Death due to discontinuation of dialysis	27	25

ESA=erythropoiesis-stimulating agent.

Supplemental Table 8: Time-dependent Cox regression models for hemoglobin level and dose prior to the event: Safety population, without baseline factors included (individual covariates Cox model) or with baseline factors included (multivariable Cox model)

INDIVIDUAL COVARIATES COX MODEL*		
Mean hemoglobin concentration in 3 months before event (vs reference 10–11 g/dL)		
g/dL	HR (95% CI)	p value [†]
<10	2.76 (2.41–3.17)	<0.001
11–<12	0.72 (0.62–0.83)	<0.001
≥12	0.66 (0.53–0.81)	<0.001
Mean ESA dose quartile in 3 months prior to event (vs reference first quartile)		
	HR (95% CI)	p value
Second quartile	1.26 (1.06–1.48)	0.007
Third quartile	1.37 (1.16–1.62)	<0.001
Fourth quartile	2.44 (2.10–2.83)	<0.001
MULTIVARIABLE COX MODEL‡		
Mean hemoglobin concentration in 3 months before event (vs reference 10–11 g/dL)		
g/dL	HR (95% CI)	p value
<10	2.79 (2.43; 3.21)	<0.001
11–<12	0.71 (0.61; 0.82)	<0.001
≥12	0.68 (0.55; 0.83)	<0.001
Mean ESA dose quartile in 3 months prior to event (vs reference first quartile)		
	HR (95% CI)	p value
Second quartile	1.28 (1.08–1.51)	0.004
Third quartile	1.39 (1.17–1.65)	<0.001
Fourth quartile	2.52 (2.16–2.94)	<0.001

* Model containing on treatment hemoglobin or dose categories and treatment only.

[†] p value for a difference in the hazard ratio from 1; p values are exploratory and for illustration only.

[‡] Model containing hemoglobin or dose categories, treatment, and baseline factors: age, body mass index, sex, region, dialysis treatment, presence of risk factors and treatment setting.

Supplemental Table 9: Adverse events

MedDRA System Organ Class MedDRA Preferred Term Patients, n (%)	Reference n=1409	Methoxy polyethylene glycol-epoetin beta n=1409
Any adverse event		
Total number of patients with at least one adverse event	1340 (95)	1351 (96)
Overall total number of events	21270	20549
Adverse events experienced by ≥5% of patients		
Infections and infestations		
Pneumonia	239 (17)	243 (17)
Urinary tract infection	217 (15)	217 (15)
Bronchitis	208 (15)	201 (14)
Nasopharyngitis	171 (12)	187 (13)
Upper respiratory tract infection	160 (11)	138 (10)
Gastroenteritis	115 (8)	134 (10)
Sepsis	92 (7)	82 (6)
Respiratory tract infection	92 (7)	77 (5)
Influenza	87 (6)	75 (5)
Lower respiratory tract infection	70 (5)	84 (6)
Device related infection	82 (6)	62 (4)
Peritonitis	69 (5)	73 (5)
Gastrointestinal disorders		
Diarrhea	274 (19)	280 (20)
Constipation	179 (13)	149 (11)
Vomiting	149 (11)	124 (9)
Abdominal pain	102 (7)	111 (8)
Nausea	99 (7)	104 (7)
Abdominal pain upper	76 (5)	85 (6)
Dyspepsia	81 (6)	60 (4)
Vascular disorders		
Hypertension	446 (32)	462 (33)
Hypotension	156 (11)	136 (10)
Musculoskeletal and connective tissue disorders		
Muscle spasms	211 (15)	199 (14)
Back pain	166 (12)	120 (9)
Pain in extremity	133 (9)	125 (9)
Arthralgia	116 (8)	125 (9)
Osteoarthritis	119 (8)	99 (7)
Musculoskeletal pain	79 (6)	72 (5)
Injury, poisoning and procedural complications		
Procedural hypotension	231 (16)	236 (17)
Arteriovenous fistula site complication	209 (15)	187 (13)
Arteriovenous fistula thrombosis	178 (13)	151 (11)
Arteriovenous fistula site hemorrhage	79 (6)	88 (6)
Metabolism and nutrition disorders		
Fluid overload	168 (12)	144 (10)
Hyperkalemia	154 (11)	147 (10)
Hyperphosphatemia	142 (10)	136 (10)
Respiratory, thoracic and mediastinal disorders		
Cough	194 (14)	163 (12)
Dyspnea	120 (9)	122 (9)
General disorders and administration site conditions		
Pyrexia	119 (8)	111 (8)
Eedema due to renal disease	81 (6)	80 (6)
Asthenia	64 (5)	87 (6)
Cardiac disorders		
Atrial fibrillation	166 (12)	151 (11)
Angina pectoris	79 (6)	71 (5)
Nervous system disorders		
Headache	130 (9)	144 (10)
Dizziness	82 (6)	89 (6)
Blood and lymphatic system disorders		
Anemia	158 (11)	195 (14)
Psychiatric disorders		
Insomnia	116 (8)	104 (7)
Depression	67 (5)	77 (5)
Endocrine disorders		
Hyperparathyroidism secondary	167 (12)	169 (12)
Skin and subcutaneous tissue disorders		
Pruritus	118 (8)	114 (8)
Eye disorders		
Cataract	81 (6)	84 (6)

MedDRA, Medical Dictionary for Regulatory Activities.