

SARA program: Preliminary Findings & Implications from SARA-OBS Study and Its Impact on SARA-INT study

Waly Diah, PhD¹, Cendrine Tourette, PhD¹, Carole Margalef, BS¹, Amy Chen, PhD², René Lafont, PhD^{1,3}, Pierre Dilda, PhD¹, Stanislas Veillet, PhD¹, and Samuel Agus, MD²

¹ Biophytis, Sorbonne Université – BC9, 4 place Jussieu, 75005 Paris, France

² Biophytis, Inc., 210 Broadway, Suite #201. Cambridge, MA 02139

³ Sorbonne Université, CNRS - Institute de Biologie Paris Seine (BIOSIPE), 75005 Paris, France

Background

Sarcopenia is a prevalent, progressive muscle disorder in which the onset increases with age and may lead to mobility disability. SARA-OBS, an observational trial, and SARA-INT, an ongoing phase II interventional trial, are part of a clinical program that strives to provide better understanding of the sarcopenia population and to develop a viable treatment option. SARA-OBS included community dwelling sarcopenic adults similar to the target population in SARA-INT that is testing the safety and efficacy of an investigational drug, BIO101.

Findings from SARA-OBS have provided insight on the natural decline in physical functions of the target population and suggest modifications necessary to the current SARA-INT study design.

Objectives

The objective is to better understand the physical performance and the body composition changes in this population within 6 months and use this knowledge to improve the design for the SARA-INT study.

Methods

Older adults ≥ 65 years with a SPPB ≤ 8 and lean body mass based on the FNIIH criteria (ALM/BMI < 0.789 in men and 0.512 in women, or ALM < 19.75 kg in men and < 15.02 kg in women) were recruited.

Evaluation of the changes in physical performance and body composition from baseline were based on 400m walk test, 6-minute walk test, SPPB, handgrip strength test, stair climb power test and DXA scans.

Results

Preliminary analysis shows a decrease in the gait speed (0.9 vs 0.84; $p < 0.0036$), decrease in distance walked (298.84 m vs 279.56 m; $p < .0012$) but no change in the SPPB total score (6.67 vs 6.99; $p < .0915$). A non-significant trend for decreased strength is also detected for the handgrip and the stair climb tests.

These findings led to an amendment in the study design for SARA-INT as follows: 1) increase in the value set for the expected difference between treatment groups, 2) subsequent change in sample

size, 3) change of a key secondary endpoint and 4) introduction of a 'promising zone' interim analysis.

Conclusions

SARA-OBS study contributes to better understanding of the at-risk sarcopenic individuals. This knowledge led to improving the design of a comparative clinical trial that will hopefully accelerate the development of BIO101, a medical treatment for age-related sarcopenia.