STATISTICAL ANALYSIS PLAN

[redacted]

Protocol No. RP6530-2101

A Phase II, Multi-center, Randomized, Open label, two arm Study to Assess the Efficacy and Safety of Tenalisib (RP6530), a PI3K δ/γ and SIK3 Inhibitor, in patients with Locally Advanced or Metastatic Breast Cancer

Statistical Analysis Plan

[redacted]

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Prepared by:

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VERSION HISTORY OF IMPLEMENED PLANS

Version	Date	Revision Author	Comments
NA			

STATISTICAL ANALYSIS PLAN

[redacted] [redacted]

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1. LIST OF ABBREVIATIONS AND DEFINITIONS OF TERMS

Table 1: Abbreviations and Definitions of Terms

Add or remove as necessary

AE(s)	adverse event(s)
b.i.d.	twice daily
BUN	blood urea nitrogen
CI	confidence interval

CR	Complete response
CRF	case report form
ECG	electrocardiogram
FDA	Food and Drug Administration
HDL	high-density lipoprotein
HEENT	head, eyes, ears, nose, and throat
HIV	human immunodeficiency virus
ICH	International Council for Harmonisation
IRB/IEC	Institutional Review Board/Independent Ethics Committee
ITT	intent-to-treat
LDH	lactate dehydrogenase
LDL	low-density lipoprotein
MedDRA	medical dictionary for regulatory activities
mg	milligram
n	number of patients
PR	Partial response
QTc	Q-T interval corrected for heart rate
QTc-F	Q-T interval corrected for heart rate using Frederica's formula
SAE	serious adverse event
SAS®	(statistical analysis software)
SD	Stable disease
SOC	system organ class
TEAE	treatment-emergent adverse event
WHO	World Health Organisation

2. INTRODUCTION

This statistical analysis plan (SAP) contains definition of analysis population(s), derived variables and statistical methods for efficacy and safety analysis.

The SAP is written based on the following documentation:

Document	Date	Version
Protocol	29June2021	1.0
eCRF	24Sep2021	1.0
eCRF	16June2022	5.0

Breast cancer is the most common cancer diagnosed in women and is the second leading cause of cancer-related deaths. Based on these pre-clinical evidences with tenalisib and clinical evidences from other PI3K inhibitors, it is proposed that tenalisib has the potential to treat the patients with locally advanced and metastatic breast cancer.

The objective of the study is to assess the anti-tumour activity along with safety and efficacy of tenalisib at two different doses in order to identify the optimal dose that shows signal of clinical efficacy with an acceptable safety profile. This dose can be thus taken ahead for further development. Doses of 800 mg BID and 1200 mg BID are proposed in this Phase II study.

3. STUDY OBJECTIVES

Primary Objective

To assess the anti-tumour activity of tenalisib in patients with locally advanced or metastatic breast cancer.

Secondary Objective

[redacted] [redacted]

To evaluate the safety and tolerability of tenalisib.

Exploratory Objective

Changes in serum cytokines/chemokines and tumour tissue gene expression post treatment with tenalisib.

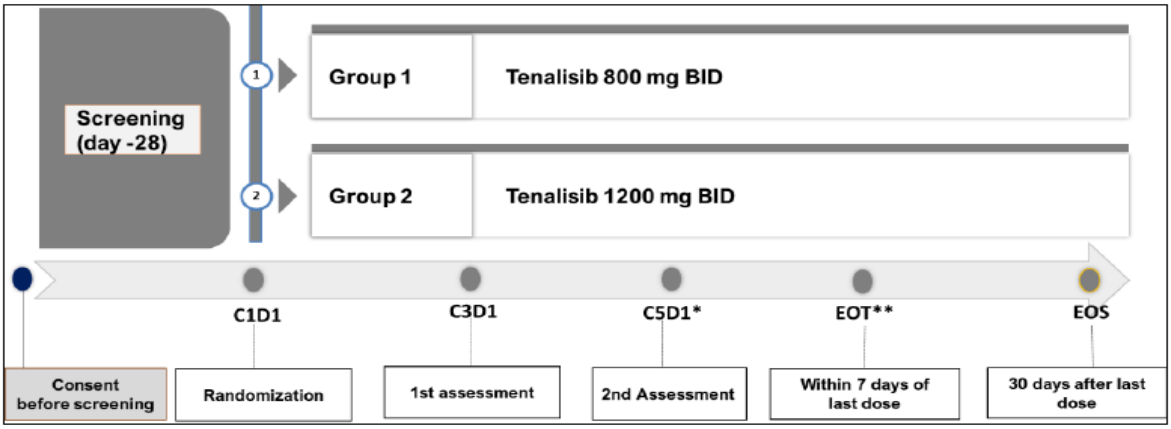
4. STUDY DESIGN

4.1 General Design

This is a Phase II, randomized, open label study, designed to evaluate the preliminary efficacy and safety of tenalisib at two dose levels (800 mg BID and 1200 mg BID) in 40 patients with locally advanced or metastatic breast cancer. Twenty patients each, will be enrolled in Group 1 (Tenalisib 800 mg BID) and Group 2 (Tenalisib 1200 mg BID). Both groups will run in parallel. The expected duration of patient participation in the study will be approximately 24 months, unless the patient is discontinued from the study due to disease progression, drug toxicity or consent withdrawal.

4.2 Discussion of Study Design

The study design flow chart is as follows:



Note:
* Disease will be re-assessed at C3D1 (± 7 days) and approximately 8 weeks thereafter (± 7 days), and/or at the EOT and/or as clinically indicated (if clinical progression is suspected).
** Patients will undergo the end-of-treatment (EOT) assessments within 7 days after last dose of study drug or discontinuation.

4.3 Method of Assignment of Patients to Treatment Groups

This is a randomized, open label study. Eligible patients will be randomized to one of the two groups (Group 1: Tenalisib 800 mg BID and Group 2: Tenalisib 1200 mg BID) in 1:1 ratio based on the central randomization list generated by a validated software.

4.4 Blinding

Blinding is not applicable as this is an open label study.

4.5 Determination of Sample Size

A sample size of 20 per group will provide a precision of 13% for a two-sided 90% confidence interval based on Exact (Clopper-Pearson) method assuming the percentage of patients without progression at the end of 6 months is 20%. Thus, a total of 40 patients (20 patients in each group) will be enrolled in the study.

5. CHANGES IN THE CONDUCT OF THE STUDY OR PLANNED ANALYSES

5.1 Changes in the Conduct of the Study

The study was planned to administer tenalisib to all patients until disease progression or unacceptable toxicity for a maximum duration of 24 months. However this was changed and the study was closed earlier before all patients in the study showed disease progression. .

5.2 Changes from the Analyses Planned in the Protocol

There were no changes in the analysis planned in the protocol of the study at the time of preparing this statistical analysis plan.

6. BASELINE, EFFICACY and Safety EVALUATIONS

6.1 Schedule of Evaluations

The assessments to be conducted at each scheduled visit are displayed in the following table.

Table 1 Assessments Conducted at each Scheduled Visit

Table 5 : Schedule of Events										
Cycle	**Screening**	**C1**		**C2**		**C3**	**Monthly visits (C4 onward up to 2 year)[19]**	**Efficacy Visits (C5, C7, C9… up to 2 year)[20]**	**EOT[21]**	**EOS[22]**
Day	**D-28 to 0**	**D1**	**D15**	**D1**	**D15**	**D1**	**D1**	**D1**	**-**	**-**
Window period	**-**		**±1**	**±1**	**±3**	**±3**	**±3**	**±7**	**+7**	**+30**
Study Days	**D-28 to 0**	**1**	**15**	**29**	**43**	**57**	**-**	**-**	**-**	**-**
Informed Consent[1]	X	-	-	-	-	-	-	-	-	-
Demographics[2]	X	-	-	-	-	-	-	-	-	-
Medical history[3]	X	X	-	-	-	-	-	-	-	-
Vitals[4]	X	X	X	X	X	X	X	-	X	-
Height and weight[5]	X	X	X	X	X	X	X	-	X	-
Physical examination[6]	X	X	X	X	X	X	X	-	X	-
ECOG Performance Status	X	X	-	X	-	-	X	-	X	-
Complete blood count[7]	X	X	X	X	X	X	X	-	X	-
Chemistry panel I[8]	X	X	X	X	X	X	X	-	X	-
Chemistry panel II[9]	X	X	-	X	-	X	X	-	X	-

[redacted]										
HIV, HBV, HCV status	X	-	-	-	-	-	-	-	-	-
PT and INR[10]	X	X	-	X	-	X	-	-	X	-
Cytokines/chemokines analysis[11]	X	-	-	-	-	X	-	-	-	-
Urinalysis (routine)	X	X	X	X	X	X	X	-	X	-
Pregnancy test[12]	X	X	-	-	-	-	-	-	-	-
12-lead ECGs[13]	X	X	-	X	-	X	-	-	X	-
Tumour biopsy[14]	X	-	-	-	-	X	-	-	-	-
Radiological assessment (CT and/or MRI)[15]	X	-	-	-	-	X	-	X	X	-
Bone scan[16]	X	-	-	-	-	-	-	-	-	-
Drug Dispensing[17]	-	X	-	X	-	X	X	-	-	-
Tenalisib administration[18]	-	X	X	X	X	X	X	-	-	-
Drug compliance	-	X	X	X	X	X	X	-	X	-
AE evaluation	X	X	X	X	X	X	X	-	X	X
SAE evaluation	X	X	X	X	X	X	X	-	X	X
Concomitant medication	X	X	X	X	X	X	X	-	X	X

Footnotes:

1. Patient should be re-consented, if informed consent is obtained > 30 days prior to the initiation of trial treatment. The first day of tenalisib administration will be considered as C1D1.

2. Demographic profile will include age, sex and race.

3. Detailed history will be taken at screening that includes history of cancer, past history, no of prior therapies and prior medication (in last 4weeks); and other medical history. Patient's medical record must include prior treatments received, dates of administration, response to prior therapies and date of progression.

4. Vitals will include pulse (sitting/supine); blood pressure (sitting/supine); respiratory rate and oral temperature. Vitals will be done at pre-dose at all visits.

5. Weight will be measured at all visits. Height to be measured at screening only.

6. Physical examination will include systemic examination (General Appearance, HEENT, neck, cardiovascular, lungs, abdomen, extremities, neurological, skin, and musculoskeletal). Complete physical examination will be done at screening visit. At subsequent visits, abbreviated examination will be done depending on the assessment of tumour.

7. This will include Hb, complete blood count, total leucocyte and differential count and platelet count. Additional investigations will be performed if clinically indicated. Hematology must be done ≤ 7 days prior to initiation of treatment. However, if these initial examinations are obtained within 72 hours of C1D1; they do not have to be repeated.

8. Chemistry Panel I include blood glucose, albumin, total protein, total bilirubin, ALP, AST, ALT, GGT, LDH, urea or blood urea nitrogen, creatinine, sodium, potassium, chloride, calcium, phosphorus. These tests must be done ≤ 7 days prior to initiation of treatment. However, if these initial examinations are obtained within 72 hours of C1D1; they do not have to be repeated. These tests will be performed at supplementary visits if clinically indicated.

9. Chemistry Panel II includes total cholesterol, TG, LDL, HDL, T3, T4 and TSH. These tests must be done ≤ 7 days prior to initiation of treatment. However, if these initial examinations are obtained within 72 hours of C1D1; they do not have to be repeated. These tests will be performed at supplementary visits if clinically indicated.

[redacted]

10. The tests must be done ≤ 7 days prior to initiation of treatment. However, if initial examination is obtained within 72 hours of C1D1; this does not have to be repeated. This test will be performed at supplementary visits if clinically indicated.

11. Blood will be collected in all patients for serum cytokine/chemokine estimation at screening (baseline) and at C3D1.

12. This is required for women of child-bearing potential. A serum pregnancy test will be performed at screening and 72 hours prior to dosing. Urine pregnancy test will be performed at other visits as indicated.

13. ECGs will be performed at screening and C1D1 pre-dose to establish baseline cardiac activity. Additional ECGs will be obtained if clinically indicated. All ECGs will be performed on local equipment.

14. A tumour biopsy will be performed in 10-12 patients who have consented for the biopsy. The biopsy will be done after eligibility confirmation prior to the first dose on C1D1. A second tumour biopsy sample will be taken at C3D1.

15. CT and/ or MRI will be performed at the time of screening within 28 days of screening. Disease will be re-assessed at C3D1 (± 7 days) and approximately 8 weeks thereafter (± 7 days), and/or at the EOT (not required if done within last 28 days) and/or as clinically indicated (if clinical progression is suspected). If a CR or PR is noted, confirmatory scans should be performed at least 4 weeks after the initial response was first documented. Tumour imaging should remain consistent throughout the study and should include those thought by investigator to best capture status of disease. (Baseline scan, if already available as SOC within 28-days of screening is accepted as part of study protocol). Any other sites at which new disease is suspected should also be appropriately imaged.

16. Bone scan will be done at the baseline when progression in bone is suspected. Bone scans need to be repeated only when complete response is reported in target disease or when progression in bone is suspected.

17. Tenalisib will be dispensed in a HDPE container having 30 tablets of tenalisib.

18. Tenalisib will be administered orally twice a day in 28-days of cycle. Tenalisib will be continued in patients experiencing clinical benefit for 24 months unless progression of disease or toxicity is observed warranting discontinuation of therapy.

19. All visits will be done monthly from Cycle 3 onwards for 24 months (e.g. C4, C5, C6…. C26).

20. All visits for efficacy assessments will be done at 8-weekly intervals (± 7 days) for 24 months (e.g.C5, C7…. C26).

21. All patients will undergo the end-of-treatment (EOT) assessments within 7 days after last dose of study drug or discontinuation.

22. Patients must be followed telephonically for adverse events for 30 calendar days after the last dose of study drug.

6.2 Time Point Algorithms

6.2.1 Relative Day

The date of first dose of study drug will be considered relative day 1, and the day before the first dose of study drug will be relative day -1. Relative days will be calculated as follows only when the full assessment date is known (i.e., partial dates will have missing relative days):
For days on or after the first dose of study drug:
Date of Assessment – Date of First Dose of Study Drug + 1.

For days before the first dose of study drug:
Date of Assessment – Date of First Dose of Study Drug.

6.2.2 Windows

For the purpose of statistical analysis, the visit numbers will be recalculated in terms of study days since the first day of the trial medication, as illustrated in the following table:

Analysis Windows

Visit	Scheduled Study Day	Visit Window for Analysis (Days)
Screening	-28 to 0	-
C1D1	1	0
C1D15	15	14 – 16
C2D1	29	28 – 30
C2D15	43	40 – 46
C3D1	57	54 – 60
Monthly visits (C4 onward up to 2 year)	-	±3
Efficacy Visits (C5, C7, C9… up to 2 year)	-	±7
EOT	-	+7
EOS	-	+30

EOT=End of Treatment; EOS= End of study; C1D1=Cycle 1 Day 1.

6.3 Baseline Assessments

The baseline measurement is the last predose measurement taken before first study treatment dose.

The following baseline assessments will be conducted prior to initial study drug administration:

- Age
- Race
- Height
- Weight
- Menopausal Status
- Medical History
- Physical examination
- ECOG Performance Status
- Laboratory tests
- Pregnancy test
- 12-lead ECGs
- Radiological assessment

6.4 Efficacy Variables

All efficacy parameters will be summarized using ITT and PP analysis set.

6.4.1 Primary Efficacy Variable

The primary efficacy variable is the percentage of patients without disease progression at the end of 6 months i.e. 180 days:
Percentage = (patients without disease progression/total number of patients) *100.

6.4.2 Secondary Efficacy Variables

The best overall response is defined as the best visit response recorded from the start of the treatment until disease progression/recurrence. This data will be summarized using frequency and percentage for

Complete Response (CR), Partial Response (PR), Stable Disease (SD), and Progressive Disease (PD) for each treatment group.

- Overall Response Rate (ORR): The percentages of CR+PR will be calculated and presented along with 95% confidence intervals of these percentages.
- Clinical Benefit Rate (CBR): The percentages of CR+PR+SD>=24 weeks will be calculated and presented along with 95% confidence intervals of these percentages.
- Progression Free Survival (PFS): It is defined as time from the first dose of study drug to documented disease progression or death due to any cause. This variable will be analyzed via Kaplan-Meier methodology.

6.4.3 Additional Efficacy Variables

Duration of Treatment Exposure: Duration of treatment exposure is defined as the time from first dose to last dose of drug.

Duration of Response: Duration of response (DoR) is defined as the time from the first occurrence of partial or complete response to disease progression or death in patients who achieve complete or partial response. For patients who neither progress nor die, the duration of response will be censored on the last date the patient is known to be radiologically progression free.

Duration of clinical benefit: Duration of clinical benefit (DoCB) is defined as the time from the first dose of study drug to disease progression or death in patients who achieve complete response, partial response, or stable disease for 24 weeks or longer. For patients who neither progress nor die, the duration of response will be censored on the last date the patient is known to be radiologically progression free.

Proportion of patients with 6-Month and 1-year PFS.
PFS rate at 6-months or at 1-year: Proportion of patients who remained alive and progression-free at 6 months or at 1-Year

6.5 Drug Concentration Measurements and Pharmacokinetic Parameters

Not Applicable.

6.5.1 Handling of Pharmacokinetic Parameter Outliers

Not Applicable.

6.6 Safety Assessments

The safety endpoints will be listed and/or summarized by dose cohort.

- Number of Adverse events (AE),
- Number of Grade 3/4 AEs,
- Death
- Number of Serious adverse events (SAE) evaluated and graded using NCI-CTCAE Version 5.0.

6.6.1 Duration of Treatment Exposure and Compliance to Study Treatment

Treatment compliance and the treatment exposure will be summarized descriptively (n, mean, median, standard deviation, minimum and maximum values) and will also be listed.

6.6.2 Clinical Laboratory Evaluations

Change from baseline for each visit will be defined as the visit value minus the baseline visit value.

6.6.3 Other Observations Related to Safety

- Vital Signs

Absolute value of vital signs parameters will include summaries for systolic and diastolic blood pressure, temperature, pulse, respiratory rate and weight.
Vitals will be done prior to the administration of study treatments, at the time points specified in schedule of events.

- Electrocardiogram (ECG)

Absolute value of ECG parameters will include summaries for heart rate, PR, QRS, QT, and QTcF intervals.

- Physical Examination

The investigator/qualified designee will perform a complete physical exam during the screening period and as defined in Schedule of Events. Physical examination will include systemic examination (General Appearance, HEENT, neck, cardiovascular, lungs, abdomen, lymph nodes, genitourinary (as applicable), extremities, neurological, skin, and musculoskeletal). Physical examination also includes measurement of accessible nodes and the size of the spleen and liver.

- ECOG Performance Status

- Medical and Surgical History

- Prior and Concomitant Medications

6.7 Pharmacodynamics Parameters

Not Applicable.

7. STATISTICAL METHODS

7.1 General Methodology

All statistical analyses will be performed using SAS 9.4 or higher.
Continuous data will be summarized using descriptive statistics (number of patients (n), mean, standard deviation (SD), median, minimum, and maximum). Summary statistics for continuous measures will be provided for baseline, the actual measurements at each visit, and where appropriate, the change from baseline measurements to each visit. Discrete data will be summarized using frequency counts and percentages and where appropriate, the 95% Confidence Intervals (CIs) will be presented.

When count data are presented, the percentage will be suppressed when the count is zero in order to draw attention to the non-zero counts. A row denoted “Missing” will be included in count tabulations where

[redacted] necessary to account for dropouts and missing patients. Unless otherwise specified, the denominator for percentages will be the number of patients with a non-missing assessment in a given treatment group within the analysis population of interest.

All the patient data will be summarized by treatment group and overall.

The following sub-group analysis will be performed only for demographics, baseline characteristics and efficacy tables:

1. *de novo* metastasis, recurrent (locoregional/distal) metastasis and Overall

Patient listings of all data from the case report forms (CRFs) as well as any derived variables will be presented.

7.2 Adjustments for Covariates

Not applicable to this study

7.3 Handling of Dropouts or Missing Data

Missing results/events will not be imputed. Imputations will be done for missing dates as follows.

Missing Dates for Adverse Events and Concomitant Medications

Adverse events and concomitant medications with completely or partially missing assessment dates will have imputation performed as explained below for the purposes of calculation of durations or relativity to study medication.

For the end of a concomitant medication or adverse event:

- **If only Day of end date is missing:**

The last date of the month and year reported or the date of the final contact with the patient, whichever is earlier, will be used as the end date.

- **If Day and Month of end date are missing:**

The last date of year i.e. December 31 of the year reported or the date of the last study contact with the patient, whichever is earlier, will be used as the end date.

- **If Year of end date or complete end date is missing:**

If the year of end of medication/event is missing or end date is completely missing, then no end date will be imputed.

For the start of a concomitant medication or adverse event:

- **If only Day of start date is missing:**
  - If the start year and month of medication/event are the same as that for the first dose date, then following approach will be used:

- If the end date of medication/event is NOT before the first dose date or end date of medication/event is completely missing, then impute the start day as the day of first dose date
- Otherwise, impute the start day as 1.

- If the start year and month of medication/event are NOT same as that for the first dose date, then
  - Impute the start day as 1.
  -

- **If Day and Month of start date are missing:**
  - If start year of medication/event is same as first dose year, then following approach will be used:
    i. For medication, impute the start Month as January and the Day as 1
    ii. For adverse event,
      - If the end date of event is NOT before the first dose date or end date of event is completely missing, then impute the start Month and Day as the Month and Day of first dose date;
      - Otherwise, impute the start Month as January and the Day as 1.
  - If start year of medication/event is NOT same as first dose year, then
    - Impute start Month as January and the Day as 1.

- **If Year of start date or complete start date is missing:**

If the year of start of medication/event is missing or start date is completely missing, then no start date will be imputed.

Missing Dates for Efficacy Endpoints
For time-to-event endpoint if the date is completely missing, no imputation will be performed.
However, the incomplete/partial dates will be handled following the general conventions as detailed for adverse events and concomitant medications.

Missing dates for Primary Diagnosis/Prior therapy

Partial Primary diagnosis and prior therapy dates will have imputation performed as explained below for the purposes of calculation of relativity to study medication.

- If only Day is missing, impute the day 1
- If Day and Month are missing, impute the Month as January and the Day as 1.
- If the year of primary diagnosis is missing or the date of primary diagnosis is completely missing, then no date will be imputed.

7.4 Interim Analyses and Data Monitoring

No interim analysis or data monitoring is planned for this study.

7.5 Multi-Centre Studies and Pooling of Centres

Data from all the centres will be pooled together for the analysis.

7.6 Multiple Comparisons/Multiplicity

Not applicable.

7.7 Use of an "Efficacy Subset" of Patients

Not applicable to this study.

7.8 Active-Control Studies Intended to Show Equivalence

Not applicable to this study.

7.9 Examination of Subgroups

The following sub-group analysis will be performed only for demographics, baseline characteristics and efficacy tables:

1. de novo metastasis, recurrent (locoregional/distal) metastasis and Overall.

8. STATISTICAL ANALYSIS

8.1 Disposition of Patients

A tabular presentation of the patient disposition data will be provided by treatment group and overall. It will include the number of patients screened, enrolled, randomized, completed cycle 3, 6, 9,12 and 15, as well as the number of dropouts, with reasons for discontinuation, number in each population sets, number of patients with dose reductions or interruptions (if applicable), number patients with discontinuations due AEs etc. All patients data will be used for this report.

8.2 Protocol Deviations

A full list of protocol deviations for the study report will be compiled prior to database closure. All deviations will be reviewed by the Medical monitor prior to database closure. Each deviation will be categorized as major and minor and a decision will be taken by medical monitor whether to include the patient in a PP analysis population.

Protocol deviations will be presented as number and percentage of patients with minor and major deviations in the study for each treatment group and overall for all the patients in Safety analysis set. This data will also be listed as appropriate.

8.3 Analysis Populations

The following analysis populations are planned for this study:

8.3.1 Safety Population

The Safety Population will include all patients who receive at least 1 dose of the study medication. This population will be used for safety analysis.

8.3.2 Intent-to-Treat (ITT) Population

The ITT is the primary analysis population and will include data from patients who have received at least 1 dose of study medication. This population will be used for efficacy assessment. Per definition, the ITT and Safety population are similar in this study.

8.3.3 Protocol (PP) Population

The PP Population is a subset of the ITT population and will include patients without major protocol deviations. This population will also be used for efficacy assessment.

A deviation from the protocol is an unintended and/or unanticipated departure from the procedures and/or processes approved by the Sponsor and the IRB/IEC and agreed to by the Principal Investigator. Protocol deviations will be documented by the clinical monitor throughout the course of monitoring visits. Principal Investigator will be notified of deviations in writing by the monitor. The IRB/IEC should be notified of all protocol deviations according to IRB/IEC reporting requirements. Examples deviations included but not limited to:

- Failure to obtain informed consent (e.g., there is no documentation of informed consent) for a patient;
- Informed consent is obtained after initiation of study procedures;
- Enrolment of patient who has failed to meet the inclusion/exclusion criteria.

8.3.5 Pharmacokinetics (PK) population

Not Applicable.

8.4 Demographic and Other Baseline Characteristics

All demographic and baseline summaries will be based on all the patients in the Safety analysis Set.

Demographic and baseline characteristics data will be summarized using descriptive statistics (n, mean, Standard Deviation, median, minimum, maximum) for continuous variables, and using frequencies and percentages for categorical variables by treatment groups and overall.

Demographic characteristics will include age, race, gender, height, etc.

Disease characteristics will include time from initial diagnosis to enrolment, staging, number of prior therapies, (systemic therapy, radiotherapy and cancer surgery), type of cancer (locally advanced/metastatic), type of metastasis (de novo/recurrent), time from date of last therapy to enrolment, ECOG performance status, etc.

The demographic and baseline characteristics will also be summarized by metastasis type (de novo metastasis, recurrent (loco regional/distal) metastasis) and overall.

8.5 Prior and Concomitant Therapy

Prior medications are those that are taken only prior to initial dose of study drug. Concomitant medications are those that were taken while on study drug. Also, the medications / non-drug treatments which start after study treatment end date will be termed as ‘Concomitant’.

The medication data will be coded using WHO-Drug dictionary (WHODRUG GLOBAL B3 March 1, 2021) and the non-drug treatments data will be coded using MedDRA dictionary Version 24.0 (Hierarchy).

A summary of frequencies and percentages by ATC level 2 and Preferred Terms for each treatment group along with overall and the listing of the prior and concomitant treatments taken will be provided for all the patients in Safety Analysis Set.

8.6 Prior Therapies

Total number of prior systemic therapies in any setting and metastatic setting will be summarized using median and range. The prior systemic therapies in metastatic setting will include therapies give after the diagnosis of metastatic disease.

Number of prior systemictherapies in any setting and metastatic setting will be summarized using median and range.They will also be classified into-

- Chemotherapy
- Aromatase Inhibitors
- Fulvestrant
- CDK4/6 Inhibitors
- Others

The last prior therapy will be classified in the following categories and will be summarized by frequency and percentage-

- Chemotherapy
- Aromatase Inhibitors
- Fulvestrant
- CDK4/6 Inhibitors
- Tamoxifen

8.7 Analysis of Efficacy Parameters

All efficacy parameters will be summarized using ITT and PP analysis set.

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In situation, identical patients qualify in ITT and PP analysis set, the statistical summaries for such parameters will be presented only for ITT with corresponding note to avoid the replication of results.

8.7.1 Analysis of Primary Efficacy Variable

The primary endpoint will be analysed to assess the anti-tumour activity of tenalisib in patients with locally advanced or metastatic breast cancer.

The summary of patients without disease progression at the end of 6 months will be provided by frequency and percentage along with 95% confidence intervals of these percentages for both the treatment groups. The 95% confidence intervals of these percentages will be calculated using exact method based on binomial distribution.

The efficacy analysis will also be summarized by metastasis type (de novo metastasis, recurrent metastasis) and overall.

8.7.2 Analysis of Secondary Efficacy Variables

These secondary efficacy variables will be analysed and summarised to evaluate safety and tolerability of tenalisib.

- Overall Response Rate (ORR): It is defined as sum of CR and PR rates.

The percentages of CR+PR will be calculated and presented along with 95% confidence intervals of these percentages.
This data will be summarized using frequency, and percentage along with 95% confidence intervals of these percentages using exact method based on binomial distribution.
The corresponding listing will also be provided.

- Clinical Benefit Rate (CBR): It is defined as sum of CR, PR and SD at 24 weeks or longer.

The percentages of CR+PR+SD>=24 weeks will be calculated and presented along with 95% confidence intervals of these percentages.
This data will be summarized using frequency, and percentage along with 95% confidence intervals of these percentages using exact method based on binomial distribution.
The corresponding listing will also be provided.

- Progression Free Survival (PFS): It is defined as time from the first dose of study drug to documented disease progression or death due to any cause.
  PFS is measured from the time of first dose of study drug to radiographic (or tumour marker as applicable) documentation of disease progression or death due to any cause. Patients who did not progress or die will be censored on the last date the patient is known to be radiologically progression free. The summary table for PFS rate at 6-Month and 1-year by metastasis type will also be provided.

This variable will be analyzed via Kaplan-Meier methodology and displayed graphically for each treatment group and overall. The following reports will be generated:

- The Q1, median and Q3 PFS time will be provided. The 95% CI for the Q1, median, and Q3 PFS time will be presented for each treatment group and metastasis group using Brookmeyer-Crowley method.
- The number and % of patients with disease progressive events (further divided into progression or death) will be provided.
- The number and % of patients censored (further divided by reasons for censoring) will be provided.
- Kaplan-Meier curves will be produced.
- A listing of PFS data will be provided.

Additional efficacy variables

Duration of Treatment: Duration of treatment is defined as the time from first dose to last dose of drug.

Duration of response: Duration of response (DoR) is defined as the time from the first occurrence of partial or complete response to disease progression or death in patients who achieve complete or partial response. For patients who neither progress nor die, the duration of response will be censored on the last date the patient is known to be radiologically progression free. This variable will be analyzed via Kaplan-Meier methodology for each treatment group and overall as well as metastasis type and overall.

- The number and % of patients with partial or complete response.
- The number and % of patients censored (further divided by reasons for censoring) will be provided.

[redacted]

- The Q1, median and Q3 will be provided. The 95% CI for the Q1, median, and Q3 will be presented using Brookmeyer-Crowley method.

Duration of Clinical benefit: Duration of clinical benefit (DoCB) is defined as the time from the first dose of the study drug to disease progression or death in patients who achieve complete response, partial response, or stable disease for 24 weeks or longer. For patients who neither progress nor die, the duration of response will be censored on the last date the patient is known to be radiologically progression free. This variable will be analyzed via Kaplan-Meier methodology for each treatment group and overall as well as metastasis type and overall.

- The number and % of patients with partial or complete response or stable disease with 24 weeks or longer.
- The number and % of patients censored (further divided by reasons for censoring) will be provided.
- The Q1, median and Q3 will be provided. The 95% CI for the Q1, median, and Q3 will be presented using Brookmeyer-Crowley method.

Figures will be provided for best tumor response of each patient in Waterfall plot and visit wise tumor response by plotting with change from baseline.

8.7.3 Analysis of Pharmacokinetic Variables

Not applicable.

8.7.4 Subgroup Analyses

Here the subgroups to be analysed are as follows:

1. de novo metastasis, recurrent metastasis and Overall

8.7.5 Exploratory Analyses

This is not applicable for this SAP. The same will be prepared by Rhizen and the analysis results will be shared for inclusion in the study report.

8.8 Analysis of Safety

8.8. 1 Duration of Treatment Exposure and Compliance to Study Treatment

- Duration of Treatment

The duration of treatment (Treatment exposure) to the study medication for patient will be calculated as:

Treatment Exposure (day) = Last day of dosing – First Day of dosing + 1

A descriptive summary of duration of treatment (days) will be provided for each treatment group and by type of metastasis. In addition, a plot for duration on treatment will be provided per patient.

- Measurements of Treatment Compliance

For each patient, the treatment compliance is captured for each cycle in the eCRF and is expressed as percentage. The treatment compliance, will be summarized descriptively per Cycle for each treatment group. This data will be listed for individual patient.

8.8.2 Adverse Events

Adverse events (AEs) will be coded using the Medical Dictionary for Regulatory Activities MedDRA Version 24.0 (Hierarchy) for the Safety Analysis Set.

The analyses of safety will be based on the frequency of adverse events and their severity for patients in each portion who received at least one dose of study treatment.
Adverse events will be summarised by system organ class and preferred term; a patient will only be counted once per system organ class and once per preferred term within a treatment according to the maximum NCI CTCAE v.5.0 grade attained. Patient counts and percentages and event counts will be presented for each treatment and overall for all the summaries.

Treatment Emergent Adverse Events (TEAEs) are events with start date on or after the date of first dose of treatment or events with start date prior to the date of first dose of treatment whose severity worsens on or after the date of first dose of treatment.

An overall summary of TEAEs (number and percentage of patients along with the number of events) will be presented with the following:

- Any non-TEAE
- Any TEAE
- Related TEAEs
- Serious TEAEs
- Related Serious TEAEs
- Grade >=3 TEAEs
- Related Grade >=3 TEAEs
- TEAEs leading to discontinuation
- Related TEAEs leading to discontinuation
- TEAEs leading to dose reduction
- Related TEAEs leading to dose reduction
- Serious TEAEs leading to discontinuation
- Related Serious TEAEs leading to discontinuation
- TEAEs leading to dose interruptions
- Related TEAEs leading to dose interruptions
- Fatal TEAEs
- Related Fatal TEAEs
- Protocol-Defined Adverse Events of Special Interest:
  - Pregnancy, abortion, birth defects/congenital anomalies
  - Overdose

Summaries showing the number of patients (n, %) along with number of events by SOC and PT will be provided for the following:

1. TEAEs
2. Grade 3, 4 and 5 TEAEs
3. Treatment-related TEAEs
4. TEAE with maximum CTCAE grade
5. Treatment-Emergent SAEs
6. Treatment-Related SAEs
7. Treatment-related TEAEs with maximum CTCAE grade
8. TEAEs leading to dose reduction or interruptions
9. Treatment-related TEAEs leading to dose reduction or interruptions

[redacted]

10. TEAEs leading to Discontinuation of Study Drug
11. Treatment-related TEAEs leading to Discontinuation of Study Drug
12. Deaths

No statistical inference between the treatments will be performed on adverse events.

The adverse events data will also be listed for individual patients.

- AEs
- Related TEAEs
- Treatment Emergent Grade 3, 4 and 5 AEs
- Treatment Related Grade 3, 4 and 5 AEs
- Treatment Emergent SAEs
- Treatment Related SAEs
- TEAE leading to discontinuation

8.8.3 Clinical Laboratory Evaluations

Absolute and change from baseline values of laboratory parameters(viz. Total bilirubin, Hemoglobin, Alkaline phosphatase, Platelet count, ALT, Total WBC, AST, Absolute neutrophil count, GGT, creatinine) will be presented using descriptive statistics (n, mean, median, standard deviation, minimum and maximum values) for each cycle for each treatment group and overall.

The laboratory data will also be listed.
A separate listing of patients with abnormal laboratory test values will also be presented.
Based on the available data which is captured in the database, the laboratory data will be listed for the following clinical laboratory parameters:

Hematology	**Chemistry Panel I**	**Chemistry Panel II**	**Urinalysis**	**Other**
Hematocrit	Total bilirubin	Total Cholesterol	Blood	Serum β-hCG
Hemoglobin	Alkaline phosphatase	Triglyceride (TG)	Glucose	Urine pregnancy test
Platelet count	ALT	LDL	Protein	PT and INR
WBC (Total and differentials)	AST	HDL	Specific gravity	Serology (Hepatitis B, Hepatitis C, HIV)- Historical data is acceptable.
Absolute neutrophil count	LDH	T3,T4,TSH	Microscopic exam[b]	
	GGT			
	Blood glucose			
	Albumin			
	Total protein			
	Urea or BUN[a]			
	Creatinine			
	Sodium			

[redacted]		[redacted]		
	Potassium			
	Calcium			
	Phosphorous			
	Chloride			

[a] Blood Urea Nitrogen is preferred, if not available Urea may be tested.
[b] Microscopic exam, if abnormal results are noted

8.8.4 Other Observations Related to Safety

- **Vital Signs**

Absolute values of Vital data will be summarized descriptively (n, mean, median, standard deviation, minimum and maximum) per cycle for each treatment group and overall. A listing will also be provided.

A separate listing of patients with abnormal vital signs findings will also be presented.

- **Physical Findings**

Physical examination data at screening visit and abnormal physical examination data at follow-up visits will be listed.

- **Electrocardiogram**

Absolute values of ECG parameters as collected on CRF will be presented through n, mean, median, standard deviation, minimum, and maximum per cycle for each treatment group and overall. A summary of abnormal ECG results will also be provided per cycle for each treatment group including baseline visit using frequencies and percentages.

A listing of this data will also be provided. Also, a separate listing for the abnormal ECG values will also be presented.

- **Medical and Surgical history**

This data will be summarized using frequencies and percentages for each treatment group and overall by System Organ Class and Preferred Term. A listing will also be provided.

The medical history data will be coded using MedDRA dictionary Version 24.0 (Hierarchy).

- **ECOG**

ECOG performance status as captured in the eCRF will be summarized per cycle with number and percentage for each performance status category and treatment group along with overall. This data will also be listed.

- **Additional listings**

- Patient Visits
- Demography
- Main consent and Tumor biopsy informed consent
- Inclusion/Exclusion criteria
- Enrolment status
- Withdrawal or completion of study
- Analysis populations
- Breast Cancer diagnosis

[redacted]

- Cancer diagnosis
- Cancer assessment form at screening and follow up visits
- Systemic therapy
- Radiotherapy
- Cancer treatment history surgery
- Study drug exposure
- Study drug accountability
- Target lesion evaluation
- Non-target lesion evaluation
- Overall visit response assessment
- Pregnancy test
- Investigator Comments

8.9 Pharmacodynamics

Not Applicable.

9. Computer Software

All analyses will be performed by [redacted] using Version 9.4 or later of SAS® software. All summary tables and data listings will be prepared utilising SAS® software.

10. References

1. Brookmeyer R, Crowley JJ. A confidence interval for the median survival time. Biometrics. 38: 29-41, 1982.

11. Appendices

None.

12. Table shells and specifications

General programming instructions:
For tables:

1. The precision of the summary statistics (mean, median, SD, min, max) and inferential statistics (SE, confidence limits) should be as below:
   - Mean, median, quartiles, minimum and maximum values, standard deviation (SD), and confidence limits (CLs) should be reported with upto 2 decimal places.
   - Laboratory data should be reported upto 2 decimal places, as appropriate.

2. All p-values should be reported with precision 0.xxxx. If the p-value is less than 0.0001, the p-value should appear in the table as “<0.0001”.

3. Summary statistics for number of subjects with data summarized/analyzed should be lower case 'n' or 'n (%)'. Capital 'N' should only be used in column or row headers when indicating the total in the denominator, for example (N=xx).
4. When displaying percentages, if count is 0, no percentage would be displayed.

For Listings:

1. For listings, if there is no observation in the listing, display the header portion, and display a message of "No observation" in the table body text

The following table indicates the necessary outputs to support the report.

Sr. No.	Category	Output No.	Title
1	Table	Table 14.1.1.1	Patients Disposition - All Patients
2	Table	Table 14.1.2.1	Summary of Protocol Deviations – Safety Analysis Set
3	Table	Table 14.1.3.1	Demographic and Baseline Characteristics – Safety Analysis Set
4	Table	Table 14.1.3.2	Demographic and Baseline Characteristics for type of metastasis- Safety Analysis Set
5	Table	Table 14.1.4.1	Summary of Medical and Surgical History – Safety Analysis Set
6	Table	Table 14.1.5.1	Summary of Prior Medications - Safety Analysis Set
7	Table	Table 14.1.5.2	Summary of Concomitant Medications - Safety Analysis Set
8	Table	Table 14.1.5.3	Summary of Prior Non-Drug Treatments - Safety Analysis Set
9	Table	Table 14.1.5.4	Summary of Concomitant Non-Drug Treatments - Safety Analysis Set
10	Table	Table 14.2.1.1	Summary of patients without disease progression at the end of 6 months - ITT Analysis Set
11	Table	Table 14.2.1.2	Summary of Patients without Disease Progression at the End of 6 Months by Type of Metastasis - ITT Analysis Set
12	Table	Table 14.2.1.3	Summary of patients without disease progression at the end of 6 months – Per Protocol Analysis
13	Table	Table 14.2.1.3	Summary of Patients with 6-Month and 1-Year Progression Free Survival – ITT Analysis Set
14	Table	Table 14.2.1.3	Summary of Patients with 6-Month and 1-Year Progression Free Survival by Type of Metastasis – ITT Analysis Set
15	Table	Table 14.2.1.3	Summary of Patients with 6-Month and 1-Year Progression Free Survival – Per Protocol Analysis
16	Table	Table 14.2.2.1	Summary of Objective Response Rate and Clinical Benefit Rate - ITT Analysis Set
17	Table	Table 14.2.2.2	Summary of Objective Response Rate and Clinical Benefit Rate by type of Metastasis- ITT Analysis Set
18	Table	Table 14.2.2.3	Summary of Objective Response Rate and Clinical Benefit Rate - Per Protocol Analysis
19	Table	Table 14.2.3.1	Summary of Progression Free Survival - ITT Analysis Set
20	Table	Table 14.2.3.2	Summary of Progression Free Survival by type of metastasis - ITT Analysis Set
21	Table	Table 14.2.3.3	Summary of Progression Free Survival - Per Protocol Analysis
22	Table	Table 14.2.4.1	Summary of Duration of Response – ITT Analysis Set

[redacted]

23	Table	Table 14.2.4.2	Summary of Duration of Response by type of metastasis – ITT Analysis Set
24	Table	Table 14.2.4.3	Summary of Duration of Response – Per Protocol Analysis
25	Table	Table 14.2.4.4	Summary of Duration of clinical benefit – ITT Analysis Set
26	Table	Table 14.2.4.5	Summary of Duration of clinical benefit by type of metastasis – ITT Analysis Set
27	Table	Table 14.2.4.6	Summary of Duration of clinical benefit – Per Protocol Analysis
28	Table	Table 14.3.1.1	Overall Summary of Adverse Events - Safety Analysis Set
29	Table	Table 14.3.1.2	Treatment-Emergent Adverse Events by System Organ Class and Preferred Term - Safety Analysis Set
30	Table	Table 14.3.1.3	Treatment-Emergent Grade 3, 4 and 5 Adverse Events by System Organ Class and Preferred Term – Safety Analysis Set
31	Table	Table 14.3.1.4	Treatment-Emergent Serious Adverse Events by System Organ Class and Preferred Term - Safety Analysis Set
32	Table	Table 14.3.1.5	Treatment-Related Serious TEAEs by System Organ Class and Preferred Term - Safety Analysis Set
33	Table	Table 14.3.1.6	Treatment-Emergent Adverse Events by System Organ Class, Preferred Term and maximum CTCAE grade - Safety Analysis Set
34	Table	Table 14.3.1.7	Treatment-Related TEAEs by System Organ Class, Preferred Term and maximum CTCAE grade - Safety Analysis Set
35	Table	Table 14.3.1.8	Summary of Deaths by System Organ Class and Preferred Term - Safety Analysis Set
36	Table	Table 14.3.1.9	Treatment-Emergent Adverse Events leading to Dose Reduction or Interruptions by System Organ Class and Preferred Term – Safety Analysis Set
37	Table	Table 14.3.1.10	Treatment-Related TEAEs leading to Dose Reduction or Interruptions by System Organ Class and Preferred Term- Safety Analysis Set
38	Table	Table 14.3.1.11	Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug by System Organ Class and Preferred Term- Safety Analysis Set
39	Table	Table 14.3.1.12	Treatment-Related TEAEs leading to Discontinuation of Study Drug by System Organ Class and Preferred Term- Safety Analysis Set
40	Table	Table 14.3.2.1	Descriptive Summary of Hematology parameters - Safety Analysis Set
41	Table	Table 14.3.2.2	Descriptive Summary of Biochemistry parameters - Safety Analysis Set
42	Table	Table 14.3.3.1	Descriptive Summary of Vital Signs - Safety Analysis Set
43	Table	Table 14.3.4.1	Descriptive Summary of ECG - Safety Analysis Set
44	Table	Table 14.3.4.2	Summary of Abnormal ECG results - Safety Analysis Set
45	Table	Table 14.3.5.1	Summary of ECOG Performance Status - Safety Analysis Set
46	Table	Table 14.3.6.1	Duration of Treatment Exposure and Compliance - Safety Analysis Set
47	Table	Table 14.3.6.2	Duration of treatment exposure by type of metastasis – Safety Analysis Set
48	Listing	Listing 16.2.1.1	Screened patients - All Patients
49	Listing	Listing 16.2.1.2	Randomization - All Enrolled Patients
50	Listing	Listing 16.2.1.3	Eligibility Review - All Patients

[redacted] [redacted]

51	Listing	Listing 16.2.1.4	Reasons for Withdrawal of Patient from the Study – Safety Analysis Set
52	Listing	Listing 16.2.1.5	Patient Visits - All Patients
53	Listing	Listing 16.2.2	Protocol Deviations during the Study - Safety Analysis Set
54	Listing	Listing 16.2.3	Analysis Populations - All Patients
55	Listing	Listing 16.2.4.1	Demography Data - Safety Analysis Set
56	Listing	Listing 16.2.4.2	Medical History, Surgical History and Concomitant/Current Illnesses - Safety Analysis Set
57	Listing	Listing 16.2.4.3	Prior Therapy - Safety Analysis Set
58	Listing	Listing 16.2.4.4	Cancer Diagnosis – Safety Analysis Set
59	Listing	Listing 16.2.4.5	Prior and Concomitant Medications - Safety Analysis Set
60	Listing	Listing 16.2.4.6	Prior and Concomitant Non-Drug Treatments - Safety Analysis Set
61	Listing	Listing 16.2.5.1	Study Drug Exposure - Safety Analysis Set
62	Listing	Listing 16.2.5.2	Study Drug Accountability - Safety Analysis Set
63	Listing	Listing 16.2.6.1	Cancer Assessment – All Patients
64	Listing	Listing 16.2.6.2	Target Lesion Assessment - All Patients
65	Listing	Listing 16.2.6.3	Non-Target Lesion assessment - All Patients
66	Listing	Listing 16.2.6.4	Overall Tumor assessment - ITT Analysis Set
67	Listing	Listing 16.2.6.5	New lesion assessment – ITT Analysis Set
68	Listing	Listing 16.2.6.6	Visit Wise Response - ITT Analysis Set
69	Listing	Listing 16.2.6.7	ECOG Performance Status - Safety Analysis Set
70	Listing	Listing 16.2.7.1	Adverse Events - Safety Analysis Set
71	Listing	Listing 16.2.7.2	Treatment-Related TEAEs - Safety Analysis Set
72	Listing	Listing 16.2.7.3	Treatment-Emergent Grade 3, 4 and 5 Adverse Events - Safety Analysis Set
73	Listing	Listing 16.2.7.4	Treatment-Related Grade 3, 4 and 5 TEAEs - Safety Analysis Set
74	Listing	Listing 16.2.7.5	Treatment-Emergent Serious Adverse Events - Safety Analysis Set
75	Listing	Listing 16.2.7.6	Treatment-Related Serious TEAEs - Safety Analysis Set
76	Listing	Listing 16.2.7.7	Treatment-Emergent Adverse Events leading to Discontinuation of study drug – Safety Analysis Set
77	Listing	Listing 16.2.7.8	Treatment-Emergent Adverse Events leading to death – Safety Analysis Set
78	Listing	Listing 16.2.8.1.1	Clinical Laboratory Evaluations – Hematology - Safety Analysis Set

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79	Listing	Listing 16.2.8.1.2	Abnormal Laboratory Values – Hematology - Safety Analysis Set
80	Listing	Listing 16.2.8.2.1	Clinical Laboratory Evaluations - Biochemistry - Safety Analysis Set
81	Listing	Listing 16.2.8.2.2	Abnormal Laboratory Values – Biochemistry – Safety Analysis Set
82	Listing	sting 16.2.8.3.1	Clinical Laboratory Evaluations – Urinalysis - Safety Analysis Set
83	Listing	Listing 16.2.8.3.2	Abnormal Laboratory Values – Urinalysis - Safety Analysis Set
84	Listing	Listing 16.2.8.4	Pregnancy Test - Safety Analysis Set
85	Listing	Listing 16.2.9.1	Vital Signs - Safety Analysis Set
86	Listing	Listing 16.2.9.2	Abnormal Clinically Significant Vital Signs Values - Safety Analysis Set
87	Listing	Listing 16.2.10.1	Physical Examination at Screening - Safety Analysis Set
88	Listing	Listing 16.2.10.2	Follow up Abnormal Physical Examination Results - Safety Analysis Set
89	Listing	Listing 16.2.11.1	12-Lead ECG Results - Safety Analysis Set
90	Listing	Listing 16.2.11.2	Abnormal ECG Values - Safety Analysis Set
91	Listing	Listing 16.2.12.1	Comment Logs – All Patients
92	Figure	Figure 14.1.6.2	Duration of Treatment plot- Safety Analysis Set
	Figure	Figure 14.1.6.3	Duration of treatment plot by metastasis type – Safety Analysis Set
93	Figure	Figure 14.2.3.4	Kaplan-Meier plot for PFS- ITT Analysis Set
94	Figure	Figure 14.2.3.5	Kaplan-Meier plot for PFS- Per Protocol Analysis
95	Figure	Figure 14.2.2.4	Best Response (% change from Baseline) in sum of lesion diameters plot - ITT Analysis Set
96	Figure	Figure 14.2.2.5	Best Response (% change from Baseline) in sum of lesion diameters plot - Per Protocol Analysis
97	Figure	Figure 14.2.2.6	Visit Wise Tumor Response Plot - ITT Analysis Set
98	Figure	Figure 14.2.2.7	Visit Wise Tumor Response Plot - Per Protocol Analysis

Table 14.1.1.1
Patients Disposition
All Patients

	Tenalisib 800 mg BID	Tenalisib 1200 mg BID	Overall
Total number of patients Screened			xx
Number of patients Enrolled			xx
Number of patients Randomized	xx	xx	xx
Number (%) of patients			
Completed Cycle 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
Completed Cycle 6	xx (xx.x)	xx (xx.x)	xx (xx.x)
Completed Cycle 9	xx (xx.x)	xx (xx.x)	xx (xx.x)
Completed Cycle 12	xx (xx.x)	xx (xx.x)	xx (xx.x)
Completed Cycle 15	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued study [n (%)][#]	xx (xx.x)	xx (xx.x)	xx (xx.x%)
Primary reason for discontinuation*			
Adverse Event [n (%)]	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death [n (%)][$]			
Disease progression [n (%)]	xx (xx.x)	xx (xx.x)	xx (xx.x)
Investigator's decision [n (%}]	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other [n (%)]	xx (xx.x)	xx (xx.x)	xx (xx.x)
Xxxxxxxxx	xx (xx.x)	xx (xx.x)	xx (xx.x)
Etc.			
Number (%) of patients in			
Safety Analysis Set	xx (xx.x)	xx (xx.x)	xx (xx.x)
Intent-To-Treat Analysis Set	xx (xx.x)	xx (xx.x)	xx (xx.x)
Per Protocol Analysis Set	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number (%) of patients with			

Table 14.1.1.1
Patients Disposition
All Patients

	Tenalisib 800 mg BID	Tenalisib 1200 mg BID	Overall
Drug interruptions due to AEs	xx (xx.x)	xx (xx.x)	xx (xx.x)
Drug discontinuation due to AEs	xx (xx.x)	xx (xx.x)	xx (xx.x)
Dose reduction due to AEs ^	xx (xx.x)	xx (xx.x)	xx (xx.x)

Number of patients discontinued at the end of the study.
*A patient may have multiple reasons for discontinuation from the study and such patients are counted in each reason for discontinuation as reported in the eCRF.
$A patient who had a non-related adverse event which was documented as "death due to unknown cause" is also recorded an adverse event leading to study discontinuation.
Percentages are based on the total number of patients randomized in each treatment group.
Percentages for reason of discontinuation are based on the total number of patients discontinued in each treatment group.
Safety Analysis Set includes all patients who received at least one dose of study medication.
Intent-to-Treat Analysis Set includes all patients who received at least one dose of study medication.
Per Protocol Analysis Set includes all patients in the Intent-to-Treat Set without major protocol deviations.
Patients under the category 'Drug interruption followed by dose reduction' are counted in both the groups 'Drug interruption' and 'Dose reduction'.
^The dose reduction information is collated from the treatment exposure page of the eCRF.
AE:Adverse Event
Reference Listing xxxxxx
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Table 14.1.2.1
Summary of Protocol Deviations
Safety Analysis Set

	Tenalisib 800 mg BID (N=XX) n (%), E	Tenalisib 1200 mg BID (N=XX) n (%), E	Overall (N=XX) n (%), E
All Protocol Deviations	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Major Protocol Deviations	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Minor Protocol Deviations	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Patients with at least one protocol deviation	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Study medication therapy	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Study Procedure out of time frame/Missing	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Lab Procedure/Assessment missing	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Visit Schedule / Out-of-Window	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Concomitant Medications	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Consent Procedure	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Randomization/Study Drug	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Efficacy Assessment	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Inclusion / Exclusion Criteria	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx

Percentages are based on the total number of patients (N) in each treatment group.
n: Number of patients with protocol deviation, E: Number of protocol deviations

Reference Listing xxxxx
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Table 14.1.3.1
Demographic and Baseline Characteristics
Safety Analysis Set

	Tenalisib 800 mg BID (N=XX) n (%), E	Tenalisib 1200 mg BID (N=XX) n (%), E	Overall (N=XX) n (%), E
Age (years)			
n	Xx	xx	xx
Mean	xx.xxx	xx.xxx	xx.xxx
SD	xx.xxxx	xx.xxxx	xx.xxxx
Median	xx.xxx	xx.xxx	xx.xxx
Min, Max	xx.xx, xx.xx	xx.xx, xx.xx	xx.xx, xx.xx
Race [n (%)]			
Asian	xx (xx.xx)	xx (xx.xx	xx (xx.xx)
Black or African American	xx (xx.xx)	xx (xx.xx)	xx (xx.xx)
White/Caucasian	xx (xx.xx)	xx (xx.xx)	xx (xx.xx)
Others	xx (xx.xx)	xx (xx.xx)	xx (xx.xx)
Unknown/Not reported	xx (xx.xx)	xx (xx.xx)	xx (xx.xx)
Height (cm)			
n	Xx	xx	xx
Mean	xx.xxx	xx.xxx	xx.xxx
SD	xx.xxxx	xx.xxxx	xx.xxxx
Median	xx.xxx	xx.xxx	xx.xxx
Min, Max	xx.xx, xx.xx	xx.xx, xx.xx	xx.xx, xx.xx
Weight (kg)			
n	Xx	xx	xx
Mean	xx.xxx	xx.xxx	xx.xxx
SD	xx.xxxx	xx.xxxx	xx.xxxx
Median	xx.xxx	xx.xxx	xx.xxx

[redacted]	[redacted]		
Min, Max	xx.xx, xx.xx	xx.xx, xx.xx	xx.xx, xx.xx
Childbearing potential[n (%)]			
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)
No	xx (xx.x)	xx (xx.x)	xx (xx.x)
Menopausal status[n (%)]			
Post-menopausal women	xx (xx.xx)	xx (xx.xx)	xx (xx.xx)
Peri-menopausal women	xx (xx.xx)	xx (xx.xx)	xx (xx.xx)
Pre-menopausal women	xx (xx.xx)	xx (xx.xx)	xx (xx.xx)

Time from the initial diagnosis to enrollment (months)*			
n	xx	xx	Xx
Mean	xx.xxx	xx.xxx	xx.xxx
SD	xx.xxxx	xx.xxxx	xx.xxxx
Median	xx.xxx	xx.xxx	xx.xxx
Q1, Q3	xx.xxx, xx.xxx	xx.xxx, xx.xxx	xx.xxx, xx.xxx
Min, Max	xx.xx, xx.xx	xx.xx, xx.xx	xx.xx, xx.xx
Number (%) of patients who received			
Systemic therapies	xx (xx.x)	xx (xx.x)	xx (xx.x)
Surgeries	xx (xx.x)	xx (xx.x)	xx (xx.x)
Radiotherapy	xx (xx.x)	xx (xx.x)	xx (xx.x)
Time from date of last therapy to enrollment (days)*			
n	xx	xx	xx
Mean	xx.xxx	xx.xxx	xx.xxx
SD	xx.xxxx	xx.xxxx	xx.xxxx
Median	xx.xxx	xx.xxx	xx.xxx
Q1, Q3	xx.xxx, xx.xxx	xx.xxx, xx.xxx	xx.xxx, xx.xxx
Min, Max	xx.xx, xx.xx	xx.xx, xx.xx	xx.xx, xx.xx

[redacted] [redacted]

Total number of prior systemic therapies in any setting [Median (Range)]	xx (xx-xx)	xx (xx-xx)	xx (xx-xx)
Number of patients with prior systemic therapies in any setting [n (%)]			
Therapy < 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
Therapy 3-5	xx (xx.x)	xx (xx.x)	xx (xx.x)
Therapy > 5	xx (xx.x)	xx (xx.x)	xx (xx.x)
Total Number of prior systemic therapies in metastatic setting [median (range)]	xx (Range)	xx (Range)	xx (Range)
Number of patients with prior systemic therapies in metastatic setting [n (%)]			
Therapy < 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
Therapy 3-5	xx (xx.x)	xx (xx.x)	xx (xx.x)
Therapy > 5	xx (xx.x)	xx (xx.x)	xx (xx.x)
No Therapy	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of Patients with prior systemic therapy in any Setting , [n (%)]			
Chemotherapy	xx (xx-xx)	xx (xx-xx)	xx (xx-xx)
Aromatase Inhibitors	xx (xx-xx)	xx (xx-xx)	xx (xx-xx)
Fulvestrant	xx (xx-xx)	xx (xx-xx)	xx (xx-xx)
CDK4/6 Inhibitors	xx (xx-xx)	xx (xx-xx)	xx (xx-xx)
Others	xx (xx-xx)	xx (xx-xx)	xx (xx-xx)
Number of Patients with Prior Systemic Therapy in Metastatic Setting [n (%)]			
Chemotherapy	xx (xx.x)	xx (xx.x)	xx (xx.x)
Aromatase Inhibitors	xx (xx.x)	xx (xx.x)	xx (xx.x)
Fulvestrant	xx (xx.x)	xx (xx.x)	xx (xx.x)
CDK4/6 Inhibitors	xx (xx.x)	xx (xx.x)	xx (xx.x)
Others	xx (xx.x)	xx (xx.x)	xx (xx.x)

Last Prior Therapy [n (%)]			
Chemotherapy	xx (xx.x)	xx (xx.x)	xx (xx.x)
Aromatase Inhibitors	xx (xx.x)	xx (xx.x)	xx (xx.x)
Fulvestrant	xx (xx.x)	xx (xx.x)	xx (xx.x)
CDK4/6 Inhibitors	xx (xx.x)	xx (xx.x)	xx (xx.x)
Tamoxifen	xx (xx.x)	xx (xx.x)	xx (xx.x)
Stage IVA/IVB [n (%)]	xx (xx.x)	xx (xx.x)	xx (xx.x)
Visceral Disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Non-Visceral Disease	xx (xx.x)	xx (xx.x)	xx (xx.x)
Metastatic Sites [n (%)]			
Liver	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lung	xx (xx.x)	xx (xx.x)	xx (xx.x)
Breast	xx (xx.x)	xx (xx.x)	xx (xx.x)
Bone	xx (xx.x)	xx (xx.x	xx (xx.x)
Lymph Node	xx (xx.x)	xx (xx.x)	xx (xx.x)
No. of lesion sites, n (%)			
≥ 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
Subtypes [n (%)]			
ER+ PR+HER-	xx (xx.x)	xx (xx.x)	xx (xx.x)
ER+ PR-HER-	xx (xx.x)	xx (xx.x)	xx (xx.x)
TNBC	xx (xx.x%)	xx (xx.x)	xx (xx.x%)
ECOG Performance Status**			
0	xx (xx.x)	xx (xx.x)	xx (xx.x)
1	xx (xx.x)	xx (xx.x)	xx (xx.x)
2	xx (xx.x)	xx (xx.x)	xx (xx.x)
>=3	xx (xx.x)	xx (xx.x)	xx (xx.x)

Percentages are based on the total number of patients (N) in each treatment group, Q1: First quartile, Q3: Third Quartile, ECOG:Eastern Cooperative Oncology Group.
*Partial dates are imputed using the missing data conventions as mentioned in the Statistical analysis plan.
**The baseline measurement is the last pre-treatment measurement taken on or before Cycle 1 Day 1.
Q1: First Quartile; Q3: Third Quartile; ECOG: Eastern Cooperative Oncology Group.

Reference Listing 16.2.4.x, 16.2.4.x, etc.
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Use same format:
Table 14.1.3.2 Demographic and Baseline Characteristics for Type of Metastasis- Safety Analysis Set
<Column 1: same as table 14.1.3.1; Column 2: de novo metastasis; Column 3: recurrent metastasis; Column 4: Overall>
Add Footnote- " Recurrent metastasis includes both loco regional and distal metastasis."

Table 14.1.4.1
Summary of Medical and Surgical History
Safety Analysis Set

System Organ Class Preferred Term	Tenalisib 800 mg BID (N=XX) n (%)	Tenalisib 1200 mg BID (N=XX) n (%)	Overall (N=XX) n (%)
Patients with at least one medical/surgical history	xx (xx.x)	xx (xx.x)	xx (xx.x)
SOC1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT3	xx (xx.x)	xx (xx.x)	xx (xx.x)
SOC2	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)
Etc.			

Percentages are based on the total number of patients (N) in each treatment group.
MedDRA (version 24.0) coding dictionary applied.
A patient with two or more medical/surgical history terms in the same system organ class (or with the same preferred term) is counted only once for that system organ class (or preferred term).
System organ classes are sorted in alphabetical order. Preferred terms are sorted within system organ class by descending order of frequency of overall preferred terms.

Reference Listing 16.2.4.x
Program:xx.sas Table Generation:ddmmmyyyy hh:mm:ss

Table 14.1.5.1
Summary of Prior Medications
Safety Analysis Set

ATC Level 2 Preferred Term	Tenalisib 800 mg BID (N=XX) n (%)	Tenalisib 1200 mg BID (N=XX) n (%)	Overall (N=XX) n (%)
Patients with at least one Prior Medication	xx (xx.x)	xx (xx.x)	xx (xx.x)
ATC1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT3	xx (xx.x)	xx (xx.x)	xx (xx.x)
ATC2	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)
Etc.			

Percentages are based on the total number of patients (N) in each treatment group.
Medications are coded using WHO-DD classification (version Mar2021).
A patient with two or more prior medications in the same ATC Level 2 (or with the same preferred term) is counted only once for that ATC Level 2 (or preferred term).
ATC Level 2 terms are sorted in alphabetical order. Preferred terms are sorted within ATC level 2 terms by descending order of frequency of overall preferred terms.
Prior medications are those that were taken only prior to the first dose of study drug.

Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Table 14.1.5.2
Summary of Concomitant Medications
Safety Analysis Set

ATC Level 2 Preferred Term	Tenalisib 800 mg BID (N=XX) n (%)	Tenalisib 1200 mg BID (N=XX) n (%)	Overall (N=XX) n (%)
Patients with at least one Concomitant Drug Treatments	xx (xx.x)	xx (xx.x)	xx (xx.x)
ATC1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)
Etc.			

Percentages are based on the total number of patients (N) in each treatment group.
Medications are coded using WHO-DD classification (version Mar2021).
A patient with two or more concomitant medications in the same ATC Level 2 (or with the same preferred term) is counted only once for that ATC Level 2 (or preferred term).
ATC Level 2 terms are sorted in alphabetical order. Preferred terms are sorted within ATC level 2 terms by descending order of frequency of overall preferred terms.
Concomitant Medication is defined as those taken while on study drug including the ones that started before the initial dose of study drug and the medications which start after study drug.

Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Table 14.1.5.3
Summary of Prior Non-Drug Treatments
Safety Analysis Set

System Organ Class Preferred Term	Tenalisib 800 mg BID (N=XX) n (%)	Tenalisib 1200 mg BID (N=XX) n (%)	Overall (N=XX) n (%)
Patients with at least one Prior Non-Drug Treatment	xx (xx.x)	xx (xx.x)	xx (xx.x)
SOC1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)
Etc.			

Percentages are based on the total number of patients (N) in each treatment group.
Non-drug treatments are coded using MedDRA (version 24.0).
A patient with two or more prior non-drug treatments in the same system organ class (or with the same preferred term) is counted only once for that system organ class (or preferred term).
System organ classes are sorted in alphabetical order. Preferred terms are sorted within system organ class by descending order of frequency of overall preferred terms.
Prior non-drug treatments are those that were taken only prior to the first dose of study drug.

Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Table 14.1.5.4
Summary of Concomitant Non-Drug Treatments
Safety Analysis Set

System Organ Class Preferred Term	Tenalisib 800 mg BID (N=XX) n (%)	Tenalisib 1200 mg BID (N=XX) n (%)	Overall (N=XX) n (%)
Patients with at least one Concomitant Non-Drug Treatment	xx (xx.x)	xx (xx.x)	xx (xx.x)
SOC1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)
Etc.			

Percentages are based on the total number of patients (N) in each treatment group.
A patient with two or more concomitant non-drug treatments in the same system organ class (or with the same preferred term) is counted only once for that system organ class (or preferred term).
Non-drug treatments are coded using MedDRA (version 24.0).
System organ classes are sorted in alphabetical order. Preferred terms are sorted within system organ class by descending order of frequency of overall preferred terms.
Concomitant non-drug treatments are those that were taken while on study drug. The non-drug treatments that started after the discontinuation of study drug will also be termed as 'Concomitant non-drug treatments'

Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Table 14.2.1.1
Summary of Patients Without Disease Progression at the End of 6 Months
ITT Analysis Set

	Tenalisib 800 mg BID (N=xx)	Tenalisib 1200 mg BID (N=xx)	Overall (N=xx)
Number (%) of patients without progression at the End of 6 months	xx (xx.x)	xx (xx.x)	xx (xx.x)
95% CI*	(xx.x, xx.x)	(xx.x, xx.x)	(xx.x, xx.x)

The Intent - to - Treat (ITT) analysis set includes all patients who received at least 1 dose of study medication.
Percentages are based on the total number of patients (N) in each treatment group.
* The 95% CIs are reported using exact method based on binomial distribution.
At 6 months, patients with treatment duration ≥180 days are summarized.

Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss
Use same format for

1. Table 14.2.1.2 Summary of Patients without Disease Progression at the End of 6 Months by Type of Metastasis – ITT Analysis Set
   <Column 1: same as table 14.2.1.1; Column 2: de novo metastasis; Column 3: recurrent metastasis; Column 4: Overall>
2. Table 14.2.1.3 Summary of Patients without Disease Progression at the End of 6 Months – Per Protocol Analysis
3. Table 14.2.1.4 Summary of Patients with 6-Month and 1-Year Progression Free Survival – ITT Analysis Set
   <Column 1: First line "Number (%) of patients without Progressive disease/Death at 6 Month"
   Second line "Number (%) of patients without Progressive disease/Death at 1 year;
   Add footnote-"At 1 year, patients with treatment duration ≥360 days are summarized."
4. Table 14.2.1.5 Summary of Patients with 6-Month and 1-Year Progression Free Survival by Type of Metastasis – ITT Analysis Set
   <Column 1: First line "Number (%) of patients without Progressive disease/Death at 6 Month"
   Second line "Number (%) of patients without Progressive disease/Death at 1 year;
   Add footnote-"At 1 year, patients with treatment duration ≥360 days are summarized."
   Column 2: de novo metastasis; Column 3: recurrent metastasis; Column 4: Overall>
5. Table 14.2.1.6 Summary of Patients with 6-Month and 1-Year Progression Free Survival – Per Protocol Analysis

Table 14.2.2.1
Summary of Objective Response Rate and Clinical Benefit Rate
ITT Analysis Set

	Tenalisib 800 mg BID (N=xx)	Tenalisib 1200 mg BID (N=xx)	Overall (N=xx)
Number (%) of patients			
95% CI*			
CR	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
PR	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
SD	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
SD>=24 weeks	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
PD	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
Not Evaluated	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
ORR (CR+PR)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
CBR (CR+PR+SD>=24 weeks)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)

The ITT analysis set includes all patients who received at least 1 dose of study medication.
Percentages are based on the total number of patients (N) in each treatment group.

[redacted] [redacted]

* The 95% CIs are reported using exact method based on binomial distribution.
The BOR is defined as the best visit response recorded from the start of the treatment until disease progression/recurrence. The response rates (CR/ PR/ SD/SD>=24 weeks/PD) are estimated using (BOR) recorded in each patient. For the patients without any post-baseline efficacy assessment, BOR is considered as 'Not evaluated'.
For SD ≥24 weeks, patients with treatment duration ≥168 (±7) days are summarized.
CR- Complete Response; PR- Partial Response; SD- Stable Disease; PD- Progressive Disease; ORR- Objective Response Rate; CBR- Clinical Benefit Rate.
Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss
Use same format for

1. Table 14.2.2.2 Summary of Objective Response Rate and Clinical Benefit Rate by type of metastasis – ITT Analysis Set
   <Column 1: same as table 14.2.2.1; Column 2: de novo metastasis; Column 3: recurrent metastasis; Column 4: Overall>
2. Table 14.2.2.3 Summary of Objective Response Rate and Clinical Benefit Rate – Per Protocol Analysis

Table 14.2.3.1
Summary of Progression Free Survival
ITT Analysis Set

	Tenalisib 800 mg BID (N=xx)	Tenalisib 1200 mg BID (N=xx)	Overall (N=xx)
Number (%) of patients with Progressive Disease/Death	xx (xx.x)	xx (xx.x)	xx (xx.x)
Progressive Disease, n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death, n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number (%) of censored patients	xx (xx.x)	xx (xx.x)	xx (xx.x)
Reason for Censoring n(%)			
xxxxxxxxxxxxxxxxx	xx (xx.x)	xx (xx.x)	xx (xx.x)
xxxxxxxxxxxxxxxxx	xx (xx.x)	xx (xx.x)	xx (xx.x)
Time to Progressive Disease/ Death (days) Quartiles (95% CI)*			
Q1	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)
Median	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)
Q3	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)
Range (min, max)	(xx, xx)	(xx, xx)	(xx, xx)

The ITT analysis set includes data from all patients who received at least 1 dose of study medication.

Percentages are based on the total number of patients (N) in each treatment group.

[redacted] [redacted]

Time to Progression Free Survival (PFS) is defined as the time from the first dose of the study drug to documented disease progression or death due to any cause. For Patients who neither progress nor die, the duration of response is censored on the last date the patient is known to be radiologically progression free.

*Quartiles are calculated using Kaplan-Meier Estimate method. The 95% confidence intervals are calculated using Brookmeyer and Crowley Method.

Reference Listing 16.2.x.x

Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Use same format for

1. Table 14.2.3.2 Summary of Progression Free Survival by type of metastasis – ITT Analysis Set
   <Column 1: same as table 14.2.3.1; Column 2: de novo metastasis; Column 3: recurrent metastasis; Column 4: Overall>
2. Table 14.2.3.3 Summary of Progression Free Survival– Per Protocol Analysis

Protocol RP6530-2101 Page xx of yy
Table 14.2.4.1
Summary of Duration of Response
ITT Analysis Set

	Tenalisib 800 mg BID (N=xx)	Tenalisib 1200 mg BID (N=xx)	Overall (N=xx)
Number (%) of Patients with Partial/Complete Response *	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Number (%) of Censored Patients	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Reason for Censoring n (%)			
xxxxxxxxxxxxxxxxxxx	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Duration of Response (days)			
Quartiles (95% CI)*			
Q1	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)
Median	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)
Q3	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)
Range (min, max)	(xx,xx)	(xx,xx)	(xx,xx)

The ITT is the primary analysis population and will include data from patients who have received at least 1 dose of study medication.
*Percentages are based on the total number of patients (N) in each treatment group.
Percentages are based on the total number of patients with Partial/Complete Response in each treatment group.
Duration of Response (DoR) is defined as time from the first occurrence of partial or complete response to disease progression or death in patients who achieve complete or partial response. For patients who neither progress nor die, the duration of response is censored on the last date the patient is known to be radiologically progression free.
*Quartiles are calculated using Kaplan-Meier Estimate method. The 95% confidence intervals are displayed using Brookmeyer and Crowley Method.

Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Use same format for

1. Table 14.2.4.2 Summary of Duration of Response by type of metastasis – ITT Analysis Set
   <Column 1: same as table 14.2.4.1; Column 2: de novo metastasis; Column 3: recurrent metastasis; Column 4: Overall>
2. Table 14.2.4.3 Summary of Duration of Response by type of metastasis – Per Protocol Analysis

3. Table 14.2.4.4 Summary of Duration of clinical benefit– ITT Analysis Set
   <Column 1: Update the text to "Number (%) of Patients with Partial Response/Complete Response /Stable Disease>=24 weeks";
   "Duration of Clinical Benefit (days)"
   Updated footnote as-
   Duration of clinical benefit (DoCB) is defined as the time from the first dose of study drug to disease progression or death in patients who achieve complete response, partial response, or stable disease for 24 weeks or longer. For patients who neither progress nor die, the duration of response is censored on the last date the patient is known to be radiologically progression free.
   For stable disease ≥24 weeks, patients with treatment duration ≥168 (±7) days are summarized.

4. Table 14.2.4.5 Summary of Duration of clinical benefit by type of metastasis – ITT Analysis Set
   <Column 1: Update the text to "Number (%) of Patients with Partial Response/Complete Response /Stable Disease >= 24 weeks";
   "Duration of Clinical Benefit (days)"
   Updated footnote as-
   Duration of clinical benefit (DoCB) is defined as the time from the first dose of study drug to disease progression or death in patients who achieve complete response, partial response, or stable disease for 24 weeks or longer. For patients who neither progress nor die, the duration of response is censored on the last date the patient is known to be radiologically progression free.
   For stable disease ≥24 weeks, patients with treatment duration ≥168 (±7) days are summarized.

   Column 2: de novo metastasis; Column 3: recurrent metastasis; Column 4: Overall>
5. Table 14.2.4.6 Summary Duration of clinical benefit– Per Protocol Analysis
   <Column 1: Update the text to "Number (%) of Patients with Partial Response/Complete Response /Stable Disease >= 24 weeks";
   "Duration of Clinical Benefit (days)"
   Updated footnote as- Duration of clinical benefit (DoCB) is defined as the time from the first dose of study drug to disease progression or death in patients who achieve complete response, partial response, or stable disease for 24 weeks or longer. For patients who neither progress nor die, the duration of response is censored on the last date the patient is known to be radiologically progression free. For stable disease ≥24 weeks, patients with treatment duration ≥168 (±7) days are summarized

Protocol RP6530-2101
Table 14.3.1.1
Overall Summary of Adverse Events
Safety Analysis Set

	Tenalisib 800 mg BID (N=xx) n (%), E	Tenalisib 1200 mg BID (N=XX) n (%), E	Overall (N=XX) n (%), E
Any non-TEAE	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Any TEAE	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Related TEAEs	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Serious TEAEs	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Related Serious TEAEs	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Grade ≥ 3 TEAEs	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Related Grade ≥ 3 TEAEs	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
TEAEs leading to discontinuation	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Related TEAEs leading to discontinuation	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
TEAEs leading to dose reduction^	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Related TEAEs leading to dose reduction^	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Serious TEAEs leading to discontinuation	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Related Serious TEAEs leading to discontinuation	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
TEAEs leading to drug interruption	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Related TEAEs leading to druginterruption	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Fatal TEAEs	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Related Fatal TEAEs	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx

[redacted] [redacted]

	Tenalisib 800 mg BID (N=xx) n (%), E	Tenalisib 1200 mg BID (N=XX) n (%), E	Overall (N=XX) n (%), E
Protocol-Defined Adverse Events of Special Interest	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Pregnancy	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Abortion	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Birth defects/congenital anomalies	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx
Overdose	xx (xx.x), xx	xx (xx.x), xx	xx (xx.x), xx

Percentages are based on the total number of patients (N) in each treatment group.

Treatment-Emergent Adverse Events are those that start on or after the date of first dose of study drug.
Discontinuation refers to discontinuation of study drug.
Patients under the category 'Drug interruption followed by dose reduction' are counted in both the groups 'Drug interruption' and 'Dose reduction'.
^The dose reduction information is collated from the treatment exposure page of the eCRF.
n: Number of patients with any event, E: Number of events, TEAE: Treatment-Emergent Adverse Event.

Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Table 14.3.1.2
Treatment-Emergent Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

System Organ Class Preferred Term	Tenalisib 800 mg BID (N=xx)			Tenalisib 1200 mg BID (N=xx)			Overall (N=xx)		
	Related n (%), E	Not Related n (%), E	Total n (%), E	Related n (%), E	Not Related n (%), E	Total n (%), E	Related n (%), E	Not Related n (%), E	Total n (%), E
At Least one TEAE	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
SOC1	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
PT1	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
PT2	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
Etc.									

Percentages are based on the total number of patients (N) in each treatment group.
n: Number of patients with any event, E: Number of events, TEAE: Treatment-Emergent Adverse Event
A patient with two or more adverse events in the same system organ class (or with the same preferred term) is counted only once for that system organ class (or preferred term).
Treatment-Emergent Adverse Events are coded using MedDRA (version 24.0)
A patient experiencing an adverse event at multiple occasions with distinct relationships status with study treatment is counted under both “Related” and “Not Related” categories. The events (E) are counted as per their relationship with the study treatment.
System organ classes are sorted in alphabetical order. Preferred terms are sorted within system organ class by descending order of frequency of overall preferred terms.
Treatment-Emergent Adverse Events are those that start on or after the date of first dose of study drug.
Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss
Use same format for
Table 14.3.1.3 Treatment-Emergent Grade 3, 4 and 5 Adverse Events by System Organ Class and Preferred Term – Safety Analysis Set

Table 14.3.1.4
Treatment-Emergent Serious Adverse Events by System Organ Class and Preferred Term
Safety Analysis Set

System Organ Class Preferred Term	Tenalisib 800 mg BID (N=xx) n (%), E	Tenalisib 1200 mg BID (N=xx) n (%), E	Overall (N=xx) n (%), E
At Least one TEAE	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
SOC1	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
PT1	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
PT2	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
Etc.			

Percentages are based on the total number of patients (N) in each treatment group.
n: Number of patients with any event, E: Number of events, TEAE: Treatment-Emergent Adverse Event
A patient with two or more adverse events in the same system organ class (or with the same preferred term) is counted only once for that system organ class (or preferred term).
Treatment-Emergent Adverse Events are coded using MedDRA (version 24.0)
System organ classes are sorted in alphabetical order. Preferred terms are sorted within system organ class by descending order of frequency of overall preferred terms.
Treatment-Emergent Adverse Events are those that start on or after the date of first dose of study drug.
Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Use same format for
Table 14.3.1.5 Treatment-Related Serious TEAEs by System Organ Class and Preferred Term - Safety Analysis Set
Table 14.3.1.8 Summary of Deaths by System Organ Class and Preferred Term - Safety Analysis Set
Table 14.3.1.9 Treatment-Emergent Adverse Events leading to Dose Reduction or Interruptions by System Organ Class and Preferred Term – Safety Analysis Set
Add Footnote –" Patients under the category 'Drug interruption followed by dose reduction' are counted in both the groups 'Drug interruption' and 'Dose reduction'."
"^The dose reduction information is collated from the treatment exposure page of the eCRF."
Table 14.3.1.10 Treatment-Related TEAEs leading to Dose Reduction or Interruptions by System Organ Class and Preferred Term
Add Footnote- "Patients under the category 'Drug interruption followed by dose reduction' are counted in both the groups 'Drug interruption' and 'Dose reduction'."
"^The dose reduction information is collated from the treatment exposure page of the eCRF."

[redacted] [redacted]

Table 14.3.1.11 Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug by System Organ Class and Preferred Term
Table 14.3.1.12 Treatment-Related TEAEs leading to Discontinuation of Study Drug by System Organ Class and Preferred Term

Table 14.3.1.6
Treatment-Emergent Adverse Events by System Organ Class, Preferred Term and maximum CTCAE grade
Safety Analysis Set

System Organ Class Preferred Term	CTCAE Grade	Tenalisib 800 mg BID (N=xx) n (%), E	Tenalisib 1200 mg BID (N=xx) n (%), E	Overall (N=xx) n (%), E
At least one TEAE	Total	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	1	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	2	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	3	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	4	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	5	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
Blood and lymphatic system disorders	Total	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	1	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	2	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	3	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	4	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
	5	x (xx.x), xx	x (xx.x), xx	x (xx.x), xx
Etc				

Percentages are based on the total number of patients (N) in each treatment group.n: Number of patients with any event, E: Number of events, CTCAE: Common Terminology Criteria for Adverse Events, TEAE: Treatment-Emergent Adverse Event
If a patient has two or more adverse events in the same system organ class (or with the same preferred term) with different CTCAE grades, then the event with the highest grade is considered for that patient.
Treatment-Emergent Adverse Events are coded using MedDRA (version 24.0).
System organ classes are sorted in alphabetical order. Preferred terms are sorted within system organ class by descending order of frequency of overall preferred terms.
Treatment-Emergent Adverse Events are those that start on or after the date of first dose of study drug.
CTCAE Grade: 1=Mild, 2=Moderate, 3=Severe, 4=Life threatening, 5=Death
Reference Listing 16.2.7.1
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss
Use same format for

[redacted] [redacted]

Table 14.3.1.7 Treatment-Related TEAEs by System Organ Class, Preferred Term and maximum CTCAE grade - Safety Analysis Set

Table 14.3.2.1
Descriptive Summary of Hematology parameters
Safety Analysis Set
Parmeter (unit): xxxxxxx (xxx)

Visit/ Statistics	Tenalisib 800 mg BID (N=xx) Actual values	Tenalisib 800 mg BID (N=xx) Change from baseline values	Tenalisib 1200 mg BID (N=xx) Actual values	Tenalisib 1200 mg BID (N=xx) Change from baseline values	Overall (N=xx) Actual values	Overall (N=xx) Change from baseline values
Baseline						
N	xx		xx		xx	
Mean	x.xxx		x.xxx		x.xxx	
SD	x.xxxx		x.xxxx		x.xxxx	
Median	x.xxx		x.xxx		x.xxx	
Min, Max	x.xx, x.xx		x.xx, x.xx		x.xx, x.xx	
Cycle 1 Day 1						
N	xx	xx	xx	xx	xx	xx
Mean	x.xxx	x.xxx	x.xxx	x.xxx	x.xxx	x.xxx
SD	x.xxxx	x.xxxx	x.xxxx	x.xxxx	x.xxxx	x.xxxx
Median	x.xxx	x.xxx	x.xxx	x.xxx	x.xxx	x.xxx
Min, Max	x.xx, x.xx	x.xx, x.xx	x.xx, x.xx	x.xx, x.xx	x.xx, x.xx	x.xx, x.xx
Continue for all visits and parameters						

The baseline measurement is the last pre-treatment measurement taken on or before Cycle 1 Day 1
Only scheduled visits are included in the table.
EOT: End of Treatment; NE: Non-Estimable.

Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Use same format for
Table 14.3.2.2 Descriptive Summary of Biochemistry parameters - Safety Analysis Set

[redacted] [redacted]

Table 14.3.3.1 Descriptive Summary of Vital Signs - Safety Analysis Set

Note - Please remove the column for change from baseline.

Add footnote-“Vitals is collected at Pre-dose during treatment visits”

Table 14.3.4.1 Descriptive Summary of ECG - Safety Analysis Set

Note - Please remove the column for change from baseline.

Add footnote-“ECG is collected at Pre-dose during treatment visits”

Visit	Criteria	Tenalisib 800 mg BID (N=xx) n (%)	Tenalisib 1200 mg BID (N=xx) n (%)	Overall (N=xx) n (%)
Baseline	Clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Not clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle 1 Day 15	Clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Not clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle 2 Day 1	Clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Not clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle 2 Day 15	Clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Not clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle 3 Day 1	Clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Not clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle 3 Day 15	Clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Not clinically significant	xx (xx.x)	xx (xx.x)	xx (xx.x)
Continue for all visits				

Percentages are based on the total number of patients (N) in each treatment group.
The baseline measurement is the last pre-treatment measurement taken on or before Cycle 1 Day 1.
ECG is collected at Pre-dose during treatment visits
EOT: End of Treatment.

[redacted] [redacted]

Visit	Criteria	Tenalisib 800 mg BID (N=xx) n (%)	Tenalisib 1200 mg BID (N=xx) n (%)	Overall (N=xx) n (%)

Reference Listing 16.2.x.x

Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Table 14.3.5.1
Summary of ECOG Performance Status
Safety Analysis Set

Visit	Performance Status	Tenalisib 800 mg BID (N=xx) n (%)	Tenalisib 1200 mg BID (N=xx) n (%)	Overall (N=xx) n (%)
Screening	0	xx (xx.x)	xx (xx.x)	xx (xx.x)
	1	xx (xx.x)	xx (xx.x)	xx (xx.x)
	2	xx (xx.x)	xx (xx.x)	xx (xx.x)
	3-5	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle 1 Day 1	0	xx (xx.x)	xx (xx.x)	xx (xx.x)
	1	xx (xx.x)	xx (xx.x)	xx (xx.x)
	2	xx (xx.x)	xx (xx.x)	xx (xx.x)
	3-5	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle 2 Day 1	0	xx (xx.x)	xx (xx.x)	xx (xx.x)
	1	xx (xx.x)	xx (xx.x)	xx (xx.x)
	2	xx (xx.x)	xx (xx.x)	xx (xx.x)
	3-5	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cycle 3 Day 1	0	xx (xx.x)	xx (xx.x)	xx (xx.x)
	1	xx (xx.x)	xx (xx.x)	xx (xx.x)
	2	xx (xx.x)	xx (xx.x)	xx (xx.x)
	3-5	xx (xx.x)	xx (xx.x)	xx (xx.x)
Continue for all visits				

Percentages are based on the total number of patients (N) in each treatment group.
Only scheduled visits are included in the table.
Performance Status: 0=Normal activity, 1=Symptoms, but ambulatory, 2=In bed < 50% of the time, 3=In bed > 50% of the time, 4=100% bedridden, 5=Dead
ECOG: Eastern Cooperative Oncology Group

[redacted] [redacted]

Reference Listing 16.2.x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Table 14.3.6.1
Duration of Treatment Exposure and Compliance
Safety Analysis Set

	Cycle	Tenalisib 800 mg BID (N=xx)	Tenalisib 1200 mg BID (N=xx)	Overall (N=xx)
Duration of Treatment Exposure (days) *	Overall			
	n	xx	xx	xx
	Mean	xx.x	xx.x	xx.x
	SD	xx.xx	xx.xx	xx.xx
	Median	xx.x	xx.x	xx.x
	Q1, Q3	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
Treatment Compliance (%) **	Cycle 1			
	n	xx	xx	xx
	Mean	xx.x	xx.x	xx.x
	SD	xx.xx	xx.xx	xx.xx
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Continue for remaining cycles..			

* Duration of treatment exposure = date of last dose - date of first dose + 1.
** As captured on CRF.
Q1: first quartile, Q3: third quartile

Reference Listing 16.2.x.x and 16.2x.x
Program: xx.sas Table Generation: ddmmmyyyy hh:mm:ss

Use same format for

[redacted] [redacted]

Table 14.3.6.2 Duration of treatment exposure by type of metastasis – Safety Analysis Set
<Column 1: same as table 14.3.6.1 but treatment compliance part will be removed;
Column 2: de novo metastasis; Column 3: recurrent metastasis; Column 4: Overall>

Patient ID	Date of Informed Consent	Date of Screening	Is the patient enrolled in study?	If No, please comment	Was Biopsy taken?	Was Informed consent Obtained for Biopsy Testing?	Date of Informed Consent for Biopsy/Mutational Testing
xxxx	DDMMMYYYY	DDMMMYYYY	No	Xxxx	Yes/	Yes	DDMMMYYYY
xxxx	DDMMMYYYY	DDMMMYYYY	Yes		Yes	No	
xxxx	DDMMMYYYY	DDMMMYYYY	Yes		No		

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

[redacted] [redacted]

Protocol RP6530-2101
Listing 16.2.1.2
Randomization
All Enrolled Patients

Patient ID	Patient Randomized?	Randomized treatment group
Xxxx	Yes	xxxx
Xxxx	Yes	Xxxx

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

[redacted] [redacted]

Protocol RP6530-2101
Listing 16.2.1.3
Eligibility Review
All Patients

Patient ID	Is the patient eligible for the study?	Enrollment Status	If no, Give the Primary reason
Xxxx	Yes	No	xxxx
Xxxx	Yes	No	Xxxx

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Listing 16.2.1.4
Reasons for Withdrawal of Patient from the Study
Safety Analysis Set

Patient ID	Treatment Group	Date of First/Last dose of Tenalisib administered	Last dose administered	Date of discontinuation/ Study Day	Primary reason for discontinuation	In case of AE, Specify AE No[#]	In case of Progression (Date of progression)	In case of Death (Date of death)	Was death caused by the toxicity of study drug	Primary cause of death
Xxxx	Xxxx	DDMMMYYYY/DDMMMYYYY	xxxx	DDMMMYYYY/xx	xxxx	xx				
Xxxx	Xxxx	DDMMMYYYY/DDMMMYYYY	xxxx	DDMMMYYYY/xx	xxxx		DDMMMYYYY	DDMMMYYYY	No	

Study Day = Treatment start date – Date of discontinuation +1
#: Related to study drug
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Visit	Date of Visit	Was this Visit Performed	Reason for visit not performed	Adverse event from previous visit?	Concomitant medication from previous visit?
Xxxx	Xxxxxx	xxxx	DDMMMYYYY	Yes		Yes	No
	Xxxxxx	xxxx		No	xxxxxxxxxxxxxx		
		xxxx					

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Date of Deviation	Type of Protocol Deviation (Main Category)	Description of Protocol Deviation (SubCategory)	Category	Requires Exclusion from PP Set
Xxxx	Xxxx	DDMMMYYYY	xxxxxxxxxx	Xxxxxxxxxx	Minor	No
		DDMMMYYYY	xxxxxxxxxx	Xxxxxxxxxx	Major	Yes
Xxxx	Xxxxx	DDMMMYYYY	xxxxxxxxxx	Xxxxxxxxxx	Minor	

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Protocol RP6530-2101
Listing 16.2.3
Analysis Populations
All Patients

Patient ID	Treatment Group	Safety Analysis Set	Intent-to-Treat Analysis Set	Per Protocol Analysis Set	Reason for exclusion from Intent-to-Treat Analysis Set	Reason for exclusion from Per Protocol Analysis Set
Xxxx	Xxxxx	Yes	Yes	Yes		
Xxxx	Xxxxx	Yes	No	No		xxxxx

Safety Analysis Set includes all patients who received at least one dose of study medication.
Intent-to-Treat Analysis Set includes all patients who received at least one dose of study medication.

Per Protocol Analysis Set includes all patients in the Intent-to-Treat Analysis Set without major protocol deviations.
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Listing 16.2.4.1
Demography Data
Safety Analysis Set

Patient ID	Treatment Group	Type of metastasis	Date of Birth	Age (years)	Gender	Race	Height (cm)	Childbearing potential?	Menopausal status
Xxxx	Xxxxx	de novo metastasis	DDMMMYYYY	xx.xx	Female	Xxxx	xx.xx		Post-menopausal
Xxxx	Xxxxx	Recurrent metastasis	DDMMMYYYY	xx.xx	Female	Other:Xxxx	xx.xx	No	

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Listing 16.2.4.2
Medical History, Surgical History and Concomitant/Current Illnesses
Safety Analysis Set

Patient ID	Treatment Group	Event Code	MH Verbatim Term	SOC /Preferred Term	Start Date	End Date/ Ongoing	Any Medication Ongoing	If prior medication specify number
Xxxx	Xxxxx	1	xxxx	xxxx / xxxx	DDMMMYYYY	Ongoing	Yes	
		2	xxxx	xxxx / xxxx	DDMMMYYYY	DDMMMYYYY	No	
		3	xxxx	xxxx / xxxx	DDMMMYYYY	Ongoing	Yes	
		4	xxxx	xxxx / xxxx	DDMMMYYYY	Ongoing	No	
		5	xxxx	xxxx / xxxx	DDMMMYYYY	DDMMMYYYY	No	
		6	xxxx	xxxx / xxxx	DDMMMYYYY	DDMMMYYYY	Yes	

MH: Medical history, SOC: System organ class
MedDRA (version 24.0) coding dictionary applied.

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Total Therapies undergone prior to start of study	Type of therapy	Number of Systemic Therapies/ Radiotherapies/ Surgeries Prior to Start of Study	Systemic Therapy/ SCT/ Type of Radiotherapy	Start Date / End Date or Date of Surgery	No. of cycles/ Total Radiation Dose	Site of Surgery/ Radiotherapy	Radio therapy given along with chemotherapy?	Treatment Status/Best Response *
Xxxx	Xxxxx	xx	Systemic Therapy		xxxx	DDMMM YYYY / DDMMM YYYY	xx	xxx		Xx/xxx
			Radiotherapy		xxxxxxxxx	DDMMM YYYY / DDMMM YYYY		xxxx	Yes	Xx/xxx
			Surgery		Other: xxxx	DDMMM YYYY		xxxx		Xx/xxxx

*Best Response: SD: Stable Disease; CR: Complete Response; PR: Partial Response; PD: Progressive Disease; ND: Not Assessed/Done; NE: Not Evaluable; UN: Unknown; NA: Not Applicable.
#Last systemic therapy prior to start of study.

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Protocol RP6530-2101 Page xx of yy
Listing 16.2.4.4
Cancer Diagnosis
Safety Analysis Set

Patient ID	Treatment Group	Date of Primary Diagnosis	Metastatic/ Locally Advanced	Metastasis at the time of primary presentation	If No, Date of diagnosis of metastatic disease	Type of metastasis	TNM Staging	Histology	Hormone receptor status
Xxxx	Xxxxx	DDMMMYYYY	Metastatic	Yes	DDMMMYYYY	xxxxxxxxx	IA1	xxxxxxxxx	xxxxxxxxx
Xxxx	Xxxxx	DDMMMYYYY	Metastatic	Yes	DDMMMYYYY	xxxxxxxxx	IA1	xxxxxxxxx	xxxxxxxxx
Xxxx	Xxxxx	DDMMMYYYY	Metastatic	Yes	DDMMMYYYY	xxxxxxxxx	IA1	xxxxxxxxx	xxxxxxxxx

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	ATC Level 2/ Preferred Term/ Medication Name	Reason for therapy	Start Date	Stop Date/ Ongoing	Dose/Unit	Frequency/Route	Prior or Concomitant
Xxxx	Xxxxxx	xxxx/ xxxx/ xxxx	MH: xxxx	DDMMMYYYY	Ongoing	Xx/xxx	Xxxx/xxxx	C
		xxxx/ xxxx/ xxxx	AE: xxxx	DDMMMYYYY	Ongoing	Xx/xxx	Xxxx/xxxx	C
		xxxx/ xxxx/ xxxx	Other: xxxx	DDMMMYYYY	DDMMMYYYY	Xx/xxx	Xxxx/xxxx	P

MH: Medical History; AE: Adverse Event; P: Prior; C=Concomitant.
Medications are coded using WHO-DD classification (version Mar2021)
Prior medications are those that were taken only prior to the first dose of study drug.
Concomitant Medication is defined as those taken while on study drug including the ones that started before the initial dose of study drug and the medications which start after study drug.
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Protocol RP6530-2101 Page xx of yy
Listing 16.2.4.6
Prior and Concomitant Non-Drug Treatments
Safety Analysis Set

Patient ID	Treatment Group	System Organ Class/ Preferred Term/ Treatment Name	Reason for therapy	Start Date	Stop Date/ Ongoing	Any Comment	Prior or Concomitant Treatment
Xxxx	Xxxxxxx	xxxx/ xxxx/ xxxx	AE: xxxx	DDMMMYYYY	DDMMMYYYY	xxxx	C
		xxxx/ xxxx/ xxxx	Other:xxxx	DDMMMYYYY	Ongoing	xxxx	C
		xxxx/ xxxx/ xxxx	MH:xxxx	DDMMMYYYY	DDMMMYYYY	xxxx	P

MH: Medical History; AE: Adverse Event; P: Prior; C=Concomitant.
Non drug treatments are coded using MedDRA (version 24.0)
Prior non-drug treatments are those that were taken only prior to the first dose of study drug.
Concomitant non-drug treatments are those that were taken while on study drug. The non-drug treatments that started after the discontinuation of study drug will also be termed as 'Concomitant non-drug treatments'.

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Type of metastasis	Cycle	Start date/ Stop date	Dose prescribed (mg)/ Dose administered (mg)	Action taken to study drug	Reason for action taken
Xxxx	Xxxxxxx	xxxxxxxx	Cycle 1	DDMMMYYYY/ DDMMMYYYY	800 mg /800 mg	xxx	Adverse event/toxicity: AE# 5
				DDMMMYYYY/ DDMMMYYYY	800 mg /800mg	xxx	xxx
			EOT	DDMMMYYYY/ DDMMMYYYY	800 mg /800mg	xxx	Other: xxx

EOT: End of Treatment

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Dispensed Cycle/ Return Cycle	Date dispensed/ Returned	Strength of tablet	Dose prescribe per day (mg)	No. of tablets Dispensed/ Returned	No. of days drug interruption	Dose reduction between cycle/Date of dose reduction	Dose of the study drug after dose reduction	No. of days drug interruption after dose reduction	Compliance (%)	Comments
xxxx	Xxxxx	xxxx/xxxx	DDMMMYYYY/ DDMMMYYYY	xxx	xxx	xxxx	xx	No	xx		xx	xxxx
xxxx	Xxxx	xxxx/xxxx	DDMMMYYYY / DDMMMYYYY	xxx	xxx	xxxx	xx	Yes/ DDMMMYYYY	xx		xx	

EOT: End of Treatment
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Type of Metastasis	ITT/PP	Visit	Assessment performed/Date of Assessment	Reason if assessment not performed	Lesion site	Presence of lesion	Number/Location of Lesion within site	Site name/ Number of Lesion within other site or soft tissue)
xxxx	Xxxxxx	xxxxxx	Yes/Yes	Screening	Yes/DDMMMYYYY	xxxxxx	Breast Lymph nodes Lung Liver Bone Other soft tissue	Yes No No	1	
Repeat for all the sites										

EOT: End of Treatment

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Type of metastasis	ITT/PP	Number of Measurable Lesions/ Target Lesions at Screening	Visit	Assessment Performed/ Date of Assessment	Evaluation Method	Lesion Number/ Anatomical Location	Tumor Laterality/ Lesion Diameter (cm)	Sum of lesion diameters	% Change from Nadir/ % Change in SLD from Baseline[#]	>0.5cm Absolute Increase in Any Lesion Size/ Overall Response of Target Lesions
Xxxx	Xxxxxx	xxxxxxxx	Yes/Yes	x/x	Screening	Yes/DDMMMYYYY	CT	1/xxxxxx	Left/xx.x	xx.x	xx.x/xx.x	Xx/xx
							CT	1/xxxxxx				
			Yes/Yes	xx/xx	Cycle 3 Day1	Yes/DDMMMYYYY	CT	1/xxxxxx	Left/xx.x	xx.x	xx.x/xx.xx	Xx/xx

ITT: Intent-To-Treat Analysis Set, PP: Per Protocol Analysis Set, EOT: End of Treatment,SLD: Sum of Lesion Diameter
#((SLD at Visit – SLD at Screening)/SLD at Screening)x100
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Type of metastasis	ITT/PP	Non-target Lesion at screening	Visit	Was Assessment Performed? Date of Assessment	Non-target Lesion Complete Resolved?	Evaluation Method	Lesion Number/ Anatomical Location	Tumor Laterality	Lesion Present at Screening	Any unequivocal increase in lesion	Overall Response of Non-Target Lesions
xxxx	Xxxxx	xxxxxx	Yes/Yes	Yes	Screening	Yes/ DDMMMYYYY	No	CT	1/xxxx	Right	No	No	xxxxx
xxxx	Xxxxx	xxxxx	Yes/Yes	Yes	Cycle 3 Day 1	Yes/ DDMMMYYYY	No	CT	1/xxxx	Left	No	No	xxxxxxx

ITT: Intent-To-Treat Analysis Set, PP: Per Protocol Analysis Set, EOT: End of Treatment

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Type of metastasis	PP	Visit	Overall tumor assessment performed?	If No, reason	Overall assessment date	Overall Response	If progressive disease, date of first radiological evidence of progression
xxxx	Xxxx	Xxxxx	Yes	xxxx	Yes		DDMMMYYYY	Xxxxx	DDMMMYYYY
xxxx	Xxxxx	xxxxx	Yes	xxxx	Yes		DDMMMYYYY	xxxxx	
xxxx	Xxxxx	xxxxx		xxxx	Yes		DDMMMYYYY	xxxxx	
xxxx	Xxxxx	xxxxx		xxxx	No	xxx			

ITT: Intent-To-Treat Analysis Set, PP: Per Protocol Analysis Set, EOT: End of Treatment
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Type of metastasis	PP	Visit	Any New Lesion?	Date of Detecting New Lesion	Number of new lesions	New lesion site	Method of assessment	Dimension, If Applicable (cm)
Xxxx	Xxxx	xxxx	Yes	xxxx	Yes	DDMMMYYYY	Xx	xxx	Xxxx	xx
Xxxx	Xxxxx	xxxxx	Yes	xxxx	Yes	DDMMMYYYY	Xx	xxx	Xxxx	xx
Xxxx	Xxxxxx	xxxxxx	Yes	xxxx	Yes	DDMMMYYYY	Xx	xxxx	Xxxx	
Xxxx	Xxxxx	xxxxxx	Yes	xxxx	No					
Xxxx	Xxxxx	xxxxxx	Yes	xxxx	Yes	DDMMMYYYY	xx	xxx	Xxxx	
Xxxx	Xxxxx	xxxxxx	Yes	xxxx	No					

ITT: Intent-To-Treat Analysis Set, PP: Per Protocol Analysis Set, EOT: End of Treatment
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

[redacted] [redacted]

Listing 16.2.6.6
Visit Wise Response
ITT Analysis Set

Patient ID	Treatment Group	Type of Metastasis	PP	C3D1	C5D1	C7D1	C9D1	C11D1	C13D1	C15D1	C17D1	C19D1	EOT	BOR	DOT(in Days)	DOR (in Days)	Best Change from baseline
xxxx	Xxxx	Xxxxxxxx	Yes	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	Xx	Xx	Xxxxx
xxxx	Xxxx	Xxxxxxx	Yes	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	Xx	Xx	Xxxxx
xxxx	Xxxx	Xxxxxxxx	Yes	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	Xx	Xx	Xxxxx
xxxx	Xxxx	Xxxxxxx	Yes	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	Xx	Xx	Xxxxxx
xxxx	Xxxx	Xxxxxxx	Yes	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	Xxxxxx
xxxx	Xxxx	xxxxxxxxx	Yes	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xxxxxx

The BOR is defined as the best visit response recorded from the start of the treatment until disease progression/recurrence. For the patients without any post-baseline efficacy assessment, BOR is considered as 'Not evaluated'.
Duration of Treatment (DOT) = Date of Last Dose - Date of First Dose + 1.
Duration of Response (DOR) is defined as time from the first occurrence of partial or complete response to disease progression or death in patients who achieve complete or partial response. For patients who neither progress nor die, the duration of response is censored on the last date the patient is known to be radiologically progression free.
Best change from baseline represents the smallest value of change from baseline in sum of lesion diameter among all the visits.
CR: Complete Response; PR: Partial Response; SD: Stable Disease; PD: Progressive Disease.
EOT: End of Treatment; BOR: Best Overall Response; DOT: Duration of Treatment; DOR: Duration of Response; NA: Not Applicable; NE: Not Evaluated;
ITT: Intent-to-Treat Analysis Set; PP: Per-Protocol Analysis Set.

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Visit	Date of Assessment	Performance Status	Reason assessment not performed
Xxxx	Xxxxxx	Screening	DDMMMYYYY	1	
		Cycle 1 Day 1	DDMMMYYYY	1	
		Cycle 2 Day 1	DDMMMYYYY	1	
		Ect			
		End Of Treatment	DDMMMYYYY	1	
xxxx	Xxxxxx	Screening	DDMMMYYYY	1	
		Cycle 1 Day 1	DDMMMYYYY	0	
		Cycle 2 Day 1	DDMMMYYYY	1	
		Ect			
		End Of Treatment			xxxx

Performance Status: 0=Normal activity, 1=Symptoms, but ambulatory, 2=In bed < 50% of the time, 3=In bed > 50% of the time, 4=100% bedridden, 5=Dead
ECOG: Eastern Cooperative Oncology Group; EOT:End of Treatment.

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Event Code / SOC / Preferred Term / AE Verbatim Term*	Onset Date [Study Day] / End Date [Study Day] / AE Duration (days)	CTCAE/ SAE	SAE Criteria	Action Taken with Study Drug / Relationship to Study Drug / Outcome	Treatment Given for AE
Xxxx	Xxxxxx	xx/ xxxx/ xxxx/ xxxx	DDMMMYYYY [xx]/ DDMMMYYYY [xx]/ xx	Gradexx/ No No	xxxxxxxx	xxxx/ xxxxx/ xxxx	

SOC: System Organ Class, CTCAE: Common Terminology Criteria for Adverse Events
Adverse events are coded using MedDRA version 24.0
CTCAE Grade: 1=Mild, 2=Moderate, 3=Severe, 4=Life threatening, 5=Death
Study Day = (Onset date/End date) -Treatment start date + 1
*: Non-treatment-emergent adverse events

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

[redacted] [redacted]

Use same format for

<Note to Programmer: Please add the footnote "Treatment-Emergent Adverse Events are those that start on or after the date of first dose of study drug.">

Listing 16.2.7.2 Treatment-Related TEAEs - Safety Analysis Set
Listing 16.2.7.3 Treatment-Emergent Grade 3, 4 and 5 Adverse Events - Safety Analysis Set
Listing 16.2.7.4 Treatment-Related Grade 3, 4 and 5 TEAEs - Safety Analysis Set
Listing 16.2.7.5 Treatment-Emergent Serious Adverse Events - Safety Analysis Set
Listing 16.2.7.6 Treatment-Related Serious TEAEs - Safety Analysis Set
Listing 16.2.7.7 Treatment-Emergent Adverse Events leading to Discontinuation of study drug - Safety Analysis Set
Listing 16.2.7.8 Treatment-Emergent Adverse Events leading to death - Safety Analysis Set

Patient ID	Treatment Group	Visit	Date/Time of Collection	Test Name	Result	Unit	LLN	ULN	Normal/Abnormal	In case of CS, Specify AE No
Xxxx	Xxxxxx	Screening	DDMMMYYYY/ hh:mm	Xxxx	xx.x	xx	xx.x	xx.x	Normal	
				Xxxx	xx.x	xx	xx	xx	Abnormal, NCS	

NCS: Not Clinically Significant; CS: Clinically Significant; EOT: End of Treatment; Clinical significance is applicable if results are out of reference range; LLN: Lower Limit of Normal; ULN: Upper Limit of Normal

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Use same format for
Listing 16.2.8.2.1 Clinical Laboratory Evaluations - Biochemistry - Safety Analysis Set

Listing 16.2.8.1.2
Abnormal Laboratory Values – Hematology
Safety Analysis Set

Patient ID	Treatment Group	Visit	Date/Time of Collection	Test Name	Result	Unit	LLN	ULN	Clinically Significant?	In case of CS, Specify AE No
Xxxx	Xxxxx	Screening	DDMMMYYYY/hh:mm	Xxxx	xx.x	xx	xx.x	xx.x	No	
				Xxxx	xx.x	xx	xx.x	xx.x	No	
				Xxxx	xx.x	xx	xx.x	xx.x	No	
				Xxxx	xx.x	xx	xx.x	xx.x	No	
		Cycle 1 Day 1	DDMMMYYYY/hh:mm	Xxxx	xx.x	xx	xx.x	xx.x	No	
				Xxxx	xx.x	xx	xx.x	xx.x	No	
				Xxxx	xx.x	xx	xx.x	xx.x	Yes	
				Xxxx	xx.x	xx	xx.x	xx.x	No	

CS: Clinically Significant; EOT: End of Treatment; Clinical significance is applicable if results are out of reference range; LLN: Lower Limit of Normal; ULN: Upper Limit of Normal; AE: Adverse Event.
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Use same format for
Listing 16.2.8.2.2 Abnormal Laboratory Values – Biochemistry – Safety Analysis Set

Patient ID	Treatment Group	Visit	Date/Time of Collection	Test Name	Result	Unit	Normal/Abnormal	In case of CS, Specify AE No
Xxxx	Xxxxx	Screening	DDMMMYYYY/ hh:mm	xxxx	xx.x	xx	Normal	
				xxxx	xx.x	xx	Normal	
				xxxx	xx.x	xx	Abnormal, NCS	
				xxxx	xx.x	xx	Normal	
				xxxx	xx.x	xx	Normal	
				xxxx	xx.x	xx	Normal	

NCS: Not Clinically significant; CS: Clinically Significant

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Listing 16.2.8.3.2
Abnormal Laboratory Values - Urinalysis
Safety Analysis Set

Patient ID	Treatment Group	Visit	Date/Time of Collection	Test Name	Result	Unit	Clinically Significant?	In case of CS, Specify AE No
Xxxx	Xxxxx	xxxx	DDMMMYYYY/ hh:mm	xxxx	xxxx	xxxx	No	
		xxxx	DDMMMYYYY/ hh:mm	xxxx	xxxx	xxxx	No	
		xxxx	DDMMMYYYY/ hh:mm	xxxx	xxxx	xxxx	No	
				xxxx	xxxx	xxxx	No	
				xxxx	xxxx	xxxx	No	
		xxxx	DDMMMYYYY/ hh:mm	xxxx	xxxx	xxxx	No	

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Type of test	Visit	Date test performed	Result	Reason for the test not performed
Xxxx	Xxxxx	Serum	xxxx	DDMMMYYYY	Negative	
Xxxx	Xxxxx	Serum	xxxx	DDMMMYYYY	Negative	
		Urine	xxxx			xxxxx

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Visit	Date/Time of Examination	Weight (kg)	Systolic Blood Pressure (mmHg)	Diastolic Blood Pressure (mmHg)	Pulse (beats/min)	Respiratory Rate (breaths/min)	Body Temperature (C)	If Abnormal Clinically Significant /Details	Reason Vital Signs not taken
xxxx	Xxxxxx	Screening	DDMMMYYYY/hh:mm	xx	xx	xx	xx	xx	xx		
		Cycle 1 Day 1	DDMMMYYYY/hh:mm	xx	xx	xx	xx	xx	xx		

Vitals is collected at Pre-dose during treatment visits
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Listing 16.2.9.2
Abnormal Clinically Significant Vital Signs Values
Safety Analysis Set

Patient ID	Treatment Group	Visit	Date/Time of Examination	Weight (kg)	Systolic Blood Pressure (mmHg)	Diastolic Blood Pressure (mmHg)	Pulse (beats/min)	Respiratory Rate (breaths/min)	Body Temperature (C)	If Abnormal Clinically Significant /Details
xxxx	Xxxxxx	Screening	DDMMMYYYY/hh:mm	xx	xx	xx	xx	xx	xx	
		Cycle 1 Day 1	DDMMMYYYY/hh:mm	xx	xx	xx	xx	xx	xx	

Vitals is collected at Pre-dose during treatment visits
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Date of Examination	System	System response	Specify Abnormal clinically significant	If Not Done, Reason for not Performed
xxxx	Xxxxxxx	DDMMMYYYY	Xxxx	Normal		
			Xxxx	Not Done		
			Xxxx	Normal		
			Xxxx	Normal		
			Xxxx	Abnormal, NCS		

NCS: Not Clinically Significant; CS: Clinically Significant.
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Listing 16.2.10.2
Follow up Abnormal Physical Examination Results
Safety Analysis Set

Patient ID	Treatment Group	Visit	Date of Examination	System	System response	Specify Abnormal clinically significant	Clinically significant compared to Screening
xxxx	Xxxxxx	xxxx	DDMMMYYYY	Xxxx	xxxx		Yes
		xxxx	DDMMMYYYY	Xxxx	xxxx		
		xxxx	DDMMMYYYY	Xxxx	xxxx		No
		xxxx	DDMMMYYYY	Xxxx	xxxx		

NCS: Not Clinically Significant; CS: Clinically Significant.

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Patient ID	Treatment Group	Visit	Date/Time of ECG	ECG Test	Result	Unit	Interpretation	Abnormality Details	Reason ECG not performed
xxxx	Xxxxxx	Screening	DDMMMYYYY hh:mm	PR Interval	xxx.xx	sec	Normal		
				Heart Rate	xxx.xx	beats/min	Abnormal, NCS	xxxxxx	
				QT Interval	xxx.xx	msec	Normal		
				QTcF Interval	xxx.xx	msec			
				QRS Duration	xxx.xx	msec			

ECG is collected at Pre-dose during treatment visits
NCS: Not Clinically Significant, CS: Clinically Significant

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Protocol RP6530-2101
Listing 16.2.11.2
Abnormal ECG Values
Safety Analysis Set

Patient ID	Treatment Group	Visit	Date/Time of ECG	ECG Test	Result	Unit	Clinically significant?	Abnormality Details
xxxx	Xxxxxx	xxxx	DDMMMYYYY hh:mm	PR Interval	xxx	xxx	No	xxxx
				Heart Rate	xxx	xxx	No	xxxx
				QT Interval	xxx	xxx	No	xxxx
				QTcF Interval	xxx	xxx	No	xxxx
				QRS Duration	xxx	xxx	No	xxxx
		xxxx	DDMMMYYYY hh:mm	xxxx	xxx	xxx	No	xxxx

ECG is collected at Pre-dose during treatment visits
Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

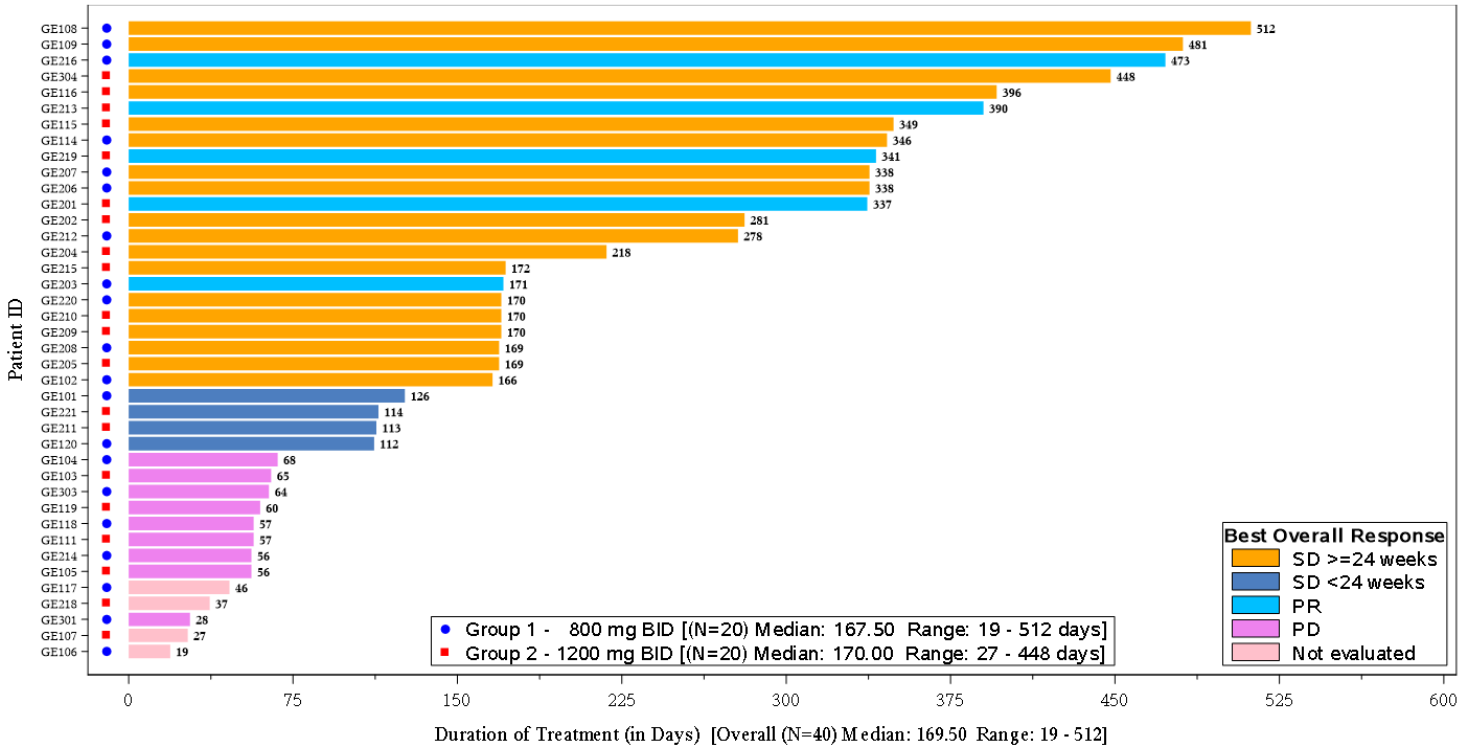
Protocol RP6530-2101
Listing 16.2.12.1
Comment Log
All Patients

Patient ID	Visit	Form	Comment
xxxx	xxxx	Xxxx	xxxx
	xxxx	Xxxx	xxxx
xxxx	xxxx	Xxxx	xxxx

EOT: End of Treatment.

Program: xx.sas Listing Generation: ddmmmyyyy hh:mm:ss

Figure 14.1.6.2
Duration of Treatment plot
Safety Analysis Set



Duration of Treatment = Date of Last Dose - Date of First Dose + 1.
The Best Overall Response (BOR) is defined as the best visit response recorded from the start of the treatment until disease progression/recurrence. For the patients without any post-baseline efficacy assessment, BOR is considered as 'Not evaluated'.
For SD ≥24 weeks, patients with treatment duration ≥168 (±7) days are summarized.

[redacted] [redacted]

Reference Listing 16.2.x.x

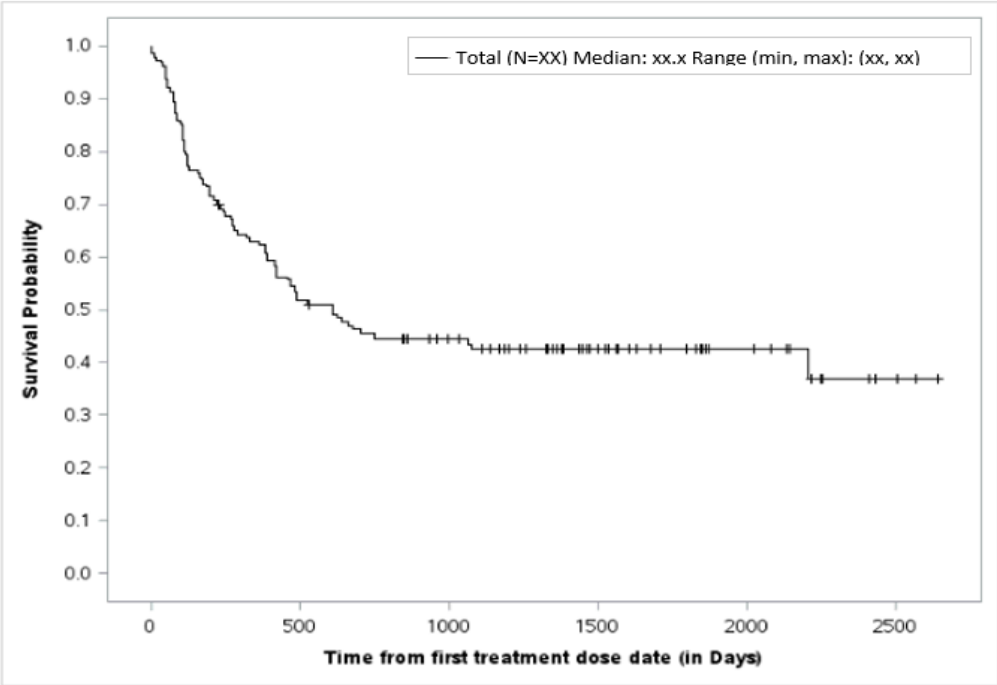
Program: xx.sas Figure Generation: ddmmmyyyy hh:mm:ss

<Note to Programmer>

- Add categories as CR, PR, SD≥24 weeks, SD<4 weeks, PD, No response
- Please present this plot by descending frequency of duration (i.e. maximum frequency (on top) to minimum frequency (at the bottom))
- There should be colour coding as per the best response (CR, PR, PD, etc), for all bars and a legend describing the same.
- Please include the "No response" category when there is no response available for any patient.

- Figure 14.1.6.3 Duration of treatment plot by metastasis type – Safety Analysis Set
    - This will be same as 14.1.6.2. The y-axis will be updated to display type of metastasis/patient ID.

Figure 14.2.3.4
Kaplan-Meier plot for PFS
ITT Analysis Set



The Intent-to-Treat (ITT) analysis set includes all patients who received at least 1 dose of study medication.
Median is calculated using Kaplan-Meier Estimate method.

[redacted] [redacted]

Time to Progression Free Survival (PFS) is defined as the time from the first dose of the study drug to documented disease progression or death due to any cause. For Patients who neither progress nor die, the duration of response is censored on the last date the patient is known to be radiologically progression free.
Both the treatment groups are collectively used to represent the Overall group.
Patients qualifying in Intent-to-Treat (ITT) and Per-Protocol (PP) analysis sets are identical.

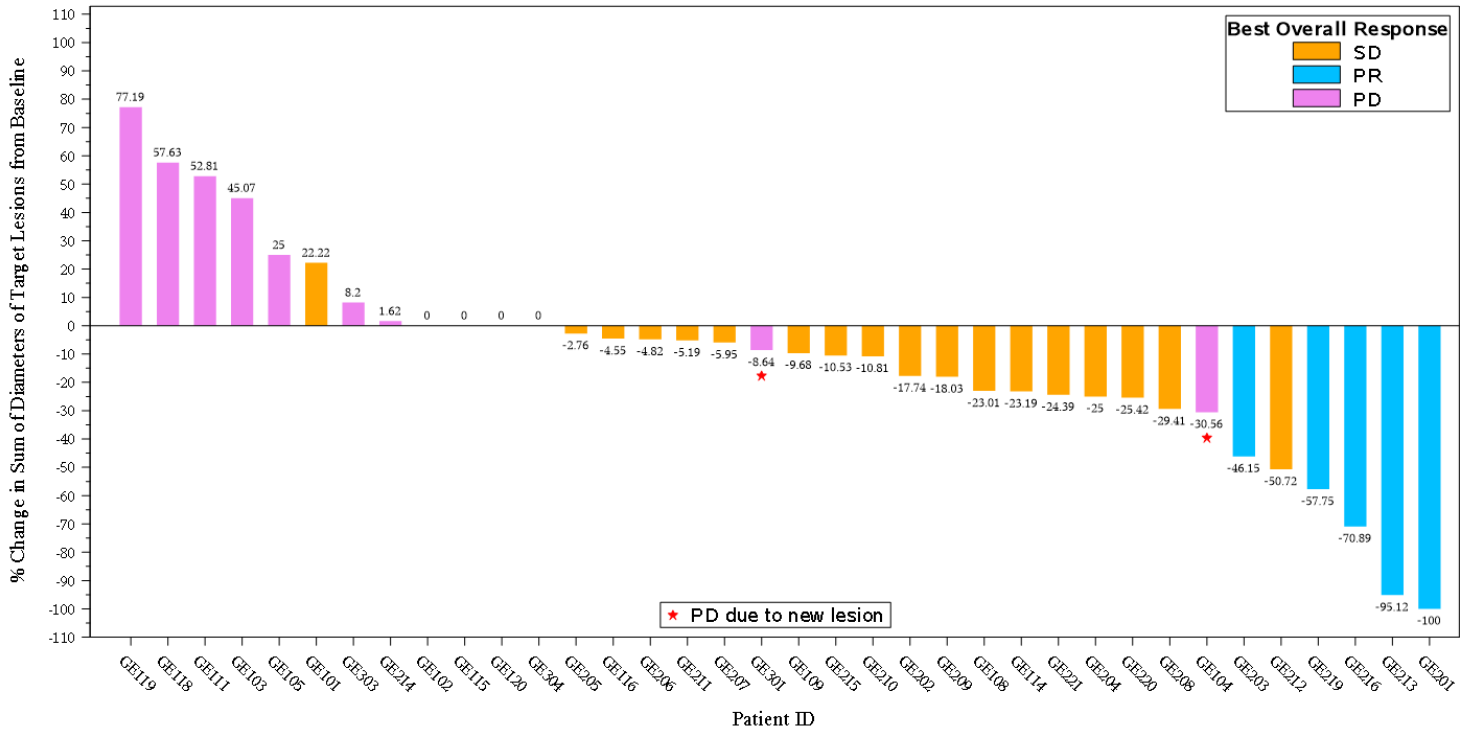
Program: xx.sas Figure Generation: ddmmmyyyy hh:mm:ss

<Note to Programmer>
In the first page plot will be by treatment groups and next page by overall.

Use same format for

1. Figure 14.2.3.5 Kaplan-Meier plot for PFS – Per Protocol Analysis

Figure 14.2.2.4
Best Response (% change from Baseline) in sum of lesion diameters plot
ITT Analysis Set



The Best Overall Response (BOR) is defined as the best visit response recorded from the start of the treatment until disease progression/recurrence.

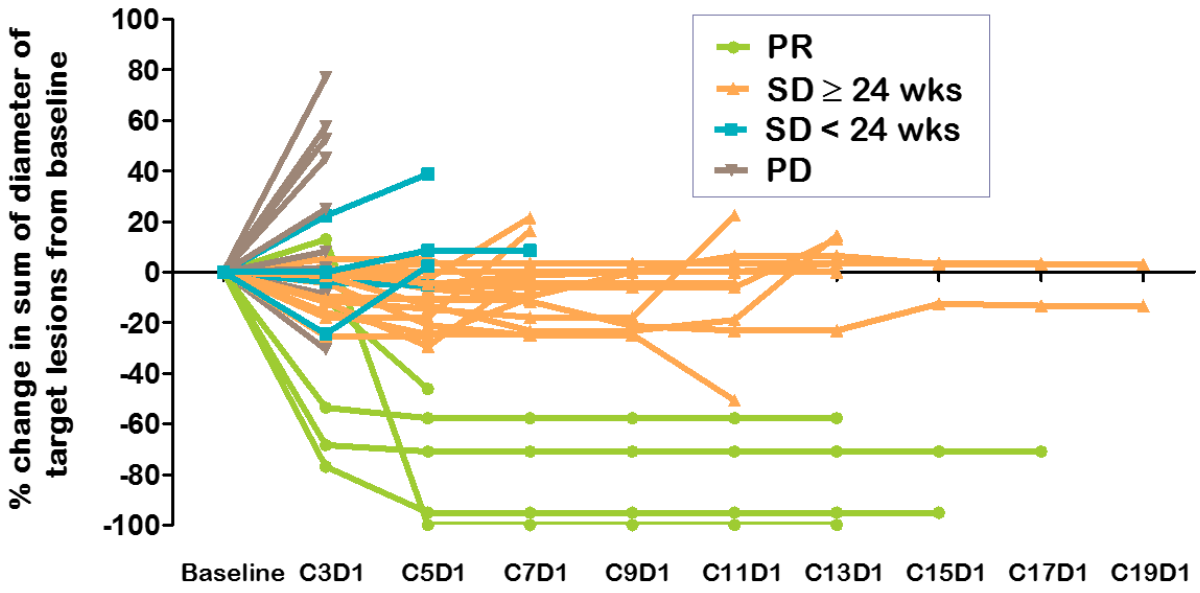
[redacted] [redacted]

Best change from baseline represents the smallest value of change from baseline in sum of lesion diameter among all the visits.
Patients with at least 1 post-baseline efficacy assessment are considered.
Patients qualifying in Intent-to-Treat (ITT) and Per-Protocol (PP) analysis sets are identical.
CR: Complete Response; PR: Partial Response; SD: Stable Disease; PD: Progressive Disease.

Use same format for

1. Figure 14.2.2.5 Best Response (% change from Baseline) in sum of lesion diameters plot – Per Protocol Analysis

Figure 14.2.2.6
Visit Wise Tumor Response Plot
ITT Analysis Set



% Change from Baseline=((Sum of Lesions Diameter at Visit – Sum of Lesions Diameter at Screening)/Sum of Lesions Diameter at Screening)x100.
Patients with at least 1 post-baseline efficacy assessment are considered.
Patients qualifying in Intent-to-Treat (ITT) and Per-Protocol (PP) analysis sets are identical.

<Note to Programmer>
In the first page plot will be by treatment groups and next page by overall.

Use same format for

1. Figure 14.2.2.7 Visit Wise Tumor Response Plot – Per Protocol Analysis