SABLE: A 5-Year Prospective Observational Registry to Assess Adverse Events of Interest and Effectiveness in Adults with Active, Autoantibody-Positive Systemic Lupus Erythematosus Treated With or Without Benlysta (Belimumab) (116543)

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Administrative details

EU PAS number

EUPAS4966

Study ID

45713

DARWIN EU® study

No

Study countries	
Argentina	
Austria	
Belgium	
Canada	
France	
Germany	
☐ Israel	
Italy	
Portugal	
Slovakia	
Spain	
Sweden	
United States	
Study status	
Ongoing	
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Research institutions and networks	
Institutions	
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Quintiles	
First published: 01/02/2024	
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Institution	

Contact details

Study institution contact

GSK Clinical Disclosure Advisor Pharma.CDR@gsk.com

Study contact

Pharma.CDR@gsk.com

Primary lead investigator

GSK Clinical Disclosure Advisor

Primary lead investigator

Study timelines

Date when funding contract was signed

Planned: 31/10/2012

Actual: 31/10/2012

Study start date

Planned: 21/02/2013

Actual: 21/02/2013

Date of final study report

Planned: 18/07/2025

Sources of funding

Pharmaceutical company and other private sector

More details on funding

Study protocol

BEL116543 (hgs1006-c1124-01).pdf(358.26 KB)

gsk-116543-protocol-amend4-redact.pdf(987.99 KB)

Regulatory

Was the study required by a regulatory body?

Yes

Is the study required by a Risk Management Plan (RMP)?

EU RMP category 1 (imposed as condition of marketing authorisation)

Methodological aspects

Study type

Study type list

Study type:

Non-interventional study

Scope of the study:

Effectiveness study (incl. comparative)

Safety study (incl. comparative)

Main study objective:

Evaluate the incidence of following AESI over 5 years in adults with active auto antibody positive SLE treated with/without BENLYSTA: Malignancies, Mortality, Opportunistic infections & other infections of interest, Non-melanoma skin cancer, Selected serious psychiatric event, Serious infections.

Study Design

Non-interventional study design

Other

Non-interventional study design, other

Multi-center, prospectiv, observational cohort study

Study drug and medical condition

Name of medicine

BENLYSTA

Study drug International non-proprietary name (INN) or common name

BELIMUMAB

Medical condition to be studied

Systemic lupus erythematosus

Population studied

Age groups

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

Estimated number of subjects

3000

Study design details

Outcomes

Incidence of the following adverse events of special interest (AESI):

- Malignancies (excluding non-melanoma skin cancers)
- Mortality
- Opportunistic infections and other infections of interest (Appendix 1)
- Non-melanoma skin cancers (NMSC)
- Selected serious psychiatric events (Appendix 2)
- Serious infections

Evaluate the effectiveness measures in adults with active autoantibody-positive SLE treated with/without BENLYSTA:

- Organ damage assessed by SLICC/ACR Damage Index
- Concomitant SLE meds including steroids
- Hospitalization
- Quality of life assessed by SF-12v2 Health Survey
- Fatigue assessed by FACIT-Fatigue Scale

- SLE disease activity assessed by SLEDAI 2000
- Severe Flare derived by SLE Flare Index

Data analysis plan

Estimate AESI via incidence rates & compared between cohorts using binomial regression and/or Cox models / Kaplan-Meier plots based on one or more exposure strategies as described:

- (1, 2) patients contribute data until their first treatment switch, or a prespecified landmark timepoint,
- (3) Ever-taken Benlysta strategy, an event will be attributed to BENLYSTA if the patient was ever exposed to BENLYSTA prior to the event, & to non-Benlysta otherwise,
- (4) patient profile approach, patients are characterized by the switch patterns,
- (5) the as-exposed analysis or marginal structural methods may be used to model treatment switch and explore the long-term treatment effect. Safety analysis may employ a lagged risk window since an AE may be attributed to a treatment after discontinuation. Similar methods will be applied to the effectiveness endpoints. Propensity score methods and/or multivariate regression methods will be used to adjust for potential confounding factors & selection bias.

Data management

ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025.

The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

Data sources

Data sources (types Other)	
Data sources (types Prospective patient-ba		
Use of a Comi	non Data Model (CDM)	
CDM mapping No		
Data quality s	pecifications	
Check conformance		
Unknown		
Check completeness		
Unknown		
Check stability		

Data characterisation

Data characterisation conducted

No