<table>
<thead>
<tr>
<th>STUDY</th>
<th>DESCRIPTION</th>
<th>CONTACT/PI</th>
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| SKIN  | ASSET       | Jennelle Shaw  
|       | A phase 2 study to evaluate subcutaneous abatacept vs. placebo in diffuse cutaneous systemic sclerosis – a double-blind, placebo-controlled, randomized controlled trial.  
|       | ● 48 week Double Blind  
|       | ● 24 week Open Label  
|       | ● 86 subjects, 25 centers across US, Canada and UK  
|       | ● Weekly 125 mg abatacept/placebo sub cutaneous injection.  
|       | ● Disease duration: ≤36 months  
|       | ● Background therapies are d/c but escape therapy allowance provided at 6 months | 734-936-4555  
|       | jdsh@med.umich.edu  
|       | PI: Dr. Khanna |
|       | FocuSSed | Aaron Rankin  
|       | ● 48 week Double Blind  
|       | ● 48 week Open Label  
|       | ● 210 subject, 120 global sites  
|       | ● Weekly 162mg TCZ/placebo sub cutaneous injection  
|       | ● Disease duration: ≤60  
|       | ● Escape therapy allowance starting at 24 weeks. | 734-763-4866  
|       | rankina@med.umich.edu  
|       | PI: Dr. Namas |
| DIGITAL ULCERS | RESCUE | Jennelle Shaw  
|       | Pilot study to assess the efficacy and safety of riociguat vs. placebo in scleroderma – associated digital ulcers  
|       | ● 16 week double blind (8 week titration/8 week dose maintenance  
|       | ● 16 week Open Label  
|       | ● 20 subject, 5 centers  
|       | ● TID dosing of riociguat/placebo titrated up beginning with 1mg to 2.5 mg (0.5 is also available should tolerance be an issue)  
|       | ● Diagnosis of SSc and one visible, active, ischemic DU at baseline located at or distal to the proximal interphalangeal joint, and that developed or worsened within 8 weeks prior to screening. | 734-936-4555  
|       | jdsh@med.umich.edu  
|       | PI: Dr. Khanna |
| JOINT CONTRACTURES | REACT | Kate Homer  
|       | Novel Strategies to Improve Arm Function in Patients with Scleroderma  
|       | ● Aim to improve arm function in scleroderma patient with upper extremity contractures.  
|       | ● 8 weeks of occupational therapy treatment.  
|       | ● Participant stipend and travel reimburse available.  
|       | ● Participants must have a contracture of the hand and other joint in at least one arm, such as wrist, elbow, or shoulder, with the ability to demonstrate active range of motion in that arm. | 734-232-2092  
|       | homerk@med.umich.edu  
|       | PI: Susan Murphy |
| STRATUS | A phase II, randomized, double-blind, placebo-controlled, parallel group, multicenter trial to evaluate the efficacy and safety of abituzumab in subjects with systemic sclerosis-associated interstitial lung disease.  
- 104-week double blind treatment period with a 12-week safety follow up  
- 175 subjects, 60 centers  
- Abituzumab (1500 or 500mg) /placebo administered as an intravenous infusion over 1 hour once every 4 weeks with last dose at week 100  
- Stable mycophenolate is required up to 3 grams a day  
- Diagnosis of SSC with disease duration of <7 years from first non-Raynaud’s  
- DLCO > 30% predicted, FVC 40%-85% predicted and ratio of FVC% predicted to DLCO % predicted <1.8. If these criteria are met the HRCT will be performed and must show 5% fibrosis for the subject to be eligible. | Aaron Rankin  
734-763-4866  
rankina@med.umich.edu  
PI: Dr. Namas |
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| SENSCIS | To investigate the efficacy and safety of 150 mg bid nintedanib in patients with systemic sclerosis associated interstitial lung disease.  
- 52 weeks Double blind (primary endpoint). Continuation of blinded treatment for up to 100 weeks.  
- 520 subjects  
- Nintedanib 150 mg/placebo BID with possibility to reduce to 100mg to manage adverse events.  
- Diagnosis of SSC with disease duration of first non-raynauds symptom within 5 years V1  
- Extent of fibrotic disease in the lung ≥10%; FVC ≥40% predicted; DLCO 30%-89% predicted | Jennelle Shaw  
734-936-4555  
jdsh@med.umich.edu  
PI: Dr. Khanna |