Division	:	Worldwide Development
Information Type	:	Reporting and Analysis Plan (RAP)
Title	:	Reporting and Analysis Plan for Study 205883: A multi-centre, one-arm prospective study to evaluate efficacy and safety of switching from Entecavir (ETV) to Tenofovir Disoproxil Fumarate (TDF) in Japanese chronic hepatitis B HBeAg-positive and HBV-DNA undetectable subjects
Compound Number	:	GSK548470
Effective Date	:	18-SEP-2018

Description:

- The purpose of this RAP is to describe the planned analyses and output to be included in the Clinical Study Report for Protocol 205883.
- This RAP is intended to describe the Safety and Efficacy analyses required for the study.
- This RAP will be provided to the study team members to convey the content of the Statistical Analysis Complete (SAC) deliverable.

RAP Author(s):

Approver	Date	Approval Method
PPD		
Study Statistician/ Biostatistics Group 1, Biomedical Data Sciences Department, Japan.		

RAP Team Approvals: Approved by (Approvals captured electronically in CARS system):

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1. INTRODUCTION

The purpose of this reporting and analysis plan (RAP) is to describe the analyses to be included in the Clinical Study Report for Protocol:205883.

Revision Chronology:		
Ver. 0	18-SEP-2018	Original

2. SUMMARY OF KEY PROTOCOL INFORMATION

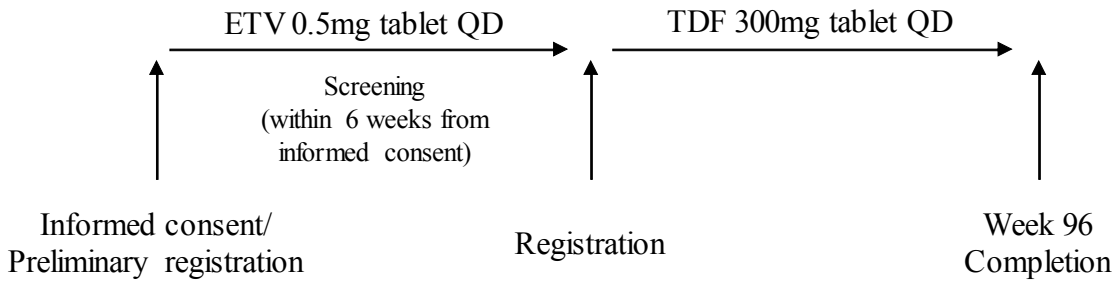
2.1. Changes to the Protocol Defined Statistical Analysis Plan

There were no changes or deviations to the originally planned statistical analysis specified in the protocol amendment 6 (Dated: 5/JUL/2018).

2.2. Study Objective(s) and Endpoint(s)

Objectives	**Endpoints**
Primary Objectives	**Primary Endpoints**
• To evaluate the HBsAg reduction potential at week 48	• Proportion of subjects achieving 0.25 Log_{10} HBsAg reduction from the baseline at week 48
Secondary Objectives	**Secondary Endpoints**
• To evaluate the virological effects	• Proportion of subjects achieving 0.25 Log_{10} HBsAg reduction from the baseline at week 24 and 96 • Proportion of subjects achieving HBsAg loss and HBsAg/Ab seroconversion at week 24, 48 and 96 • Proportion of subjects achieving HBeAg loss and HBeAg/Ab seroconversion at week 24, 48 and 96 • Reduction of HBsAg titer from the baseline at week 24, 48 and 96 • Reduction of HBcrAg titer from the baseline at week 24, 48 and 96
Safety	**Safety Endpoints**
• To evaluate Safety	• AE • Clinical laboratory values • Vital signs • ECG • Bone density

2.3. Study Design

Overview of Study Design and Key Features	
	
Design Features	• This study is designed as a multi-center, one-arm, open label, prospective study.
Dosing	• TDF 300 mg tablet is administered orally once daily for 96 weeks. The completed subject is defined as a subject who has completed all steps throughout 96 weeks.
Time & Events	• Refer to Appendix 2: Schedule of Activities.
Treatment Assignment	• One-arm, open label study (N=65 subjects).
Interim Analysis	• No interim analysis will be performed for assessment from a statistical perspective. However, the CRF data by Week 48 will be locked when all subjects (excluding withdrawn subjects) complete Week 48 to collect safety and efficacy data.

2.4. Statistical Hypotheses / Statistical Analyses

No formal statistical hypotheses will be tested. Descriptive statistics will be used to assess the efficacy and safety objectives. An estimation approach will be used to address the efficacy objectives, where point estimates and corresponding 95% confidence intervals will be constructed.

3. PLANNED ANALYSES

3.1. Interim Analyses

Interim analysis to make statistical investigations will not be performed in this study.

3.2. Primary Analyses (WEEK 48)

The CRF data by Week 48 will be locked when all subjects (excluding withdrawn subjects) complete Week48 to collect safety and efficacy data. Safety and efficacy data will be analysed after the completion of all required database cleaning activities have been completed and database release (DBR) and Data Base Freeze (DBF) has been declared by Data Management.

Even though this is a single arm study, randomisation codes will be distributed according to RandAll NG procedures.

3.3. Final Analyses (WEEK 96)

Week 96 planned analyses will be performed after the completion of the following sequential steps:

1. All participants have completed the study as defined in the protocol.
2. All required database cleaning activities have been completed and final DBR and DBF has been declared by Data Management.

4. ANALYSIS POPULATIONS

Population	Definition / Criteria	Analyses Evaluated
Enrolled	• Subjects who provided consent	• Study Population
Screening Failure	• Subjects who provided consent but were not subsequently administered.	• Study Population
Safety Population (SP)	• Subjects who have received at least one dose of study treatment after enrolment.	• Safety
Full Analysis Set (FAS)	• A population of all subjects enrolled in the study, excluding those who meet either of the following criteria: o Have not received any dose of study treatment. o Have no efficacy data* (HBsAg, HBV-DNA, HBcrAg, HBeAg, HBsAb, HBeAb, ALT) after the start of study treatment. *: at least 15 days after the start of study treatment.	• Efficacy
Efficacy Evaluable Set (EES)	• A subset of subjects in the FAS defined above and evaluable for efficacy.	• Efficacy

Refer to Appendix 12 List of Data Displays which details the population used for each display.

4.1. Protocol Deviations

Important protocol deviations (including deviations related to study inclusion/exclusion criteria, conduct of the trial, patient management or patient assessment) will be summarised and listed.

Protocol deviations will be tracked by the study team throughout the conduct of the study in accordance with the Protocol Deviation Management Plan.

- Data will be reviewed prior to freezing the database to ensure all important deviations. This dataset will be the basis for the summaries and listings of protocol deviations.

A separate summary and listing of all inclusion/exclusion criteria deviations will also be provided. This summary will be based on data as recorded on the inclusion/exclusion page of the eCRF.

4.2. Efficacy Evaluable Set

Details of efficacy evaluable set will be provided in Section 11.1.1.

5. CONSIDERATIONS FOR DATA ANALYSES AND DATA HANDLING CONVENTIONS

5.1. Study Treatment & Subgroup Display Descriptors

Treatment Group Descriptions			
RandAll NG		**Data Displays for Reporting**	
Code	**Description**	**Description**	**Order in TLF**
T	T	TDF	1

5.2. Baseline Definitions

For all endpoints (except as noted in baseline definitions) the baseline value will be the latest pre-dose assessment with a non-missing value, including those from unscheduled visits. If time is not collected, Day 1 assessments are assumed to be taken prior to first dose and used as baseline.

Parameter	Study Assessments Considered as Baseline		Baseline Used in Data Display
	Screening	Day 1 (Pre-Dose)	
Efficacy			
HBV-DNA	X	X	Day1
ALT	X	X	Day1
HBeAg/Anti-HBe	X	X	Day1
HBsAg/Anti-HBs	X	X	Day1
HBcrAg		X	Day1
Safety			
12 Lead ECG	X		Screening
Vital Signs	X	X	Day 1
Haematology	X	X	Day 1
Clinical Chemistry	X	X	Day 1
Urine Analysis	X	X	Day 1
Bone density (absolute)	X		Screening

Unless otherwise stated, if baseline data is missing no derivation will be performed and baseline will be set to missing. Note that height and weight in screening will be used for demographic characteristics.

5.3. Examination of Covariates, Other Strata and Subgroups

5.3.1. Examination of Subgroups

The list of subgroups may be used in descriptive summaries. Additional subgroups of clinical interest may also be considered.

Subgroup	Categories
Protocol defined liver cirrhosis	Yes, No
Genotype	A, B, C, D
HBsAg subgroup category	<800 KIU/L, >=800 KIU/L
HBsAg subgroup category (Conventional unit)	<800 IU/mL, >=800 IU/mL
AGE category	<40, 40-49, 50-59, 60-
Former Peg-INF (within 2 years prior to screening)	Yes, No Note: Peg-Interferon codes are listed in Appendix 9.

Exploratory Analysis

Subgroup	Categories
HBsAg responder / Non-responder at WEEK 48	<= -0.25 log10 HBsAg, > -0.25 log10 HBsAg
ALT category*[1]	<60 IU/L, >=60 IU/L
ALT category*[2] (Conventional unit)	<60 U/L, >=60 U/L

NOTES:

*1: >=60 IU/L of ALT category is 60 or more than 60 from baseline to WEEK 48
<60 IU/L of ALT category is less than 60 from baseline to WEEK 48

*2: >=60 U/L of ALT category is 60 or more than 60 from baseline to WEEK 48
<60 U/L of ALT category is less than 60 from baseline to WEEK 48

Safety Subgroup Analysis

Subgroup	Categories
AGE category	<40, 40-49, 50-59, 60-
eGFR (ml/sec/1.73m^2) baseline category	<1, 1<= - <1.5, >=1.5
eGFR (ml/min/1.73m^2) baseline category (Conventional unit)	<60, 60<= - <90, >=90
Weight baseline category	<50 kg, >=50 kg
Sex	Male, Female

5.4. Multiple Comparisons and Multiplicity

Analyses of efficacy endpoints will not be subject to any multiplicity adjustment.

5.5. Other Considerations for Data Analyses and Data Handling Conventions

Other considerations for data analyses and data handling conventions are outlined in the appendices:

Section	Component
11.3	Appendix 3: Assessment Windows
11.4	Appendix 4: Study Phases and Treatment Emergent Adverse Events
11.5	Appendix 5: Data Display Standards & Handling Conventions
11.6	Appendix 6: Derived and Transformed Data
11.7	Appendix 7: Reporting Standards for Missing Data
11.8	Appendix 8: Values of Potential Clinical Importance
11.9	Appendix 9 Listing of Peg-Interferon codes
11.10	Appendix 10 Viread (Tenofovir Disoproxil Fumarate) Risk Management Plan for the EU

6. STUDY POPULATION ANALYSES

6.1. Overview of Planned Study Population Analyses

The study population analyses will be based on the "Safety" or "FAS" or "EES" population, unless otherwise specified.

Study population analyses including analyses of subject's disposition, protocol deviations, demographic and baseline characteristics, prior and concomitant medications, and exposure and treatment compliance will be based on GSK Core Data Standards. Details of the planned displays are presented in Appendix 12: List of Data Displays.

Other baseline characteristics, e.g. virus characteristics (Screening: Genotype, Baseline: Serum HBV-DNA, Serum ALT, HBeAg, HBsAg, HBcrAg), Prior medical condition and Protocol defined liver cirrhosis will be summarized. To check baseline values for HBsAg, HBcrAg, ALT and HBV-DNA, summary statistics at baseline will be shown.

Overview of Planned Study Population Analyses

[Endpoint / Parameter / Display Type]	Data Displays Generated		
	Table	Figure	Listing
Subject Disposition			
Subject Disposition and Reason for Study Withdrawal	Y		Y
Screening Status and Reasons for Screen Failure	Y		Y
Protocol Deviations			
Important Protocol Deviations	Y		Y
Subjects with Inclusion/Exclusion Criteria Deviations	Y		Y
Populations Analysed			
Study Populations	Y		
Subjects Excluded from EES Population			Y
Demographic and Baseline Characteristics			
Demographic Characteristics	Y		Y
Demographic Characteristics for Screening Failure	Y		Y
Age Ranges	Y		
Race and Racial Combinations	Y		Y
Other Baseline Characteristics	Y		Y
Medical Conditions and Concomitant Medications			
Medical Conditions	Y		Y
Prior Hepatitis Medications	Y		Y
Concomitant Medications	Y		Y
Exposure and Treatment Compliance			
Exposure to Study Treatment	Y		Y
Treatment Compliance	Y		Y
Subgroup			
Demographic Characteristics	Y		

NOTES: Y = Yes display generated.

7. EFFICACY ANALYSES

7.1. Primary Efficacy Analyses

7.1.1. Endpoint / Variables

HBsAg responder proportion of subjects with -0.25 or less log_{10} HBsAg change from baseline switching from Entecavir to Tenofovir at Week 48.

7.1.2. Summary Measure

Proportion of HBsAg responder subjects with -0.25 or less log_{10} HBsAg change from baseline switching from Entecavir to Tenofovir at Week 48.

7.1.3. Population of Interest

The primary efficacy analyses will be based on the "FAS" population. Also "EES" population will be applied to investigate the robustness of the primary result.

7.1.4. Strategy for Intercurrent (Post-Randomization) Events

If any subjects will be discontinued due to AE or rescue medication before Week 48, data collection at Week 48 will not be conducted. However, in order to evaluate primary endpoint at Week 48, any subjects withdrawn from the study will be treated as non-responders (defined as subjects not achieving 0.25 log_{10} HBsAg reduction from the baseline at Week 48).

7.1.5. Statistical Analyses / Methods

7.1.5.1. Overview of Planned Efficacy Analyses

[Endpoint / Parameter/ Display Type]	Absolute							Change from Baseline						
	Stats Analysis			Summary		Individual		Stats Analysis			Summary		Individual	
	T	F	L	T	F	F	L	T	F	L	T	F	F	L
HBsAg														
HBsAg responder proportion (WEEK 48)				Y										

NOTES:

- T = Table, F = Figure, L = Listing, Y = Yes display generated.
- Stats Analysis = Represents TFL related to any formal statistical analyses (i.e. modelling) conducted.
- Summary = Represents TFL related to any summaries (i.e. descriptive statistics) of the observed raw data.
- Individual = Represents FL related to any displays of individual subject observed raw data.

Details of the planned displays are provided in Appendix 12: List of Data Displays and will be based on GSK data standards and statistical principles.

Unless otherwise specified, endpoints / variables defined in Section 7.1.1 will be summarised using descriptive statistics, and listed.

7.1.5.2. Statistical Methodology Specification

Endpoint / Variables
• HBsAg responder proportion of subjects with -0.25 or less log_{10} HBsAg change from baseline switching from Entecavir to Tenofovir at week 48.
Model Specification
• N/A
Model Checking & Diagnostics
• N/A
Model Results Presentation
• N/A
Subgroup Analyses
• The analysis on the primary endpoint will be also performed for subgroups. Subgroup analyses are intended to confirm the robustness of results. Refer to Section 5.3.1.
Sensitivity and Supportive Analyses
• Supportive Analysis: "EES" population will be applied to investigate the robustness of the primary result.

7.2. Secondary Efficacy Analyses

7.2.1. Endpoint / Variables

Refer to " Endpoint / Variables and Summary Measure" in Section 7.2.5.2.

7.2.2. Summary Measure

Refer to " Endpoint / Variables and Summary Measure " in Section 7.2.5.2.

7.2.3. Population of Interest

The secondary efficacy analyses will be based on the "FAS" or "EES" population, unless otherwise specified.

7.2.4. Strategy for Intercurrent (Post-Randomization) Events

For binomial variables, the strategy for intercurrent events will be according to Section 7.1.4. For continuous variables, if subjects will be withdrawn from the study due to adverse events or rescue medication before Week 48/Week 96, data after withdrawal

will not be collected, and data analysis will be performed on collected data (i.e. After withdrawal, data will not be collected and data will not be imputed.).

7.2.5. Statistical Analyses / Methods

7.2.5.1. Overview of Planned Efficacy Analyses

[Endpoint / Parameter/ Display Type]	Absolute							Change from Baseline						
	Stats Analysis			Summary		Individual		Stats Analysis			Summary		Individual	
	T	F	L	T	F	F	L	T	F	L	T	F	F	L
HBsAg														
Frequency of HBsAg responder Proportion (Study visit up to 48/96 weeks)				Y			Y							
Summary of log_{10} HBsAg (Study visit up to 48/96 weeks)				Y	Y		Y				Y	Y		Y
Summary of HBsAg (Study visit up to 48/96 weeks)				Y			Y				Y			Y
Frequency of HBsAg category (Study visit up to 48/96 weeks)				Y										
Summary of log_{10} HBsAg with conventional unit (Study visit up to 48/96 weeks)				Y	Y		Y				Y	Y		Y
Summary of HBsAg with conventional unit (Study visit up to 48/96 weeks)				Y			Y				Y			Y
Frequency of HBsAg category with conventional unit (Study visit up to 48/96 weeks)				Y										
Seroconversion														
Proportion of subjects achieving HBsAg loss (Study visit up to 48/96 weeks)				Y			Y							
Proportion of				Y			Y							

[Endpoint / Parameter/ Display Type]	Absolute							Change from Baseline						
	Stats Analysis			Summary		Individual		Stats Analysis			Summary		Individual	
	T	F	L	T	F	F	L	T	F	L	T	F	F	L
subjects achieving HBsAg/Ab seroconversion a (Study visit up to 48/96 weeks)														
Proportion of subjects achieving HBeAg loss (Study visit up to 48/96 weeks)				Y			Y							
Proportion of subjects achieving HBeAg/Ab seroconversion (Study visit up to 48/96 weeks)				Y			Y							
Virology														
Summary of HBcrAg (Study visit up to 48/96 weeks)				Y	Y		Y				Y	Y		Y
Frequency of HBcrAg category (Study visit up to 48/96 weeks)				Y										
Summary of HBV-DNA (Study visit up to 48/96 weeks)				Y	Y		Y				Y	Y		Y
Summary of HBeAg (Study visit up to 48/96 weeks)				Y			Y				Y			Y
Summary ofLog_{10} HBeAg (Study visit up to 48/96 weeks)				Y			Y				Y	Y		Y
Frequency of Virological Breakthrough (Study visit up to 48/96 weeks)				Y			Y							
Summary of HBcrAg with conventional unit (Study visit up to 48/96 weeks)				Y	Y		Y				Y	Y		Y
Frequency of HBcrAg category				Y										

[Endpoint / Parameter/ Display Type]	Absolute							Change from Baseline						
	Stats Analysis			Summary		Individual		Stats Analysis			Summary		Individual	
	T	F	L	T	F	F	L	T	F	L	T	F	F	L
with conventional unit (Study visit up to 48/96 weeks)														
ALT														
Summary of ALT (Study visit up to 48/96 weeks)				Y	Y		Y				Y	Y		Y
Summary of ALT with conventional unit (Study visit up to 48/96 weeks)				Y	Y		Y				Y	Y		Y

NOTES:

- T = Table, F = Figure, L = Listing, Y = Yes display generated.
- Stats Analysis = Represents TFL related to any formal statistical analyses (i.e. modelling) conducted.
- Summary = Represents TFL related to any summaries (i.e. descriptive statistics) of the observed raw data.
- Individual = Represents FL related to any displays of individual subject observed raw data.
- HBV-DNA: Source data is $\log_{10}$ IU/mL.
- HBcrAg: Source data is $\log_{10}$ IU/mL
- Up to 48 weeks: Baseline,4,12,24,36,48 week
- UP to 96 weeks: Baseline,4,12,24,36,48,60,72,84,96 week

Details of the planned displays are provided in Appendix 12: List of Data Displays and will be based on GSK data standards and statistical principles.

Unless otherwise specified, endpoints / variables defined in Section 7.2.1 will be summarised using descriptive statistics, graphically presented (where appropriate) and listed.

7.2.5.2. Statistical Methodology Specification

Endpoint / Variables and Summary Measures
• Proportion of HBsAg responder subjects with -0.25 or less $\log_{10}$ HBsAg change from baseline switching from Entecavir to Tenofovir (HBsAg responder) up to week 48 /week96 • Summary of $\log_{10}$ HBsAg up to week 48/ week 96 including change from baseline • Summary of HBsAg up to week 48/ week 96 including change from baseline • Frequency of HBsAg category up to week 48/ week 96 • Summary of HBV-DNA up to week 48/ week 96 including change from baseline • Summary of HBcrAg up to week 48/ week 96 including change from baseline • Frequency of HBcrAg category up to week 48/ week 96

• Summary of ALT up to week 48/ week 96 including change from baseline • Proportion of subjects achieving HBsAg loss up to week 48/ week 96 • Proportion of subjects achieving HBsAg/Ab seroconversion up to week 48/ week 96 • Proportion of subjects achieving HBeAg loss up to week 48/ week 96 • Proportion of subjects achieving HBeAg/Ab seroconversion up to week 48/ week 96 • Summary of HBeAg up to week 48/ week 96 including change from baseline • Summary of log_{10} HBeAg up to week 48/ week 96 including change from baseline • Proportion of subjects achieving Virological Breakthrough (Week 0 -Week 48 /Week 96) • Summary of log_{10} HBsAg (conventional unit) up to week 48/ week 96 including change from baseline • Summary of HBsAg (conventional unit) up to week 48/ week 96 including change from baseline • Frequency of HBsAg category (conventional unit) up to week 48/ week 96 • Summary of HBcrAg (conventional unit) up to week 48/ week 96 including change from baseline • Frequency of HBcrAg category (conventional unit) up to week 48/ week 96 • Summary of ALT (conventional unit) up to week 48/ week 96 including change from baseline
Model Specification
• N/A
Model Checking & Diagnostics
• N/A
Model Results Presentation
• N/A
Subgroup Analyses
• The analysis on the secondary endpoint (log_{10} HBsAg, HBcrAg*, log_{10} HBeAg) will be also performed for subgroups. These subgroup analyses are intended to confirm the robustness of results. Refer to Section 5.3.1. *: Source data is log_{10}
Sensitivity and Supportive Analyses
• Supportive Analysis: "EES" population will be applied to investigate the robustness of the primary result (HBsAg responder proportional Week 48).

8. SAFETY ANALYSES

The safety analyses will be based on the "Safety" population, unless otherwise specified.

8.1. Adverse Events Analyses

Adverse events analyses including the analysis of adverse events (AEs), Serious adverse events (SAEs) and other significant AEs will be based on GSK Core Data Standards. The details of the planned displays are provided in Appendix 12: List of Data Displays.

8.2. Adverse Events of Special Interest Analyses

A comprehensive list of MedDRA terms based on clinical review will be used to identify each type of event (See the list of Adverse Event of special interest in Section 11.6.4.). Changes to the MedDRA dictionary may occur between the start of the study and the time of reporting and/or emerging data from on-going studies may highlight additional adverse events of special interest, therefore the list of terms to be used for each event of interest and the specific events of interest will be re-reviewed by the Medical Monitor in place at the time of reporting.

The details of the planned displays are provided in Appendix 12: List of Data Displays.

Overview of Planned Adverse Event Analyses

Display Type	**Absolute**		
	Summary		Individual
	T	F	L
Adverse Events (AEs)			
All AEs by SOC and PT	Y		Y
All AEs by Maximum Intensity	Y		
Drug-Related AEs by SOC and PT	Y		
Drug-Related AEs by Maximum Intensity	Y		
Subject Numbers for Individual AEs			Y
Relationship Between AE SOCs, PT and Verbatim Text			Y
Serious AEs			
All Serious AEs	Y		Y
Fatal Serious AEs	Y		Y
Other Significant AEs			
AEs Leading to Withdrawal from Study	Y		Y
AE of special interest			
Renal AE	Y		Y
Bone Events	Y		Y
Liver AE	Y		Y

NOTES:

- T = Table, F = Figures, L = Listings, Y = Yes display generated, SOC = System Organ Class, PT = Preferred Term.

- Summary = Represents TF related to any summaries (i.e. descriptive statistics) of the observed raw data.
- Individual = Represents FL related to any displays of individual subject observed raw data.

8.3. Clinical Laboratory Analyses

Laboratory evaluations including the analyses of Chemistry laboratory tests, Hematology laboratory tests, Urinalysis, and liver function tests will be based on GSK Core Data Standards. The details of the planned displays are in Appendix 12: List of Data Displays.

Overview of Planned Clinical Laboratory Analyses

Display Type	Absolute			Change from BL		
	Summary		Individual	Summary		Individual
	T	F	L	T	F	L
Chemistry						
Chemistry Data	Y		Y	Y		Y
Chemistry Results Relative to Normal Range				Y		
Creatinine		Y			Y	
eGFR		Y			Y	
Corrected calcium based on the serum albumin	Y		Y			
Chemistry (ALT, ALP, Creatinine, Phosphorus, Glucose, Uric acid, eGFR) Data with conventional unit	Y		Y	Y		Y
Creatinine with conventional unit		Y			Y	
eGFR with conventional unit		Y			Y	
Hematology						
Hematology Data	Y		Y	Y		Y
Hematology Results Relative to Normal Range				Y		
Urinalysis						
Glucose, protein, urinary sediment	Y		Y			
β2-microglobulin, β2-microglobulin-creatinine ratio, %TRP creatinine, electrolyte (P)	Y		Y	Y		Y
Urinalisis (β2-microglobulin, electrolyte (P), Creatinine) with conventional unit	Y		Y	Y		Y
Hepatobiliary (Liver)[1]						
Liver Monitoring/Stopping Event Reporting	Y		Y			
Medical Conditions for Subjects with Liver Stopping Events	Y		Y			
Substance Use for Subjects with Liver Stopping Events	Y		Y			
LDTA GSI grade scale						
Treatment-Emergent Laboratory Abnormalities,	Y		Y			

Display Type	Absolute			Change from BL		
	Summary		Individual	Summary		Individual
	T	F	L	T	F	L
LDTA GSI grading scale						
LDTA GSI Grade 3/4 Treatment-Emergent Laboratory Abnormalities	Y		Y			
Treatment-Emergent Marked Laboratory Abnormalities, LDTA GSI grading scale	Y		Y			
Hepatic Flare						
On-Treatment Hepatic Flare	Y		Y			
On-Treatment Laboratory Values Relevant to on-Treatment Hepatic Flare	Y		Y			
Renal Parameters						
Confirmed Changes in Renal Parameters	Y		Y			Y
GSI Modified NIAID						
Treatment-Emergent Laboratory Abnormalities, GSI Modified NIAID	Y		Y			
GSI Modified NIAID Grade 3/4 Treatment-Emergent Laboratory Abnormalities	Y		Y			
Treatment-Emergent Marked Laboratory Abnormalities, GSI Modified NIAID	Y		Y			

NOTES:

- T = Table, F = Figures, L = Listings, Y = Yes display generated
- Summary = Represents TFL related to any summaries (i.e. descriptive statistics) of the observed raw data.
- Individual = Represents FL related to any displays of individual subject observed raw data.

[1]: If Hepatobiliary will be occurred.

8.4. Other Safety Analyses

The analyses of non-laboratory safety test results including ECGs and vital signs will be based on GSK Core Data Standards, unless otherwise specified. The details of the planned displays are presented in Appendix 12: List of Data Displays.

Overview of Planned Other Safety Analyses

Display Type	Absolute			Change from BL		
	Summary		Individual	Summary		Individual
	T	F	L	T	F	L
ECG						
ECG Findings	Y		Y			

Display Type	Absolute			Change from BL		
	Summary		Individual	Summary		Individual
	T	F	L	T	F	L
ECG Values	Y		Y	Y		Y
Vital Signs						
Vitals Values	Y		Y	Y		Y
Others						
Bone density (%)*				Y	Y	Y
Bone density (absolute)	Y		Y	Y	Y	Y

NOTES:

- T = Table, F = Figures, L = Listings, Y = Yes display generated
- Summary = Represents TFL related to any summaries (i.e. descriptive statistics) of the observed raw data.
- Individual = Represents FL related to any displays of individual subject observed raw data.
- *:Bone density (%): %change from baseline
- Bone density data: DEXA method will be displayed by position

9. EXPLORATORY EFFICACY ANALYSES

9.1. HBsAg Responder/Non-Responder Analyses

Summary statistics of efficacy parameter by HBsAg responder/Non-responder at WEEK 48 will be provided Frequency of HBsAg responder/Non-responder with ALT category (<60 IU/L, >=60IU/L) and with ALT category (<60 U/L, >=60 U/L; conventional unit) at WEEK 48 will be provided (Cross Table).

Listing of subject numbers for individual HBsAg Responder/Non-Responder Category at WEEK 48 will be provided.

These analyses will be based on the "FAS" population, unless otherwise specified. The details of the planned displays are presented in Appendix 12: List of Data Displays.

Overview of Planned Exploratory Efficacy Analyses

[Endpoint / Parameter/ Display Type]	**Absolute**							**Change from Baseline**						
	Stats Analysis			Summary		Individual		Stats Analysis			Summary		Individual	
	T	F	L	T	F	F	L	T	F	L	T	F	F	L
HBsAg														
Summary of log_{10} HBsAg (Study visit up to 48/96 weeks)				Y	Y						Y	Y	Y	
Summary of log_{10} HBsAg with conventional unit (Study visit up to 48/96 weeks)				Y	Y						Y	Y	Y	
Other Efficacy														
Summary of HBcrAg (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of HBV-DNA (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of ALT (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of log_{10} HBeAg (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Other Efficacy (Conventional unit)														
Summary of HBcrAg with conventional unit (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of ALT				Y	Y						Y	Y		

[Endpoint / Parameter/ Display Type]	Absolute							Change from Baseline						
	Stats Analysis			Summary		Individual		Stats Analysis			Summary		Individual	
	T	F	L	T	F	F	L	T	F	L	T	F	F	L
with conventional unit (Study visit up to 48/96 weeks)														

NOTES:

- T = Table, F = Figure, L = Listing, Y = Yes display generated.
- Stats Analysis = Represents TFL related to any formal statistical analyses (i.e. modelling) conducted.
- Summary = Represents TFL related to any summaries (i.e. descriptive statistics) of the observed raw data.
- Individual = Represents FL related to any displays of individual subject observed raw data.
- Subject's number for individual HBsAg Responder/Non-Responder category at WEEK 48 will be listed.
- Up to 48 weeks: Baseline,4,12,24,36,48 week
- UP to 96 weeks: Baseline,4,12,24,36,48,60,72,84,96 week

9.2. ALT Categories Analyses

Summary statistics of efficacy parameter by ALT category (<60 IU/L, >=60 IU/L) at WEEK 48 will be provided.

Summary statistics of efficacy parameter (Conventional unit) by ALT category with conventional unit (<60 U/L, >=60 U/L) at WEEK 48 will be provided.

Listing of subject numbers for individual ALT Category (<60 IU/L, >=60 IU/L) at WEEK 48 will be provided.

Listing of subject numbers for individual ALT Category with conventional unit (<60 U/L, >=60 U/L) at WEEK 48 will be provided.

These analyses will be based on the "FAS" population, unless otherwise specified. The details of the planned displays are presented in Appendix 12: List of Data Displays.

Overview of Planned Exploratory Efficacy Analyses

[Endpoint / Parameter/ Display Type]	Absolute							Change from Baseline						
	Stats Analysis			Summary		Individual		Stats Analysis			Summary		Individual	
	T	F	L	T	F	F	L	T	F	L	T	F	F	L
HBsAg														
Summary of log_{10} HBsAg (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
HBsAg with conventional unit ALT category (<60 U/L, >=60 U/L)														
Summary of log_{10}				Y	Y						Y	Y		

[Endpoint / Parameter/ Display Type]	Absolute							Change from Baseline						
	Stats Analysis			Summary		Individual		Stats Analysis			Summary		Individual	
	T	F	L	T	F	F	L	T	F	L	T	F	F	L
HBsAg with conventional unit (Study visit up to 48/96 weeks)														
Other Efficacy														
Summary of HBcrAg (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of HBV-DNA (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of ALT (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of log_{10} HBeAg (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Other Efficacy with conventional unit ALT category (<60 U/L, >=60 U/L)														
Summary of HBcrAg with conventional unit (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of HBV-DNA (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of ALT with conventional unit (Study visit up to 48/96 weeks)				Y	Y						Y	Y		
Summary of log_{10} HBeAg (Study visit up to 48/96 weeks)				Y	Y						Y	Y		

NOTES:

- T = Table, F = Figure, L = Listing, Y = Yes display generated.
- Stats Analysis = Represents TFL related to any formal statistical analyses (i.e. modelling) conducted.
- Summary = Represents TFL related to any summaries (i.e. descriptive statistics) of the observed raw data.
- Individual = Represents FL related to any displays of individual subject observed raw data.
- Subject's number for individual ALT category (<60 IU/L, >=60 IU/L) at WEEK 48 will be listed.

9.3. Correlation of virus parameters

These analyses will be based on the "FAS" population, unless otherwise specified.

Following correlation plots will be provided.

- log_{10} HBsAg change from baseline vs ALT change from baseline (WEEK24/WEEK48/ WEEK96)
- log_{10} HBsAg change from baseline vs HBcrAg baseline (WEEK24/WEEK48/WEEK96)
- log_{10}HBsAg change from baseline vs HBcrAg change from baseline (WEEK24/WEEK48/WEEK96)
- log_{10}HBsAg change from baseline vs log_{10}HBeAg baseline (WEEK24/WEEK48/WEEK96)
- log_{10}HBsAg change from baseline vs log_{10} HBeAg change from baseline (WEEK24/WEEK48/WEEK96)
- log_{10} HbsAg (conventional unit) change from baseline vs ALT (conventional unit) change from baseline (WEEK24/WEEK48/ WEEK96)
- log_{10} HBsAg (conventional unit) change from baseline vs HBcrAg (conventional unit) baseline (WEEK24/WEEK48/WEEK96)
- log_{10}HbsAg (conventional unit) change from baseline vs HBcrAg (conventional unit) change from baseline (WEEK24/WEEK48/WEEK96)
- log_{10}HbsAg (conventional unit) change from baseline vs log_{10}HBeAg baseline (WEEK24/WEEK48/WEEK96)
- log_{10}HBsAg (conventional unit) change from baseline vs log_{10} HBeAg change from baseline (WEEK24/WEEK48/WEEK96)

9.4. Background factor of HBsAg Responder/ Non-Responder

To investigate the background factor of HBsAg responder, following summary table on HBsAg responder will be provided

The details of the planned displays are presented in Appendix 12: List of Data Displays.

Overview of Planned Background factor of HBsAg responder

[Endpoint / Parameter / Display Type]	Data Displays Generated		
	Table	Figure	Listing
Demographic and Baseline Characteristics			
Demographic Characteristics	Y		
Other Baseline Characteristics	Y		
Medical Conditions and Concomitant Medications			
Medical Conditions	Y		
Concomitant Medications	Y		
Exposure and Treatment Compliance			
Treatment compliance	Y		
Exposure to Study Treatment	Y		

NOTES:
- Y = Yes display generated.

9.5. Safety Subgroup Analysis

This analysis will be based on the “SP” population, unless otherwise specified. Summary of eGFR, β2-microglobulin-creatinine ratio, %TRP, Serum Creatine, Serum Phosphorous and Bone density (absolute, %change from baseline) will be provided using subgroup in Section of "5.3.1 Examination of Subgroups".

Summary of eGFR (conventional unit), β2-microglobulin-creatinine ratio, %TRP, Serum Creatine (conventional unit), Serum Phosphorous (conventional unit) and Bone density (absolute, %change from baseline) will be provided using subgroup (conventional unit) in Section of "5.3.1 Examination of Subgroups".

10. REFERENCES

GlaxoSmithKline Document Number 2017N312381_06: Study Protocol of 205883. A multi-centre, one-arm prospective study to evaluate efficacy and safety of switching from Entecavir (ETV) to Tenofovir Disoproxil Fumarate (TDF) in Japanese chronic hepatitis B HBeAg-positive and HBV-DNA undetectable subjects (5-JUL-2018).

Payne RB, Little AJ, Williams RB, Milner JR：Interpretation of serum calcium levels in patients with abnormal serum proteins. Br Med J 4：643 -646,1973

11. APPENDICES

11.1. Appendix 1: Protocol Deviation Management

Details will be referred latest Protocol Deviation Management Plan and data handling will be decided prior to final data base release.

11.1.1. Exclusions from Efficacy Evaluable Set

A subject meeting any of the following two criteria will be excluded from the efficacy evaluable set:

- Prohibited Medication was taken from start dosing (Beginning of exposure) to week 48 visit (Date of visit 48 week)

  Corresponding prohibited medications are listed as follow. This will be specified as flag 'Y' of DV1 dataset (Excluded from analysis population flag, DVXPPFL) from Data management.

  - Interleukin-2 preparations
  - Ursodeoxycholic acid preparations
  - Herbal medicine with positive effects on hepatic dysfunction
  - Antiviral drugs with an inhibitory effect on HBV growth
  - Other investigational products
  - Interferon preparations
  - HB vaccine therapy
  - Glucocorticoid preparations (excluding topical preparations such as ointment and cream)
  - Immunosuppressants (e.g., azathioprine and cyclophosphamide) or chemotherapeutic agents (e.g., etoposide) (excluding topical preparations such as ointment and cream)

- Treatment compliance from start dosing (Beginning of exposure) to week 48 visit (Date of visit 48 week) was deviated.
  treatment compliance: <80% or >120%

Corresponding data that prohibited medication was taken will be received by DV1 dataset file from Data management.

Treatment compliance will be calculated from Section 11.6.2 Study Population.

11.2. Appendix 2: Schedule of Activities

11.2.1. Protocol Defined Schedule of Events

Procedure	Screening (up to 42 days before Day 1)[1]	Treatment period					Discontinuation/Completion (Week 96) (±14)[2]
		Day 1	Week 4 (±14)	Week 12, 24, 36 (±14)	Week 48 (±14)	Week 60, 72, 84 (±14)	
Informed Consent	X[1]						
Demography	X						
Abdominal imaging test[3]	X	(X)	(X)	(X)	(X)	(X)	X
Inclusion/Exclusion Criteria[4]	X						
Pregnancy Test (females of childbearing potential only)[5]	X	X	X	X	X	X	X
[HIV and HCV screening]	X						
12-lead ECG	X				X		X
Bone densinometry	X[6]		(X)[7,8]	(X) [7,8]	(X) [7,8]	(X) [7,8]	X[8]
Vital Signs[9]	X	X	X	X	X	X	X
Study treatment dispensation		X		X	X	X	
Confirmation of investigational product compliance			X	X	X	X	X
AE Assessment		X	←	—	→		X
SAE Assessment		X	←	—	→		X
Concomitant Treatment Review	X	X	←	—	→		X
Hematology [10]	X	X	X	X	X	X	X
Clinical Chemistry [11]	X	X	X	X	X	X	X
Urinalysis [12]	X	X	X	X	X	X	X
HBV-DNA	X	X	X	X	X	X	X
HBeAg/Anti-HBe	X	X	X	X	X	X	X
HBsAg/Anti-HBs	X	X	X	X	X	X	X

Procedure	Screening (up to 42 days before Day 1)[1]	Treatment period					Discontinuation/Completion (Week 96) (±14)[2]
		Day 1	Week 4 (±14)	Week 12, 24, 36 (±14)	Week 48 (±14)	Week 60, 72, 84 (±14)	
HBcrAg		X	X	X	X	X	X
Resistant Assay [13]			(X)	(X)	(X)	(X)	(X)
HBV Genotype	X						

1. Perform the screening examinations surely within 42 days before starting the study treatment.
2. On completing or discontinuing the study, perform these items within 72 hours after the last dose of the study treatment.
3. For diagnosis of cirrhosis, see Appendix 7 in the protocol.
4. For subject in whom HBsAg value range is confirmed before screening, enter values at 2 time points (with an interval of at least 3 months, and at least one point within 1 year from screening) into electronic Case Report Form (eCRF).
5. Perform the pregnancy test (urine test) for only women of childbearing potential or women with less than two years after the last menstruation. On the day of starting the study treatment, perform the pregnancy test before the first dose of the study treatment.
6. If the assessment was performed within 1 year prior to screening, it can be substituted as a score at screening.
7. Perform the assessment when the investigator considered necessary from laboratory results.
8. Perform bone densimetry with an interval of at least 4 months. If the assessment was performed within 3 months prior to each visit, do not duplicate the procedure.
9. Assess height, weight, blood pressure, pulse rate and temperature. Height is collected at screening only.
10. Red blood cell count, hemoglobin, hematocrit, white blood cell count (including differential count), platelet count, prothrombin time
11. AST, ALT, γ-GTP, ALP, LDH, total bilirubin, direct bilirubin, total protein, serum albumin, serum creatinine, creatinine kinase, amylase, lipase, AFP, antinuclear antibody titer, electrolyte (Na, K, Cl, Ca, P), blood glucose, uric acid, BUN, hyaluronate, lactic acid (however, assess antinuclear antibody titer at screening only, hyaluronate must be assessed at screening but for the visits afterwards assess when necessary), CLcr (calculate from serum creatinine based on Cockcroft-Gault formula described in Section 6.1), eGFR
12. Urinary sediment, β2-microglobulin, urine creatinine, urine glucose, urine protein, electrolyte (P)

13. Perform resistance analysis on lamivudine (LAM), adefovir (ADV), ETV and TDF. In a case where a virological breakthrough has been observed (a case where the serum HBV-DNA level has increased from the nadir by at least 1 log IU/mL, or HBV DNA level has increased to ≧2 log IU/mL (100 IU/mL) in a case with nadir <10 IU/mL) perform the resistance analysis. The blood specimen for the resistance analysis must be taken at every visit (excluding the starting date of the study treatment).

11.3. Appendix 3: Assessment Windows

11.3.1. Definitions of Assessment Windows for Analyses

A) The assessment dates of virology (HBsAg, serum HBV-DNA, HBeAg, HBeAg/Ab, HBsAg/Ab, HBcrAg) and clinical laboratory test for efficacy (i.e. ALT)

Period	Nominal Day	Lowest Day	Highest Day
Screening	-	-42	-1
Baseline (Day1)	1	-	1
Week 4	29	15	43
Week 12	85	44	127
Week 24	169	128	211
Week 36	253	212	295
Week 48	337	296	379
Week 60	421	380	463
Week 72	505	464	547
Week 84	589	548	631
Week 96	673	632	715

B) Safety (Laboratory, ECG, Vital Sign and Bone density) data will not be adapted the assessment windows. But ‘COMPLETED/WITHDRAWAL’ need to be assigned to corresponding visit, by comparing its date with the assessment window. The outsiders, the data being out of any windows will be regarded as ‘Unscheduled’

Period	Nominal Day	Lowest Day	Highest Day
Screening	-	-42	-1
Baseline (Day1)	1	-	1
Week 4	29	2	43
Week 12	85	44	127
Week 24	169	128	211

Period	Nominal Day	Lowest Day	Highest Day
Week 36	253	212	295
Week 48	337	296	379
Week 60	421	380	463
Week 72	505	464	547
Week 84	589	548	631
Week 96	673	632	715

C) Summary of AE by months will be used below AE occurrence day category (AE for 48 Week report, AE for final CSR).

(AE occurrence day: 48 Week report)

Months	Days
Month 1	1 - 29 days
Month 2 - 3	30 – 85 days
Month 4 - 6	86 – 169 days
Month 7 - 9	170 – 253 days
Month 10 - 12	254 – 337 days
Month 13 or later	338 days or later

(AE occurrence day: final CSR)

Months	Days
Month 1-12	1 - 337 days
Month 13- 18	338 - 505 days
Month 19- 24	506 - 673 days
Month 25 or later	674 days or later

11.3.2. Selection of Data in the Event of Multiple Records in a Window

Depending on the statistical method of analysis, single values are required for each analysis window. For example, change from baseline by visit usually requires a single value. When a single value is needed, the following rules will be used based on the type of data that is being analysed.

11.3.2.1. Serology, ALT and Laboratory Parameters of Interest

The largest value will be included in the analysis when two or more ALT values occur within the same visit window.

In the event that two or more serology results (HBsAg, HBcrAg, HBeAg, HBsAb, HBeAb) occur within the same visit window, then the pair will remain together and the last pair of results in the window will be chosen.

In the event that multiple observations occur within the same visit window for any other laboratory parameter, the laboratory value (e.g., mg/dL of serum creatinine) that represents the most abnormal value (based on actual value and not on grade) will be used in by-visit summaries for the laboratory parameter. In the event that two values within a window are of equal abnormality (based on actual value and not on grade), the value collected nearest to the nominal date will be used in all summaries.

11.3.2.2. HBV DNA values (log10 IU/mL)

1) Select the record closest to the nominal day (e.g. Day 169 for analysis Week 24) for that visit.

2) If there are two visits equidistant from the nominal day, take the latest.
   If there are multiple records on a selected day, take the geometric mean.

3) If there are two values on the same day, the second may be a retest because there was a problem with the first test (for example, specimen hemolyzed). In these cases, the later value should be used.

11.4. Appendix 4: Study Phases and Treatment States

11.4.1. Study Phases

Assessments and events will be classified according to the time of occurrence relative to the assessment date.

Study Phase	Definition
Pre-Treatment	Date < Study Treatment Start Date
On-Treatment	Study Treatment Start Date ≤ Date ≤ Study Treatment Stop Date
Post-Treatment	Date > Study Treatment Stop Date

11.4.1.1. Study Phases for Concomitant Medication

Study Phase	Definition
Prior	If medication end date is not missing and is before dosing date.
Concomitant	Any medication that is not a prior

NOTES:

- Please refer to Appendix 7: Reporting Standards for Missing Data for handling of missing and partial dates for concomitant medication. Use the rules in this table if concomitant medication date is completely missing.

11.4.2. Treatment States for AE data

Adverse events will be classified according to time of occurrence relative to the start and/or stop date of the study treatment.

Treatment State	Definition
Pre-Treatment	AE Start Date < Study Treatment Start Date
On-Treatment	If AE onset date is on or after treatment start date & on or before treatment stop date. Study Treatment Start Date ≤ AE Start Date ≤ Study Treatment Stop Date
Post-Treatment	If AE onset date is after the treatment stop date. AE Start Date > Study Treatment Stop Date
Onset Time Since 1st Dose (Days)	If Treatment Start Date > AE Onset Date: = AE Onset Date - Treatment Start Date If Treatment Start Date ≤ AE Onset Date: = AE Onset Date - Treatment Start Date +1 Missing otherwise.
Duration (Days)	AE Resolution Date – AE Onset Date + 1
Drug-related	If relationship is marked 'YES' on eCRF OR value is missing.

NOTES:

- If the study treatment stop date is missing, then the AE will be considered to be On-Treatment.

11.5. Appendix 5: Data Display Standards & Handling Conventions

11.5.1. Reporting Process

Software	
• The currently supported versions of SAS software will be used.	
Reporting Area	
HARP Server	N/A
HARP Compound	N/A
Analysis Datasets	
• Analysis datasets will be created according to Legacy GSK A&R dataset standards	
Generation of RTF Files	
• Non-HARP study.	

11.5.2. Reporting Standards

General

• The current GSK Integrated Data Standards Library (IDSL) will be applied for reporting, unless otherwise stated (IDSL Standards Location: https://spope.gsk.com/sites/IDSLLibrary/SitePages/Home.aspx):
  • 4.03 to 4.23: General Principles
  • 5.01 to 5.08: Principles Related to Data Listings
  • 6.01 to 6.11: Principles Related to Summary Tables
  • 7.01 to 7.13: Principles Related to Graphics
• Do not include subject level listings in the main body of the GSK Clinical Study Report. All subject level listings should be located in the modular appendices as ICH or non-ICH listings

Formats

• GSK IDSL Statistical Principles (5.03 & 6.06.3) for decimal places (DP's) will be adopted for reporting of data based on the raw data collected, unless otherwise stated.
• Numeric data will be reported at the precision collected on the eCRF.
• The reported precision from non eCRF sources will follow the IDSL statistical principles but may be adjusted to a clinically interpretable number of DP's.
  • For Insert Endpoint / Parameter the following DP's places will be applied:
  • Summary Statistics:
  • Listings:

Planned and Actual Time

• Reporting for tables, figures and formal statistical analyses:
  • Planned time relative to dosing will be used in figures, summaries, statistical analyses and calculation of any derived parameters, unless otherwise stated.
  • The impact of any major deviation from the planned assessment times and/or scheduled visit days on the analyses and interpretation of the results will be assessed as appropriate.
• Reporting for Data Listings:
  • Planned and actual time relative to study drug dosing will be shown in listings (Refer to IDSL Statistical Principle 5.05.1).
  • Unscheduled or unplanned readings will be presented within the subject's listings.

Unscheduled Visits	
• Unscheduled visits will not be included in summary tables. • Unscheduled visits will not be included in figures. • All unscheduled visits will be included in listings.	
Descriptive Summary Statistics	
Continuous Data	Refer to IDSL Statistical Principle 6.06.1
Categorical Data	N, n, frequency, %
Graphical Displays	
• Refer to IDSL Statistical Principals 7.01 to 7.13.	

11.6. Appendix 6: Derived and Transformed Data

11.6.1. General

Multiple Measurements at One Analysis Time Point
• Mean of the measurements will be calculated and used in any derivation of summary statistics but if listed, all data will be presented. • If there are two values within a time window the value closest to the target day for that window will be used. If values are the same distance from the target, then the mean will be taken. • Participants having both High and Low values for Normal Ranges at any post-baseline visit for safety parameters will be counted in both the High and Low categories of "Any visit post-baseline" row of related summary tables. This will also be applicable to relevant Potential Clinical Importance summary tables.
Study Day
• Calculated as the number of days from administered date: • Ref Date = Missing → Study Day = Missing • Ref Date < First Dose Date → Study Day = Ref Date – First Dose Date • Ref Data ≥ First Dose Date → Study Day = Ref Date – (First Dose Date) + 1

11.6.2. Study Population

Demographics
Age
• Birth date will be presented in listings as 'YYYY'. • Reference will be treatment(prescribed) date • Reference date for age calculation will be from dosing start day (Day 1, Visit 2). • Reference date for calculation of age at screening will be from Screening visit (Visit 1) date, however this will be from screen failure date for a screen failure subject. • Analysis age group will be categorized (Years): <=18, 19-64, 65-74, >=75 • Age will be categorized for EudraCT (Years) <=17, 18-64, 65-84, >=85
Body Mass Index (BMI)
• Calculated as **Weight (kg) / [Height (m)^2]**

Treatment Compliance
• Compliance (%) will be calculated based on the formula: **Compliance (%) = (Prescribed tablet – return tablet) / [(Treatment Stop Date – Treatment Start Date + 1) x Total daily tablet]** • Subjects who were prescribed but did not report a treatment start date will be categorised as having zero days of exposure.

Treatment Compliance

- If there are any treatment breaks during the study, exposure data will be adjusted accordingly

e.g. one tablet per 5days, total daily Tablet is 1/5 tablet.
If "As required" in dosing frequency was occurred, previous dosing frequency will be used as calculation.

Image of treatment

prescribed1 Return1		Prescribed2 Returned2	
Start1 End1 1 x Daily	Start2 End2 Every 3 days	Start3 End3 Every 4 days	Start4 End4 As Required

- Upper: compliance data, Lower: Exposure data.

Extent of Exposure

- Number of days of exposure to study drug will be calculated based on the formula:
  Duration of Exposure in Days = Treatment Stop Date – (Treatment Start Date) + 1
- Subjects who were prescribed but did not report a treatment start date will be categorised as having zero days of exposure.

11.6.3. Efficacy

HBV- DNA data (log_{10} IU/mL)

- HBV DNA data below the LLQ (1.0 log_{10}IU/mL) for the assay will be set to the lower limit minus 0.1 (0.9 log_{10}IU/mL) for calculation of summary statistics for the actual HBV DNA values and the change from baseline values by study visit. The original values will be provided in the HBV DNA listing.
- Note that if the result will be 'Not detected', that data will be also treated in the same way (0.9 log_{10} IU/mL, 1.0 – 0.1 log_{10} IU/mL) as the below the LLQ.

Virological (HBV- DNA) breakthrough

- In a case where a virological (HBV-DNA) breakthrough has been observed (a case where the serum HBV-DNA level has increased from the nadir by at least 1 log IU/mL, or HBV DNA level has increased to ≧2 log IU/mL (100 IU/mL) in a case with nadir <10 IU/mL) perform the resistance analysis.

HBsAg responder/Non-responder

HBsAg reduction potential evaluate (log_{10} observation – log_{10} baseline).
HBsAg responder: <=-0.25 log_{10}
HBsAg Non-responder: >-0.25 log_{10}

'Loss' of HBeAg, HBsAg,
'Loss' of HBeAg and HBsAg means antigen is negative. e.g. HBsAg Loss %: Numbers of subjects with HBsAg loss / Numbers of subjects with positive HBsAg at baseline HBeAg Loss %: Numbers of subjects with HBeAg loss / Numbers of subjects with positive HBeAg at baseline

Seroconversion of HBsAg and HBeAg
'Seroconversion' of HBsAg and HBeAg means antigen is negative and antibody is positive. e.g. HBsAg Seroconversion %: Numbers of subjects with HBsAg/Ab Seroconversion / Numbers of subjects with positive HBsAg and Negative HBsAb at baseline HBeAg Seroconversion %: Numbers of subjects with HBeAg/Ab Seroconversion / Numbers of subjects with positive HBeAg and Negative HBeAb at baseline

HBsAg category
HBsAg is categorised as follow: <80, 80=< - <800, 800=< - <8000, 8000=< - <80000, >=80000 Unit: KIU/L

HBsAg (Conventional unit) category
HBsAg is categorised as follow: <80, 80=< - <800, 800=< - <8000, 8000=< - <80000, >=80000 Unit: IU/mL

HBcrAg category
HBcrAg is categorised as follow: <3.0 $\log_{10}$, 3.0=< - <4.0 $\log_{10}$, 4.0=< - <5.0 $\log_{10}$, 5.0=< - <6.0 $\log_{10}$, >=6.0 $\log_{10}$ Unit: KU/L

HBcrAg (conventional unit) category
HBcrAg is categorised as follow: <3.0 $\log_{10}$, 3.0=< - <4.0 $\log_{10}$, 4.0=< - <5.0 $\log_{10}$, 5.0=< - <6.0 $\log_{10}$, >=6.0 $\log_{10}$ Unit: U/mL

11.6.4. Safety

Adverse Events
AEs of Special Interest
The adverse events of special interest and how they will be identified are outlined below. For more details, Viread (Tenofovir Disoproxil Fumarate) Risk Management Plan for the EU (Version 22, January 2017) or the latest document will be referred (Appendix 10). • " Renal-AE" – Acute renal failure (SMQ), Chronic kidney disease (SMQ), Proteinuria (SMQ) and preferred terms of potentially renal related AEs. • "Liver AE" – Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (SMQ), Hepatitis, non-infectious (SMQ), Liver related investigations, signs and symptoms (SMQ) and preferred terms of potentially Liver related AEs. • " Bone Events" – Preferred terms of potentially Bone related AEs.

Laboratory Parameters
• If a laboratory value which is expected to have a numeric value for summary purposes, has a non-detectable level reported in the database, where the numeric value is missing, but typically a character value starting with '<x' or '>x' (or indicated as less than x or greater than x in the comment field) is present, the number of significant digits in the observed values will be used to determine how much to add or subtract in order to impute the corresponding numeric value. o Example 1: 2 Significant Digits = '< x' becomes x – 0.01 o Example 2: 1 Significant Digit = '> x' becomes x + 0.1 o Example 3: 0 Significant Digits = '< x' becomes x – 1

Laboratory Assessments	
Haematology	Platelet Count, RBC Count, Haemoglobin, Hematocrit, Prothrombin time, WBC count with Differential (Neutrophils, Lymphocytes, Monocytes, Eosinophils, Basophils)
Clinical Chemistry	BUN, Creatinine, Glucose, Uric acid, Amylase, Potassium, Sodium, Calcium, Chloride, Aspartate Aminotransferase (AST), Alanine Aminotransferase (ALT), Alkaline phosphatise, γ-GTP Phosphorus, Total and direct bilirubin, Total Protein, Albumin, LDH, CK (CPK), eGFR, Lipase, AFP, Antinuclear antibody titer [only at the time of screening], Hyaluronic acid [Required at screening and as needed thereafter.], Lactic Acid
Routine Urinalysis	Glucose, protein, creatinine, electrolyte (P), urinary sediment, β2-microglobulin

Corrected calcium based on the serum albumin
• Corrected calcium based on the serum albumin will be calculated based on the following Payne formula. Corrected calcium (mg/dL) = Serum calcium (mg/dL) + [4 – serum albumin (g/dL)], if serum albumin is <4.0 g/dL

Consideration of the kidney marker
• β2-microglobulin-creatinine ratio will be calculated based on the following formula. Urinary β2-microglobulin (μg/g Cre) =100×Urinary β2-microglobulin (μg/L)/ Urinary creatinine (mg/dL) • %TRP will be calculated based on the following formula. (1 − [urinary phosphorus (mg/dL) × serum creatinine (mg/dL)] /. [serum phosphorus (mg/dL) × urinary creatinine (mg/dL)]) × 100

Bone density (%)
Bone density (%) = (Bone density observation – Bone density baseline)/ Bone density baseline

Creatinine clearance
Creatinine clearance (CLcr) formula: (Body weight [kg]) x (140-age in years) / (72 x serum creatinine [mg/dl]) for man [Note: multiply estimated rate by 0.85 for woman]

ECG (12-lead ECG)
ECG findings, ECG values (Heart rate, PR interval, QRS duration, QT interval, and QTc intervals)

Vital Signs
Pulse rate, Blood pressure (Systolic, Diastolic), Temperature, Weight

Gilead Science Institute (GSI) grading laboratory Data
Referred to Gilead Grading Scale for Severity of Laboratory Abnormalities, Laboratory grade frequency will be summarized and listed. Note that grade tables: We will be referred two tables (Section 11.8.1 LDTA (A Liver Disease Therapeutic Area) GSI grading scale, Section 11.8.2. GSI modified NIAID (National Institute of Allergy and Infectious Disease (US)) Common Toxicity Grading Scale) and displayed. GSI modified NIAID common toxicity grading scale will be applied on the laboratory data to be aligned with foreign clinical studies of Tenofovir. Abnormality Grades Clinical laboratory results will be graded according to criteria specified in the GSI grading score as normal, mild (Grade 1), moderate (Grade 2), severe (Grade 3) or potentially life threatening (Grade 4). Some analytes have criteria for both increased and decreased levels; analysis for each direction (i.e., increased, decreased) will be presented separately. Laboratory abnormalities may be reported as an adverse event, and the clinical grading of an event may be different from the quantitative grading depending on the clinical status and underlying conditions.

Gilead Science Institute (GSI) grading laboratory Data
Treatment-Emergent Abnormalities Treatment-emergent laboratory abnormalities are defined as values that increase at least one grade from baseline at any on-treatment post-baseline visit. If the relevant baseline laboratory data are missing, then the screening laboratory result is used, if this is missing then any graded abnormality is considered treatment emergent. Treatment-Emergent Marked Abnormalities Treatment-emergent marked laboratory abnormalities are defined as values that change from normal at baseline to Grade 3 (severe) or 4 (potentially life threatening) at any post-baseline, on-treatment value, or that change from Grade 1 (mild) at baseline to Grade 4 at any post-baseline. If the relevant baseline laboratory data are missing, then the screening laboratory result is used; if this is missing then any Grade 3 or 4 on-treatment values are considered treatment emergent. Summaries of Laboratory Abnormalities The following summaries (number and percentage of subjects) of treatment-emergent laboratory abnormalities will be provided: (1) Treatment-emergent laboratory abnormalities (2) Treatment-emergent Grade 3 or Grade 4 laboratory abnormalities (3) Marked laboratory abnormalities (4) Incidence of on-treatment exacerbation of hepatitis defined as (1) elevation of ALT > 2 x baseline and > 10 x ULN or (2) abnormal laboratory parameters suggestive of worsening hepatic function (abnormal bilirubin ≥ 2mg/dL above baseline, abnormal PT ≥ 2 sec above baseline, INR ≥ 0.5 over baseline, abnormal albumin ≥ 1g/dL decrease from baseline or elevated serum lactate levels > 2 x ULN) along with any ALT elevation (i.e., 1 grade shift or 2 x previous value) Note that serum lactate is not measured in the study. (5) Confirmed (defined as two consecutive visits) increases in serum creatinine of 0.5 mg/dL above baseline (6) Confirmed (defined as two consecutive visits) occurrence of phosphorus below 2 mg/dL (7) Confirmed (defined as two consecutive visits) calculated creatinine clearance < 50 mL/min

11.7. Appendix 7: Reporting Standards for Missing Data

11.7.1. Premature Withdrawals

Element	Reporting Detail
General	• Subject study completion (i.e. as specified in the protocol) was defined as described in the Protocol. • Withdrawn subjects were not replaced in the study. • All available data from participants who were withdrawn from the study will be listed and all available planned data will be included in summary tables and figures, unless otherwise specified. • Withdrawal visits will be slotted as per Appendix 3:

11.7.2. Handling of Missing Data

Element	Reporting Detail
General	• Missing data occurs when any requested data is not provided, leading to blank fields on the collection instrument: o These data will be indicated by the use of a "blank" in subject listing displays. Unless all data for a specific visit are missing in which case the data is excluded from the table. o Answers such as "Not applicable" and "Not evaluable" are not considered to be missing data and should be displayed as such.

11.7.2.1. Handling of Missing and Partial Dates

Element	Reporting Detail
General	• Partial dates will be displayed as captured in subject listing displays.
Adverse Events	• The eCRF allows for the possibility of partial dates (i.e., only month and year) to be recorded for AE start and end dates; that is, the day of the month may be missing. In such a case, the following conventions will be applied for calculating the time to onset and the duration of the event: o Missing Start Day: First of the month will be used unless this is before the start date of study treatment; in this case the study treatment start date will be used and hence the event is considered On-treatment as per Appendix 4: Study Phases and Treatment Emergent Adverse Events. o Missing Stop Day: Last day of the month will be used, unless this is after the stop date of study treatment; in this case the study treatment stop date will be used. • Completely missing start or end dates will remain missing, with no imputation applied. Consequently, time to onset and duration of such events will be missing.
Concomitant Medications/Medical History	• Partial dates for any concomitant medications recorded in the CRF will be imputed using the following convention: o If the partial date is a start date, a '01' will be used for the day and 'Jan' will be used for the month o If the partial date is a stop date, a '28/29/30/31' will be used for the day (dependent on the month and year) and 'Dec' will be used for the month.

Element	Reporting Detail
	• The recorded partial date will be displayed in listings.

11.7.2.2. Handling of Missing Data for Statistical Analysis

Element	Reporting Detail
Withdrawn Subjects	• In analysing the responder analysis, unless otherwise stated, withdrawn subjects reported during the study period will be treated as non-responders. • For continuous variables, if subjects will be withdrawn from the study due to adverse events or rescue medication before Week 48/Week 96, data after withdrawal will not be collected, and data analysis will be performed on collected data (i.e. After withdrawal, data will not be collected and data will not be imputed.).

11.8. Appendix 8: Values of Potential Clinical Importance(PCI)

LDTA GSI grading scale (LDTA GSI grade), GSI modified NIAID Common Toxicity Grading Scale (GSI NIAID grade) will be treated as PCI.

11.8.1. LDTA GSI grading scale (LDTA GSI grade)

HEMATOLOGY				
	Grade 1	Grade 2	Grade 3	Grade 4
Hemoglobin [Hemoglobin]	10.0 to 10.9 g/dL 100 to 109 g/L OR Any decrease from Baseline 2.5 to < 3.5 g/dL 25 to < 35 g/L	9.0 to < 10.0 g/dL 90 to < 100 g/L OR Any decrease from Baseline 3.5 to < 4.5 g/dL 35 to < 45 g/L	7.0 to < 9.0 g/dL 70 to < 90 g/L OR Any decrease from Baseline ≥ 4.5 g/dL ≥ 45 g/L	< 7.0 g/dL < 70 g/L
Absolute Neutrophil Count (ANC) [-]	1000 to 1300/mm^3 1.00 to 1.30 GI/L	750 to < 1000/mm^3 0.75 to < 1.00 GI/L	500 to < 750/mm^3 0.50 to < 0.75 GI/L	< 500/mm^3 < 0.50 GI/L
Absolute Lymphocyte Count [-]	600 to 650/mm^3 0.60 to 0.65 GI/L	500 to < 600/mm^3 0.50 to < 0.60 GI/L	350 to < 500/mm^3 0.35 to < 0.50 GI/L	< 350/mm^3 < 0.35 GI/L
Platelets [Platelet count]	100,000 to < 125,000/mm^3 100 to < 125 GI/L	50,000 to < 100,000/mm^3 50 to < 100 GI/L	25,000 to < 50,000/mm^3 25 to < 50 GI/L	< 25,000/mm^3 < 25 GI/L
WBCs [WBC]	2000/mm^3 to 2500/mm^3 2.00 GI/L to 2.50 GI/L	1,500 to < 2,000/mm^3 1.50 to < 2.00 GI/L	1000 to < 1,500/mm^3 1.00 to < 1.50 GI/L	< 1000/mm^3 < 1.00 GI/L

HEMATOLOGY				
	Grade 1	Grade 2	Grade 3	Grade 4
Prothrombin Time (PT) [Prothrombin Time]	> 1.00 to 1.25 × ULN	> 1.25 to 1.50 × ULN	> 1.50 to 3.00 × ULN	> 3.00 × ULN

CHEMISTRY				
	Grade 1	Grade 2	Grade 3	Grade 4
Hyponatremia [Sodium]	130 to 135 mEq/L 130 to 135 mmol/L	125 to < 130 mEq/L 125 to < 130 mmol/L	121 to < 125 mEq/L 121 to < 125 mmol/L	< 121 mEq/L < 121 mmol/L
Hypernatremia [Sodium]	146 to 150 mEq/L 146 to 150 mmol/L	> 150 to 154 mEq/L > 150 to 154 mmol/L	> 154 to 159 mEq/L > 154 to 159 mmol/L	> 159 mEq/L > 159 mmol/L
Hypokalemia [Potassium]	3.0 to 3.4 mEq/L 3.0 to 3.4 mmol/L	2.5 to < 3.0 mEq/L 2.5 to < 3.0 mmol/L	2.0 to < 2.5 mEq/L 2.0 to < 2.5 mmol/L	< 2.0 mEq/L < 2.0 mmol/L
Hyperkalemia [Potassium]	5.6 to 6.0 mEq/L 5.6 to 6.0 mmol/L	> 6.0 to 6.5 mEq/L > 6.0 to 6.5 mmol/L	> 6.5 to 7.0 mEq/L > 6.5 to 7.0 mmol/L	> 7.0 mEq/L > 7.0 mmol/L
Hypoglycemia [Glucose]	55 to 64 mg/dL 3.03 to 3.58 mmol/L	40 to < 55 mg/dL 2.20 to < 3.03 mmol/L	30 to < 40 mg/dL 1.64 to < 2.20 mmol/L	< 30 mg/dL < 1.64 mmol/L
Hyperglycemia, Nonfasting [Glucose]	116 to 160 mg/dL 6.42 to 8.91 mmol/L	> 160 to 250 mg/dL > 8.91 to 13.90 mmol/L	> 250 to 500 mg/dL > 13.90 to 27.79 mmol/L	> 500 mg/dL > 27.79 mmol/L
Hypocalcemia [Calcium] (corrected for albumin)	7.8 to 8.4 mg/dL	7.0 to < 7.8 mg/dL	6.1 to < 7.0 mg/dL	< 6.1 mg/dL

CHEMISTRY				
	Grade 1	Grade 2	Grade 3	Grade 4
Hypercalcemia [Calcium] (corrected for albumin)	10.6 to 11.5 mg/dL	> 11.5 to 12.5 mg/dL	> 12.5 to 13.5 mg/dL	> 13.5 mg/dL
Hypophosphatemia [Phosphorous?]	NA	2.0 to < 2.5 mg/dL 0.63 to < 0.80 mmol/L	1.0 to < 2.0 mg/dL 0.31 to < 0.63 mmol/L	< 1.0 mg/dL < 0.31 mmol/L
Hyperbilirubinemia [Total bilirubin?]	> 1.0 to 1.5 × ULN	> 1.5 to 2.5 × ULN	> 2.5 to 5.0 × ULN	> 5.0 × ULN
Blood Urea Nitrogen [BUN]	1.25 to 2.50 × ULN	> 2.50 to 5.00 × ULN	> 5.00 to 10.00 × ULN	> 10.00 × ULN
Creatinine [Creatinine]	> 1.50 to 2.00 mg/dL > 133 to 177 µmol/L	> 2.00 to 3.00 mg/dL > 177 to 265 µmol/L	> 3.00 to 6.00 mg/dL > 265 to 530 µmol/L	> 6.00 mg/dL > 530 µmol/L
Creatine Kinase [CK]	3.0 to < 6.0 × ULN	6.0 to < 10.0 × ULN	10.0 to < 20.0 × ULN	≥ 20.0 × ULN

ENZYMES				
	Grade 1	Grade 2	Grade 3	Grade 4
AST (SGOT) [AST]	1.25 to 2.50 × ULN	> 2.50 to 5.00 × ULN	> 5.00 to 10.00 × ULN	> 10.00 × ULN
ALT (SGPT) [ALT]	1.25 to 2.50 × ULN	> 2.50 to 5.00 × ULN	> 5.00 to 10.00 × ULN	> 10.00 × ULN
Alkaline Phosphatase [ALP]	1.25 to 2.50 × ULN	> 2.50 to 5.00 × ULN	> 5.00 to 10.00 × ULN	> 10.00 × ULN

ENZYMES				
	Grade 1	Grade 2	Grade 3	Grade 4
Total Amylase [Amylase]	> 1.0 to 1.5 × ULN	> 1.5 to 2.0 × ULN	> 2.0 to 5.0 × ULN	> 5.0 × ULN
Albumin [Albumin]	3.0 g/dL to < LLN 30 g/L to < LLN	2.0 to < 3.0 g/dL 20 to < 30 g/L	< 2.0 g/dL < 20 g/L	NA

ULN = Upper Limit of Normal; LLN = Lower Limit of Normal
[-]: Not measured
LDTA: Liver Disease Therapeutic Area （Toxicity Grading Scale）

Although Section 11.8.1 mentioned unit for electrolyte Ca is “mg/dL”, these values were converted values based on “mmol/L” unit that is used as one of GSK SI units. For laboratory grading, following grades in the table has been applied.

	Grade 1	Grade 2	Grade 3	Grade 4
Hypocalcemia [Calcium] (corrected for albumin)	1.94 to 2.10 mmol/L	1.74 to 1.94 mmol/L	1.51 to 1.74 mmol/L	1.51 mmol/L
Hypercalcemia [Calcium] (corrected for albumin)	2.64 to 2.88 mmol/L	2.88 to 3.13 mmol/L	3.13 to 3.38 mmol/L	3.38 mmol/L

11.8.2. GSI modified NIAID Common Toxicity Grading Scale (GSI NIAID grade)

HEMATOLOGY				
	Grade 1	Grade 2	Grade 3	Grade 4
Hemoglobin [Hemoglobin]	8.0 – 9.4 g/dL 80 – 94 g/L	7.0 – < 8.0 g/dL 70 – < 80 g/L	6.5– < 7.0 g/dL 65 – < 70 g/L	< 6.5 g/dL < 65 g/L
Platelets [Platelet count]	75,000 – 100,000/mm3 75.0 – 100.0 GI/L	50,000 – < 75,000/mm3 50.0 – < 75.0 GI/L	25,000 – < 50,000/mm3 25.0 – < 50.0 GI/L	< 25,000/mm3 < 25.0 GI/L

HEMATOLOGY				
	Grade 1	Grade 2	Grade 3	Grade 4
WBCs [WBC]	3000/mm3- < LLN 3.0 GI/L - < LLN	2000 – < 3000/mm3 2.0 – < 3.0 GI/L	1000 – < 2000/mm3 1.0 – < 2.0 GI/L	< 1000/ mm3 < 1.0 GI/L
Prothrombin Time (PT) [Prothrombin Time]	> 1.00 – 1.25 × ULN	> 1.25 – 1.50 × ULN	> 1.50 – 3.00 × ULN	> 3.00 × ULN

CHEMISTRY				
	Grade 1	Grade 2	Grade 3	Grade 4
Hyponatremia [Sodium]	130 mEq/L – < LLN 130 mmol/L – < LLN	123– < 130 mEq/L 123– < 130 mmol/L	116 – < 123 mEq/L 116 – < 123 mmol/L	< 116 mEq/L < 116 mmol/L
Hypernatremia [Sodium]	> ULN – 150 mEq/L > ULN – 150 mmol/L	> 150 – 157 mEq/L > 150 – 157 mmol/L	> 157 – 165 mEq/L > 157 – 165 mmol/L	> 165 mEq/L > 165 mmol/L
Hypokalemia [Potassium]	3.0 mEq/L – < LLN 3.0 mmol/L – < LLN	2.5 – < 3.0 mEq/L 2.5 – < 3.0 mmol/L	2.0 – < 2.5 mEq/L 2.0 – < 2.5 mmol/L	< 2.0 mEq/L < 2.0 mmol/L
Hyperkalemia [Potassium]	5.6 – 6.0 mEq/L 5.6 – 6.0 mmol/L	> 6.0 – 6.5 mEq/L > 6.0 – 6.5 mmol/L	> 6.5 – 7.0 mEq/L > 6.5 – 7.0 mmol/L	> 7.0 mEq/L > 7.0 mmol/L
Hypoglycemia [Glucose]	55 – 64 mg/dL 3.03 – 3.57 mmol/L	40 – < 55 mg/dL 2.20 - < 3.03 mmol/L	30 – < 40 mg/dL 1.64 - < 2.20 mmol/L	< 30 mg/dL < 1.64 mmol/L
Hyperglycemia (nonfasting and no prior diabetes) [Glucose]	> ULN – 160 mg/dL > ULN – 8.90 mmol/L	> 160 - 250 mg/dL > 8.90 – 13.90 mmol/L	> 250 – 500 mg/dL > 13.90 – 27.77 mmol/L	> 500 mg/dL > 27.77 mmol/L

CHEMISTRY				
	Grade 1	Grade 2	Grade 3	Grade 4
Hypocalcemia (corrected for albumin) [Calcium]	7.8 mg/dL – < LLN 1.94 mmol/L - < LLN	7.0 – < 7.8 mg/dL 1.74 - < 1.94 mmol/L	6.1 – < 7.0 mg/dL 1.52 - < 1.74 mmol/L	< 6.1 mg/dL < 1.52 mmol/L
Hypercalcemia (corrected for albumin) [Calcium]	> ULN – 11.5 mg/dL > ULN – 2.88 mmol/L	> 11.5 – 12.5 mg/dL > 2.88 – 3.13 mmol/L	> 12.5 – 13.5 mg/dL > 3.13 – 3.38 mmol/L	> 13.5 mg/dL > 3.38 mmol/L
Hypophosphatemia [Phosphorous]	2.0 mg/dL – < LLN 0.63 mmol/L - < LLN	1.5 – < 2.0 mg/dL 0.47 - < 0.63 mmol/L	1.0 – < 1.5 mg/dL 0.31 - < 0.47 mmol/L	< 1.0 mg/dL < 0.31 mmol/L
Hyperbilirubinemia [Total Bilirubin]	> 1.0 – 1.5 × ULN	> 1.5 – 2.5 × ULN	> 2.5 – 5.0 × ULN	> 5.0 × ULN
Blood Urea Nitrogen [Urea/BUN]	1.25 – 2.50 × ULN	> 2.50 – 5.00 × ULN	> 5.00 – 10.00 × ULN	> 10.00 × ULN
Hyperuricemia [Uric acid]	> ULN – 10.0 mg/dL > ULN – 0.59 mmol/L	> 10.0 – 12.0 mg/dL > 0.59 – 0.71 mmol/L	> 12.0 – 15.0 mg/dL > 0.71 – 0.89 mmol/L	> 15.0 mg/dL > 0.89 mmol/L
Hypouricemia [Uric acid]	1.5 mg/dL - < LLN 0.09 mmol/L - < LLN	1.0 - <1.5 mg/dL 0.06 – < 0.09 mmol/L	0.5 - < 1.0 mg/dL 0.03 – < 0.06 mmol/L	< 0.5 mg/dL < 0.03 mmol/L
Creatinine [Creatinine]	M: >1.5 – 2.0 mg/dL F: >1.3 – 1.8 mg/dL M: >137 – 181 micromol/L F: >119 – 163 micromol/L	M: > 2.0 – 3.0 mg/dL F: > 1.8 – 2.8 mg/dL M: > 181 – 269 micromol/L F: > 163 – 252 micromol/L	M: > 3.0 – 6.0 mg/dL F: > 2.8 – 5.8 mg/dL M: > 269 – 535 micromol/L F: > 252 – 517 micromol/L	M: > 6.0 mg/dL F: > 5.8 mg/dL M: > 535 micromol/L F: > 517 micromol/L
Creatine Kinase [Creatine Kinase/CK(CPK)]	3.0 - < 6.0 × ULN	6.0 – < 10.0 × ULN	10.0 - < 20.0 × ULN	≥ 20.0 × ULN

ENZYMES				
	Grade 1	Grade 2	Grade 3	Grade 4
AST (SGOT) [AST]	1.25 – 2.50 × ULN	> 2.50 – 5.00 × ULN	> 5.00 – 10.00 × ULN	> 10.00 × ULN
ALT (SGPT) [ALT]	1.25 – 2.50 × ULN	> 2.50 – 5.00 × ULN	> 5.00 – 10.00 × ULN	> 10.00 × ULN
GGT [GGT]	1.25 – 2.50 × ULN	> 2.50 – 5.00 × ULN	> 5.00 – 10.00 × ULN	> 10.00 × ULN
Alkaline Phosphatase [ALP]	1.25 – 2.50 × ULN	> 2.50 – 5.00 × ULN	> 5.00 – 10.00 × ULN	> 10.00 × ULN
Total Amylase [Amylase]	> 1.0 – 1.5 × ULN	> 1.5 – 2.0 × ULN	> 2.0 – 5.0 × ULN	> 5.0 × ULN
Lipase [Lipase]	> 1.0 – 1.5 × ULN	> 1.5 – 2.0 × ULN	> 2.0 – 5.0 × ULN	> 5.0 × ULN
Albumin [Albumin]	3.0 g/dL - < LLN 30 g/L - < LLN	2.0 - < 3.0 g/dL 20 – < 30 g/L	< 2.0 g/dL < 20 g/L	—

ULN = Upper Limit of Normal; LLN = Lower Limit of Normal
[-]: not measured in the study

NIAID: National Institute of Allergy and Infectious Disease (US)

11.9. Appendix 9: PEGINTERFERON GSKDrug codes

Term Name	Code
PEGINTERFERON ALFA-2B + RIBAVIRIN	53239301
PEGINTERFERON NOS	53332901
PEGINTERFERON ALFA-2A	51080801
PEGINTERFERON ALFA	59758801
PEGINTERFERON ALFA-2B	51090301
PEGINTERFERON BETA 1A	59122901
PEGINTERFERON ALFA-2A + RIBAVIRIN	53239401
PEGINTERFERON ALFA	59758801
PEGINTERFERON ALFA-2A	51080801
PEGINTERFERON ALFA-2A + RIBAVIRIN	53239401
PEGINTERFERON ALFA-2B	51090301
PEGINTERFERON ALFA-2B + RIBAVIRIN	53239301
PEGINTERFERON BETA 1A	59122901
PEGINTERFERON LAMBDA-1A	59611101
PEGINTERFERON NOS	53332901
ROPEGINTERFERON ALFA-2B	59745201

11.10. Appendix 10: Viread (Tenofovir Disoproxil Fumarate) Risk Management Plan for the EU (Version 22) January 2017

MedDRA terms (Version 17.0)

- **Renal toxicity**

MedDRA terms (Version 19.1)	SMQs: Acute renal failure, Chronic kidney disease, Proteinuria PTs: Alpha 1 microglobulin urine increased, Computerised tomogram kidney abnormal, Perinephritis, Beta 2 microglobulin abnormal, Beta 2 microglobulin decreased, Beta 2 microglobulin urine abnormal, Blood magnesium abnormal, Blood magnesium decreased, Blood phosphorus decreased, Blood potassium decreased, Blood uric acid abnormal, Blood uric acid decreased, Cystatin C abnormal, Cystatin C increased, Fanconi syndrome, Fanconi syndrome acquired, Glucose urine present, Glycosuria, Henoch-Schonlein purpura nephritis, Hepatorenal syndrome, Renal transplant failure, Hypercalciuria, Hyperchloraemia, Hyperkaliuria, Hypermagnesuria, Hyperphosphaturia, Hyperuricosuria, Hypokalaemia, Hypophosphataemia, Hypouricaemia, Inulin renal clearance abnormal, Nephritis allergic, Nephrogenic diabetes insipidus, Nocturia, Pollakiuria, Polydipsia, Polyuria, Renal disorder, Renal injury, Renal tubular acidosis, Tubulointerstitial nephritis and uveitis syndrome, Urine calcium increased, Urine calcium/creatinine ratio increased, Urine electrolytes abnormal, Urine electrolytes increased, Urine magnesium increased, Urine output increased, Urine phosphorus abnormal, Urine phosphorus increased, Urine potassium abnormal, Urine potassium increased, Urine sodium abnormal, Urine sodium increased, Urine uric acid abnormal, Urine uric acid increased

- **Bone Events due to Proximal Renal Tubulopathy/Loss of Bone Mineral Density (BMD)**

MedDRA terms (Version 19.1)	HLGT: Fractures HLT: Fracture treatments (excl skull and spine) PTs: Bedridden, Blood 25-hydroxycholecalciferol decreased, Blood alkaline phosphatase increased,Bone atrophy, Bone decalcification, Bone densitometry, Bone density abnormal, Bone density decreased, Bone development abnormal, Bone disorder, Bone erosion, Bone formation test abnormal, Bone formation decreased, Bone fragmentation, Bone lesion, Bone loss, Bone metabolism disorder, Bone marrow oedema, Bone marrow oedema syndrome,Bone pain, Bone resorption test abnormal, Bone scan abnormal, Bone swelling, Cementoplasty, Chronic kidney disease – mineral and bone disorder, Coccydynia, C-telopeptide increased, Deoxypyridinoline urine increased, Elevation skull fracture, Fracture pain, High turnover osteopathy, Hip arthroplasty, Hungry bone syndrome, Hypophosphataemic rickets, Immobile, Immobilisation prolonged, Kyphoscoliosis, Kyphosis, Locomotive syndrome, N-telopeptide urine abnormal, N-telopeptide urine increased, Nuclear magnetic resonance imaging spinal abnormal, Osteocalcin increased, Osteodystrophy, Osteolysis, Osteomalacia, Osteopenia, Osteoporosis, Osteoporosis circumscripta

	cranii, Osteoporosis menopausal, Osteoporosis prophylaxis, Osteosynthesis, Post-traumatic osteoporosis, Pubic pain, Pyridinoline urine increased, Rachitic syndrome, Renal rickets, Resorption bone increased, Rickets, Senile osteoporosis, Skeletal injury, Skeletal survey abnormal, Spinal deformity, Spinal flattening, Spinal fusion fracture, Spinal X-ray abnormal, Surgical fixation of rib fracture, Tartrate-resistant acid phosphate decreased, Vertebral body replacement, Vertebral lesion, Vertebral wedging, Vertebroplasty, Vitamin D abnormal, Vitamin D decreased, Vitamin D deficiency, Walking aid user, Walking disability, Wheelchair user, X-ray limb abnormal, X-ray of pelvis and hip abnormal, Pain in jaw

- **Post-Treatment Hepatic Flares in HBV Monoinfected and HIV-1/HBV Coinfected Patients**

MedDRA terms (Version 19.1)	SMQs: Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions; Hepatitis, non-infectious; Liver related investigations, signs and symptoms PTs: Acute hepatitis B, Asymptomatic viral hepatitis, Chronic disease, Chronic hepatitis B, Concomitant disease aggravated, Concomitant disease progression, Condition aggravated, Disease progression, Disease recurrence, HBV-DNA polymerase increased, HBV-DNA polymerase increased, Hepatic infection, Hepatitis B, Hepatitis B antibody abnormal, Hepatitis B antibody positive, Hepatitis B core antibody positive, Hepatitis B core antigen positive, Hepatitis B DNA assay positive, Hepatitis B DNA increased, Hepatitis B e antibody positive, Hepatitis B e antigen positive, Hepatitis B surface antigen positive, Hepatitis B virus test positive, Hepatitis infectious, Hepatitis viral, Hepatitis viral test positive, Hepatobiliary infection, Jaundice, Rebound effect, Viral load increased, Viral titre increased, Withdrawal hepatitis

11.11. Appendix 11: Abbreviations & Trade Marks

11.11.1. Abbreviations

Abbreviation	Description
AE	Adverse Event
A&R	Analysis and Reporting
CI	Confidence Interval
CLcr	Creatinine Clearance
CSR	Clinical Study Report
DOB	Date of Birth
DP	Decimal Places
eCRF	Electronic Case Record Form
GSI	Gilead Science Institute
GSK	GlaxoSmithKline
HARP	Harmonisation for Analysis and Reporting Program
ICH	International Conference on Harmonisation
IDSL	Integrated Data Standards Library
IP	Investigational Product
LDTA	Liver Disease Therapeutic Area （Toxicity Grading Scale）
NIAID	National Institute of Allergy and Infectious Disease (US)
PCI	Potential Clinical Importance
PDMP	Protocol Deviation Management Plan
QC	Quality Control
RAP	Reporting & Analysis Plan
SAC	Statistical Analysis Complete
SOP	Standard Operation Procedure
TFL	Tables, Figures & Listings

11.11.2. Trademarks

Trademarks of the GlaxoSmithKline Group of Companies
None

Trademarks not owned by the GlaxoSmithKline Group of Companies
SAS
Viread

11.12. Appendix 12: List of Data Displays

11.12.1. Data Display Numbering

The following numbering will be applied for RAP generated displays:

Section	Tables	Figures
Study Population	1.1 to 1.23	-
Efficacy	2.1 to 2.61	2.1 to 2.15
Safety	3.1 to 3.40	3.1 to 3.10
Exploratory	4.1 to 4.42	4.1 to 4.48
Section	**Listings**	
ICH Listings	1 to 72	

11.12.2. Mock Example Shell Referencing

Non IDSL specifications will be referenced as indicated and if required example mock-up displays provided in Appendix 13: Example Mock Shells for Data Displays.

Section	Figure	Table	Listing
Study Population	POP_Fn	POP_Tn	POP_Ln
Efficacy	EFF_Fn	EFF_Tn	EFF_Ln
Safety	SAFE_Fn	SAFE_Tn	SAFE_Ln

NOTES:

- Non-Standard displays are indicated in the 'IDSL / Example Shell' or 'Programming Notes' column as '[Non-Standard] + Reference.'

11.12.3. Deliverables

Delivery Priority [1]	Description
SAC [1]	48W Statistical Analysis Complete
SAC [2]	96W (Final) Statistical Analysis Complete

NOTES:

1. Indicates priority (i.e. order) in which displays will be generated for the reporting effort

11.12.4. Study Population Tables

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subject Disposition					
1.1.	Safety	ES1	Summary of Subject Disposition	Completed or withdrawn and the reason for withdrawal.	SAC [1,2]
1.2.	Enrolled	ES6	Summary of Screening Status and Reasons for Screen Failure	The number (%) of Prescribed or screening failure subjects as the screening status, and the reason for screening failure.	SAC [1,2]
Protocol Deviation					
1.3.	Safety	IE1	Summary of Inclusion/Exclusion Criteria Deviations		SAC [1,2]
1.4.	Safety	DV1	Summary of Important Protocol Deviations (48W/96W)		SAC [1,2]
Population Analysed					
1.5.	Enrolled	SP1	Summary of Study Populations (48W/96W)		SAC [1,2]
Demographic and Baseline Characteristics					
1.6.	Safety	DM1	Summary of Demographic Characteristics (SP)	Age category:<=18, 19-64, 65-74, >=75	SAC [1,2]
1.7.	FAS	DM1	Summary of Demographic Characteristics (FAS)	Age category:<=18, 19-64, 65-74, >=75	SAC [1,2]
1.8.	EES	DM1	Summary of Demographic Characteristics (EES,48W)	Age category:<=18, 19-64, 65-74, >=75	SAC [1]
1.9.	Screening Failure	DM1	Summary of Demographic Characteristics for Screening Failure	Age category:<=18, 19-64, 65-74, >=75	SAC [1]
1.10.	Enrolled	DM11	Summary of Age Ranges	<=17, 18-64, 65-84, >=85	SAC [1,2]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.11.	Safety	DM5	Summary of Race and Racial Combinations (SP)		SAC [1,2]
1.12.	FAS	DM5	Summary of Race and Racial Combinations (FAS)		SAC [1,2]
1.13.	EES	DM5	Summary of Race and Racial Combinations (EES, 48W)		SAC [1]
1.14.	Safety	Study specific	Summary of Other Baseline Characteristics (SP)	Include eGFR Subgroup category Genotype categories (A, B, C, D)	SAC [1,2]
1.15.	FAS	Study specific	Summary of Other Baseline Characteristics (FAS)	Include Subgroup category Genotype categories (A, B, C, D)	SAC [1,2]
1.16.	EES	Study specific	Summary of Other Baseline Characteristics (EES,48W)	Include Subgroup category Genotype categories (A, B, C, D)	SAC [1]
Prior and Concomitant Medications					
1.17.	Safety	MH4	Summary of Prior Medical Conditions		SAC [1,2]
1.18.	Safety	CM1	Summary of Prior Hepatitis Medications		SAC [1,2]
1.19.	Safety	CM1	Summary of Concomitant Medications		SAC [1,2]
Exposure and Treatment Compliance					
1.20.	FAS	Study specific	Summary of Treatment compliance (FAS)	Note: calculation formula Sum of [(IPCOMPLY.DISPNUM - IPCOMPLY.RETRNNUM)] / sum of [(EXPOSURE.EXENDT – EXPOSURE.EXSTDT + 1) × 1] “Sum of” is cumulative visit	SAC [1,2]
1.21.	EES	Study specific	Summary of Treatment compliance (EES,48W)		SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.22.	Safety	EX1	Duration of Exposure to Study Drug (SP)		SAC [1,2]
Subgroup					
1.23.	FAS	Study specific	Summary of Other Baseline Characteristics by subgroup (FAS)	Protocol defined liver cirrhosis (Yes, No), Genotype (A, B, C, D), HBsAg subgroup category (<800 KIU/L, >=800 KIU/L), AGE category (<40, 40-49, 50-59, 60-), Former Peg-INF (Yes, No) HBsAg subgroup category with conventional unit) (<800 IU/mL, >=800 IU/mL)	SAC [1,2]

11.12.5. Efficacy Tables

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Primary Endpoint: HBsAg					
2.1.	FAS	Study specific	Proportion of subjects with HBsAg achieving 0.25 Log10 HBsAg reduction from the baseline (HBsAg responder) (FAS,48W, Missing at worse)	Proportion with 95% CI	SAC [1]
2.2.	EES	Study specific	Proportion of subjects with HBsAg achieving 0.25 Log10 HBsAg reduction from the baseline (HBsAg responder) (EES,48W, Missing at worse)	Proportion with 95% CI	SAC [1]
2.3.	FAS	Study specific	Summary of log10 HBsAg (Baseline, FAS)		SAC [1]
2.4.	EES	Study specific	Summary of log10 HBsAg (Baseline, EES)		SAC [1]
2.5.	FAS	Study specific	Proportion of subjects with HBsAg achieving 0.25 Log10 HBsAg reduction from the baseline by Subgroup (FAS, 48W/96W, Missing at worse)	Protocol defined Liver cirrhosis (Yes, No), Genotype (A, B, C, D), HBsAg subgroup category (<800 KIU/L, >=800 KIU/L), AGE category (<40, 40-49, 50-59, 60-), Former Peg-INF (Yes, No), HBsAg subgroup category (Conventional unit) (<800 IU/mL, >=800 IU/mL) Proportion with 95% CI	SAC [1,2]
2.6.	EES	Study specific	Proportion of subjects with HBsAg achieving 0.25 Log10 HBsAg reduction from the baseline by Subgroup (EES, 48W, Missing at worse)	Protocol defined liver cirrhosis (Yes, No), Genotype (A, B, C, D), HBsAg subgroup category (<800 KIU/L, >=800 KIU/L), AGE category (<40, 40-49, 50-59, 60-), Former Peg-INF (Yes, No), HBsAg subgroup category (Conventional unit) (<800 IU/mL, >=800 IU/mL) Proportion with 95% CI	SAC [1]

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Secondary Endpoint: HBsAg					
2.7.	FAS	Study specific	Proportion of subjects with HBsAg achieving 0.25 Log10 HBsAg reduction from the baseline (HBsAg responder) by study visit up to WEEK 48/WEEK 96 (FAS, Missing at worse)	Proportion with 95% CI	SAC [1,2]
2.8.	FAS	Study specific	Summary of log10 HBsAg by study visit up to WEEK 48/WEEK 96 (FAS)	Change from baseline is included.	SAC [1,2]
2.9.	EES	Study specific	Summary of log10 HBsAg by study visit up to WEEK 48 (EES)	Change from baseline is included.	SAC [1]
2.10.	FAS	Study specific	Summary of HBsAg by study visit up to WEEK 48/WEEK 96 (FAS)	Change from baseline is included.	SAC [1,2]
2.11.	EES	Study specific	Summary of HBsAg by study visit up to WEEK 48 (EES)	Change from baseline is included.	SAC [1]
2.12.	FAS	Study specific	Frequency of HBsAg category by study visit up to WEEK 48/WEEK 96 (FAS)	HBsAg category: <80, 80<= - <800, 800<= - <8000, 8000<= - <80000, >=80000 Unit: KIU/L	SAC [1,2]
2.13.	EES	Study specific	Frequency of HBsAg category by study visit up to WEEK 48 (EES)	HBsAg category: <80, 80<= - <800, 800<= - <8000, 8000<= - <80000, >=80000 Unit: KIU/L	SAC [1]
2.14.	FAS	Study specific	Summary of log10 HBsAg (Conventional unit) by study visit up to WEEK 48/WEEK 96 (FAS)	Change from baseline is included.	SAC [1,2]
2.15.	FAS	Study specific	Summary of HBsAg (Conventional unit) by study visit up to WEEK 48/WEEK 96 (FAS)	Change from baseline is included.	SAC [1,2]
2.16.	FAS	Study specific	Frequency of HBsAg category (Conventional unit) by study visit up to WEEK 48/WEEK 96 (FAS)	HBsAg category: <80, 80<= - <800, 800<= - <8000, 8000<= - <80000, >=80000 Unit: IU/mL	SAC [1,2]
Seroconversion					
2.17.	FAS	Study specific	Proportion of subjects with HBsAg Loss by Study Visit up to WEEK 48/WEEK 96 (FAS)	% Numbers of subjects with HBsAg loss/Numbers of subjects with positive HBsAg at baseline	SAC [1,2]

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
2.18.	EES	Study specific	Proportion of subjects with HBsAg Loss by Study Visit up to WEEK 48 (EES)	% Numbers of subjects with HBsAg loss/Numbers of subjects with positive HBsAg at baseline	SAC [1]
2.19.	FAS	Study specific	Proportion of subjects with HBsAg/Ab Seroconversion by Study Visit up to WEEK 48/WEEK 96 (FAS)	% Numbers of subjects with HBsAg/Ab Seroconversion/Numbers of subjects with positive HBsAg and Negative HBsAb at baseline	SAC [1,2]
2.20.	EES	Study specific	Proportion of subjects with HBsAg/Ab Seroconversion by Study Visit up to WEEK 48 (EES)	% Numbers of subjects with HBsAg/Ab Seroconversion/Numbers of subjects with positive HBsAg and Negative HBsAb at baseline	SAC [1]
2.21.	FAS	Study specific	Proportion of subjects with HBeAg Loss by Study Visit up to WEEK 48/WEEK 96 (FAS)	%: Numbers of subjects with HBeAg loss/Numbers of subjects with positive HBeAg at baseline	SAC [1,2]
2.22.	EES	Study specific	Proportion of subjects with HBeAg Loss by Study Visit up to WEEK 48 (EES)	%: Numbers of subjects with HBeAg loss/Numbers of subjects with positive HBeAg at baseline	SAC [1]
2.23.	FAS	Study specific	Proportion of subjects with HBeAg/Ab Seroconversion by Study Visit up to WEEK 48/WEEK 96 (FAS)	% Numbers of subjects with HBeAg/Ab Seroconversion/Numbers of subjects with positive HBeAg and Negative HBeAb at baseline	SAC [1,2]
2.24.	EES	Study specific	Proportion of subjects with HBeAg/Ab Seroconversion by Study Visit up to WEEK 48 (EES)	% Numbers of subjects with HBeAg/Ab Seroconversion/Numbers of subjects with positive HBeAg and Negative HBeAb at baseline	SAC [1]

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Virology					
2.25.	FAS	Study specific	Summary of HBcrAg by Study Visit up to WEEK 48/WEEK 96 (FAS)	Change from baseline is included.	SAC [1,2]
2.26.	FAS	Study specific	Frequency of HBcrAg category by Study Visit up to WEEK 48/WEEK 96 (FAS)	HBcrAg category: <3.0 log10, 3.0<= - <4.0 log10, 4.0<= -<5.0 log10, 5.0<= - <6.0 log10, >=6.0 log10 Unit: KU/L	SAC [1,2]
2.27.	FAS	Study specific	Proportion of subjects with HBV-DNA < 1.0 log10 IU/mL by Study Visit up to WEEK 48/WEEK 96 (FAS)	<1.0 log10 IU/mL, >=1.0 log10 IU/mL	SAC [1,2]
2.28.	FAS	Study specific	Summary of HBV-DNA by Study Visit up to WEEK 48/WEEK 96 (FAS)	Change from baseline is included.	SAC [1,2]
2.29.	FAS	Study specific	Summary of HBeAg by Study Visit up to WEEK 48 /WEEK 96 (FAS)	Change from baseline is included.	SAC [1,2]
2.30.	FAS	Study specific	Summary of log10 HBeAg by Study Visit up to WEEK 48 /WEEK 96 (FAS)	Change from baseline is included.	SAC [1,2]
2.31.	FAS	Study specific	Frequency of Virological Breakthrough (WEEK 0 – WEEK 48/WEEK 96) (FAS)	Change from baseline is included.	SAC [1,2]
2.32.	FAS	Study specific	Summary of HBcrAg (Conventional unit) by Study Visit up to WEEK 48/WEEK 96 (FAS)	HBcrAg category: <3.0 log10, 3.0<= - <4.0 log10, 4.0<= -<5.0 log10, 5.0<= - <6.0 log10, >=6.0 log10 Unit: U/mL	SAC [1,2]
2.33.	FAS	Study specific	Frequency of HBcrAg category (Conventional unit) by Study Visit up to WEEK 48/WEEK 96 (FAS)		SAC [1,2]
ALT					
2.34.	FAS	Study specific	Summary of ALT by Study Visit up to WEEK 48/WEEK 96 (FAS)	Change from baseline is included	SAC [1,2]
2.35.	FAS	Study specific	Summary of ALT (Conventional unit) by Study Visit up to WEEK 48/WEEK 96 (FAS)	Change from baseline is included	SAC [1,2]

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subgroup					
2.36.	FAS	Study specific	Summary of log10 HBsAg by Protocol defined liver cirrhosis (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.37.	FAS	Study specific	Summary of log10 HBsAg by Genotype (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.38.	FAS	Study specific	Summary of log10 HBsAg by HBsAg subgroup category (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.39.	FAS	Study specific	Summary of log10 HBsAg by AGE category (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.40.	FAS	Study specific	Summary of log10 HBsAg by Former Peg-INF (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.41.	FAS	Study specific	Summary of HBcrAg by Protocol defined liver cirrhosis (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.42.	FAS	Study specific	Summary of HBcrAg by Genotype (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.43.	FAS	Study specific	Summary of HBcrAg by HBsAg subgroup category (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.44.	FAS	Study specific	Summary of HBcrAg by AGE category (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.45.	FAS	Study specific	Summary of HBcrAg by Former Peg-INF (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.46.	FAS	Study specific	Summary of log10 HBeAg by Protocol defined liver cirrhosis (FAS, 48W/96W)		SAC [1,2]
2.47.	FAS	Study specific	Summary of log10 HBeAg by Genotype (FAS, 48W/96W)		SAC [1,2]
2.48.	FAS	Study specific	Summary of log10 HBeAg by HBsAg subgroup category (FAS, 48W/96W)		SAC [1,2]
2.49.	FAS	Study specific	Summary of log10 HBeAg by AGE category (FAS, 48W/96W)		SAC [1,2]

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
2.50.	FAS	Study specific	Summary of log10 HBeAg by Former Peg-INF (FAS, 48W/96W)		SAC [1,2]
2.51.	FAS	Study specific	Summary of log10 HBsAg (Conventional unit) by Protocol defined liver cirrhosis (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.52.	FAS	Study specific	Summary of log10 HBsAg (Conventional unit) by Genotype (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.53.	FAS	Study specific	Summary of log10 HBsAg (Conventional unit) by HBsAg subgroup category (Conventional unit) (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.54.	FAS	Study specific	Summary of log10 HBsAg (Conventional unit) by AGE category (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.55.	FAS	Study specific	Summary of log10 HBsAg (Conventional unit) by Former Peg-INF (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.56.	FAS	Study specific	Summary of HBcrAg (Conventional unit) by Protocol defined liver cirrhosis (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.57.	FAS	Study specific	Summary of HBcrAg (Conventional unit) by Genotype (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.58.	FAS	Study specific	Summary of HBcrAg (Conventional unit) by HBsAg subgroup category (Conventional unit) (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.59.	FAS	Study specific	Summary of HBcrAg (Conventional unit) by AGE category (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.60.	FAS	Study specific	Summary of HBcrAg (Conventional unit) by Former Peg-INF (FAS, 48W/96W)	Change from baseline is included	SAC [1,2]
2.61.	FAS	Study specific	Summary of log10 HBeAg by HBsAg subgroup category (Conventional unit) (FAS, 48W/96W)		SAC [1,2]

11.12.6. Efficacy Figures

Efficacy: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
HBsAg					
2.1.	FAS	Study specific	Log10 HBsAg by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.2.	FAS	Study specific	Log10 HBsAg Change from Baseline by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.3.	FAS	Study specific	Log10 HBsAg (Conventional unit) by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.4.	FAS	Study specific	Log10 HBsAg (Conventional unit) Change from Baseline by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
Virology					
2.5.	FAS	Study specific	HBcrAg by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.6.	FAS	Study specific	HBcrAg Change from Baseline by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.7.	FAS	Study specific	HBV-DNA by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.8.	FAS	Study specific	HBV-DNA Change from Baseline by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.9.	FAS	Study specific	Log10 HBeAg Change from Baseline by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.10.	FAS	Study specific	HBcrAg (Conventional unit) by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.11.	FAS	Study specific	HBcrAg (Conventional unit) Change from Baseline by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]

Efficacy: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
ALT					
2.12.	FAS	Study specific	ALT by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.13.	FAS	Study specific	ALT Change from Baseline by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.14.	FAS	Study specific	ALT (Conventional unit) by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]
2.15.	FAS	Study specific	ALT (Conventional unit) Change from Baseline by Study Visit up to WEEK 48/WEEK 96: Mean (SD) Plots (FAS)	± SD plots	SAC [1,2]

11.12.7. Safety Tables

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Adverse Events (AEs)					
3.1.	Safety	AE1	Summary of Adverse Events by System Organ Class and Preferred Term (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]
3.2.	Safety	AE1	Summary of Non-Serious Adverse Events by System Organ Class and Preferred Term, >=5% (WEEK 48/WEEK 96: on Treatment Period for FDAAA)		SAC [1,2]
3.3.	Safety	AE5A	Summary of Adverse Events by Maximum Intensity (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]
3.4.	Safety	AE1	Summary of Drug-Related Adverse Events by System Organ Class and Preferred Term (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]
3.5.	Safety	AE5	Summary of Drug-Related Adverse Events by Maximum Intensity (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]
3.6.	Safety	AE1	Summary of Adverse Events by 3 Months (WEEK 48 on Treatment Period)		SAC [1]
3.7.	Safety	AE1	Summary of Adverse Events by 6 Months (WEEK 96 on Treatment Period)		SAC [2]
Serious and Other Significant Adverse Events					
3.8.	Safety	AE1	Summary of Serious Adverse Events by System Organ Class and Preferred Term (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.9.	Safety	AE1	Summary of Fatal Serious Adverse Events by System Organ Class and Preferred Term (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]
3.10.	Safety	AE1	Summary of Adverse Events Leading to Permanent Discontinuation of Study Drug by System Organ Class and Preferred Term (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]
AE of Interest					
3.11.	Safety	AE1	Summary of Renal AE as AE of Interest (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]
3.12.	Safety	AE1	Summary of Bone Events as AE of Interest (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]
3.13.	Safety	AE1	Summary of Liver AE as AE of Interest (WEEK 48/WEEK 96: on Treatment Period)		SAC [1,2]
Laboratory: Chemistry					
3.14.	Safety	LB1	Summary of Chemistry Data	Change from baseline is included. Corrected calcium based on the serum albumin is included. Creatinine clearance is included.	SAC [1,2]
3.15.	Safety	LB1	Summary of Chemistry Results Relative to Normal Range		SAC [1,2]
3.16.	Safety	LB1	Summary of Chemistry Data (ALT, ALP, Creatinine, Phosphorus, Glucose, Uric acid, eGFR) with conventional unit	Change from baseline is included.	SAC [1,2]
Laboratory: Hematology					
3.17.	Safety	LB1	Summary of Hematology Data	Change from baseline is included	SAC [1,2]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.18.	Safety	LB1	Summary of Hematology Results Relative to Normal Range		SAC [1,2]
Laboratory: Urinalysis					
3.19.	Safety	UR3b	Summary of Urinalysis (Glucose, protein, urinary sediment,) Data		SAC [1,2]
3.20.	Safety	LB1	Summary of Urinalysis (β2-microglobulin, β2-microglobulin-creatinine ratio, %TRP, creatinine, electrolyte (P))	Change from baseline is included	SAC [1,2]
3.21.	Safety	LB1	Summary of Urinalysis (β2-microglobulin, electrolyte (P), creatinine) with conventional unit	Change from baseline is included	SAC [1,2]
Laboratory: Hepatobiliary (Liver)					
3.22.	Safety	LIVER1	Summary of Liver Monitoring/Stopping Event Reporting		SAC [1,2]
3.23.	Safety	MH4	Summary of Medical Conditions for Subjects with Liver Stopping Events		SAC [1,2]
3.24.	Safety	LIVER10	Summary of Hepatobiliary Laboratory Abnormalities		SAC [1,2]
LDTA GSI grade scale					
3.25.	Safety	Study specific	Summary of Treatment-Emergent Laboratory Abnormalities, LDTA GSI Grading Scale (WEEK 48/WEEK 96 on Treatment Period)		SAC [1,2]
3.26.	Safety	Study specific	Summary of LDTA GSI Grade 3/4 Treatment-Emergent Laboratory Abnormalities (WEEK 48/WEEK 96 on Treatment Period)		SAC [1,2]
3.27.	Safety	Study specific	Summary of Treatment-Emergent Marked Laboratory Abnormalities, LDTA GSI Grading Scale (WEEK 48/WEEK 96 on Treatment Period)	See Section 11.6.4 safety, Gilead Science Institute (GSI) grading laboratory Data, Treatment-Emergent Marked Abnormalities	SAC [1,2]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Hepatic Flare					
3.28.	Safety	Study specific	Summary of On-Treatment Hepatic Flare (WEEK 48/WEEK 96 on Treatment Period)		SAC [1,2]
3.29.	Safety	Study specific	Summary of On-Treatment Laboratory Values Relevant to on-Treatment Hepatic Flare (WEEK 48/WEEK 96 on Treatment Period)		SAC [1,2]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Renal Parameters					
3.30.	Safety	Study specific	Summary of Confirmed Changes in Renal Parameters (WEEK 48/WEEK 96 on treatment period)		SAC [1,2]
GSI Modified NIAID					
3.31.	Safety	Study specific	Summary of Treatment-Emergent Laboratory Abnormalities, GSI Modified NIAID (WEEK 48/WEEK 96 on Treatment Period)		SAC [1,2]
3.32.	Safety	Study specific	Summary of GSI Modified NIAID Grade 3/4 Treatment-Emergent Laboratory Abnormalities (WEEK 48/WEEK 96 on Treatment Period)		SAC [1,2]
3.33.	Safety	Study specific	Summary of Treatment-Emergent Marked Laboratory Abnormalities, GSI Modified NIAID (WEEK 48/WEEK 96 on Treatment Period)	See Section 11.6.4 safety, Gilead Science Institute (GSI) grading laboratory Data, Treatment-Emergent Marked Abnormalities	SAC [1,2]
ECG					
3.34.	Safety	EG1	Summary of ECG Findings		SAC [1,2]
3.35.	Safety	EG2	Summary of ECG Values		SAC [1,2]
3.36.	Safety	EG2	Summary of Change from Baseline in ECG Values		SAC [1,2]
Vital Signs					
3.37.	Safety	VS1	Summary of Vital Signs		SAC [1,2]
3.38.	Safety	VS1	Summary of Change from Baseline in Vital Signs		SAC [1,2]
Others					
3.39.	Safety	VS1	Summary of Percent Change from Baseline in Bone Density (DEXA method: %) by position		SAC [1,2]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.40.	Safety	VS1	Summary of Bone Density (DEXA method: absolute) by position	Change from baseline is included.	SAC [1,2]

11.12.8. Safety Figures

Safety: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Laboratory: Chemistry					
3.1.	Safety	Study specific	Creatinine by Study Visit: Mean (SD) Plots	± SD plots	SAC [1,2]
3.2.	Safety	Study specific	Creatinine Change from Baseline by Study Visit: Mean (SD) Plots	± SD plots	SAC [1,2]
3.3.	Safety	Study specific	eGFR by Study Visit: Mean (SD) Plots	± SD plots	SAC [1,2]
3.4.	Safety	Study specific	eGFR Change from Baseline by Study Visit: Mean (SD) Plots	± SD plots	SAC [1,2]
3.5.	Safety	Study specific	Creatinine (Conventional unit) by Study Visit: Mean (SD) Plots	± SD plots	SAC [1,2]
3.6.	Safety	Study specific	Creatinine (Conventional unit) Change from Baseline with conventional unit by Study Visit: Mean (SD) Plots	± SD plots	SAC [1,2]
3.7.	Safety	Study specific	eGFR (Conventional unit) by Study Visit: Mean (SD) Plots	± SD plots	SAC [1,2]
3.8.	Safety	Study specific	eGFR (Conventional unit) Change from Baseline by Study Visit: Mean (SD) Plots	± SD plots	SAC [1,2]
Laboratory: Other					
3.9.	Safety	Study specific	Bone Density (DEXA method, absolute) by position: Mean (SD) Plots for change from baseline	DEXA method ± SD plots	SAC [1,2]
3.10.	Safety	Study specific	Bone Density (DEXA method, %) by position: Mean (SD) Plots for %change from baseline	DEXA method ± SD plots	SAC [1,2]

11.12.9. Exploratory Statistical Analysis Tables

Exploratory Statistical Analysis Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
HBsAg Responder/Non-Responder					
4.1.	FAS	Study specific	Frequency of HBsAg Responder/Non-responder with ALT category (<60 IU/L, >=60IU/L) at WEEK 48		SAC [1]
4.2.	FAS	Study specific	Frequency of HBsAg Responder/Non-responder with ALT category (Conventional unit) (<60 U/L, >=60U/L) at WEEK 48		SAC [1]
HBsAg Responder/Non-Responder: HBsAg					
4.3.	FAS	Study specific	Summary of log10 HBsAg during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)	Change from baseline is included	SAC [1,2]
4.4.	FAS	Study specific	Summary of log10 HBsAg (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)	Change from baseline is included	SAC [1,2]
HBsAg Responder/Non-Responder: Other Efficacy					
4.5.	FAS	Study specific	Summary of HBcrAg during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)	Change from baseline is included	SAC [1,2]
4.6.	FAS	Study specific	Summary of HBV-DNA during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)	Change from baseline is included	SAC [1,2]
4.7.	FAS	Study specific	Summary of ALT during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)	Change from baseline is included	SAC [1,2]
4.8.	FAS	Study specific	Summary of ALT category (<60 IU/L, >=60 IU/L) during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)		SAC [1,2]

Exploratory Statistical Analysis Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.9.	FAS	Study specific	Summary of log10 HBeAg during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)	Change from baseline is included	SAC [1,2]
4.10.	FAS	Study specific	Summary of HBcrAg (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)	Change from baseline is included	SAC [1,2]
4.11.	FAS	Study specific	Summary of ALT (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)	Change from baseline is included	SAC [1,2]
4.12.	FAS	Study specific	Summary of ALT category (Conventional unit) (<60 U/L, >=60 U/L) during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder (FAS)		SAC [1,2]
ALT Category (<60 IU/L, >=60 IU/L): HBsAg					
4.13.	FAS	Study specific	Summary of log10 HBsAg during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60IU/L, >=60IU/L) (FAS)	Change from baseline is included	SAC [1,2]
4.14.	FAS	Study specific	Summary of log10 HBsAg (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60U/L, >=60U/L) (FAS)	Change from baseline is included	SAC [1,2]
ALT Category (<60 IU/L, >=60 IU/L): Other Efficacy					
4.15.	FAS	Study specific	Summary of HBcrAg during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60I U/L) (FAS)	Change from baseline is included	SAC [1,2]
4.16.	FAS	Study specific	Summary HBV-DNA during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L) (FAS)	Change from baseline is included	SAC [1,2]
4.17.	FAS	Study specific	Summary of ALT during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L) (FAS)	Change from baseline is included	SAC [1,2]

Exploratory Statistical Analysis Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.18.	FAS	Study specific	Summary of log10 HBeAg during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L) (FAS)	Change from baseline is included	SAC [1,2]
ALT Category (<60 U/L, >=60 U/L): Other Efficacy					
4.19.	FAS	Study specific	Summary of HBcrAg (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L) (FAS)	Change from baseline is included	SAC [1,2]
4.20.	FAS	Study specific	Summary HBV-DNA during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L) (FAS)	Change from baseline is included	SAC [1,2]
4.21.	FAS	Study specific	Summary of ALT (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L) (FAS)	Change from baseline is included	SAC [1,2]
4.22.	FAS	Study specific	Summary of log10 HBeAg during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L) (FAS)	Change from baseline is included	SAC [1,2]
Background of HBsAg Responder/ Non-Responder: Demographic and Baseline Characteristics					
4.23.	FAS	DM1	Summary of Demographic Characteristics by HBsAg Responder / Non-responder (FAS)		SAC [1]
4.24.	FAS	Study specific	Summary of Other Baseline Characteristics by HBsAg Responder / Non-responder (FAS)		SAC [1]
Background of HBsAg Responder/ Non-Responder: Medical Conditions and Concomitant Medications					
4.25.	FAS	MH4	Summary of Prior Medical Conditions by HBsAg Responder / Non-responder (FAS)		SAC [1]
4.26.	FAS	CM1	Summary of Concomitant Medications by HBsAg Responder / Non-responder (FAS)		SAC [1]
Background of HBsAg Responder/ Non-Responder: Exposure and Treatment Compliance					
4.27.	FAS	Study specific	Summary of Treatment Compliance by HBsAg Responder / Non-responder (FAS)		SAC [1]

Exploratory Statistical Analysis Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.28.	FAS	EX1	Duration of Exposure to Study Drug by HBsAg Responder / Non-responder(FAS)		SAC [1]
Safety Subgroup Analysis					
4.29.	Safety	Study specific	Summary of eGFR by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<1, 1<= - <1.5, >=1.5), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.30.	Safety	Study specific	Summary of Beta2-microglobulin-creatinine ratio by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<1, 1<= - <1.5, >=1.5), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.31.	Safety	Study specific	Summary of %TRP by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<1, <=1- <1.5, >=1.5), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.32.	Safety	Study specific	Summary of Serum Creatine by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<1, 1<= - <1.5, >=1.5), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.33.	Safety	Study specific	Summary of Serum Phosphorus by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<1, 1<= - <1.5, >=1.5), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]

Exploratory Statistical Analysis Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.34.	Safety	Study specific	Summary of Bone density(absolute) by Subgroup (SP)	Change from baseline is included. AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<1, 1<= - <1.5, >=1.5), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.35.	Safety	Study specific	Summary of Bone density (%change from baseline) by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<1, 1<= - <1.5, >=1.5), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.36.	Safety	Study specific	Summary of eGFR (Conventional unit) by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<60, 60<= - <90, >=90), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.37.	Safety	Study specific	Summary of Beta2-microglobulin-creatinine ratio by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<60, 60<= - <90, >=90), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.38.	Safety	Study specific	Summary of %TRP by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<60, 60 <= - <90 >=90), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.39.	Safety	Study specific	Summary of Serum Creatine (Conventional unit) by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<60, 60<= - <90, >=90), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]

Exploratory Statistical Analysis Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.40.	Safety	Study specific	Summary of Serum Phosphorous (Conventional unit) by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<60, 60<= - <90, >=90), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.41.	Safety	Study specific	Summary of Bone density(absolute) by Subgroup (SP)	Change from baseline is included. AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<60, 60<= - <90, >=90), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]
4.42.	Safety	Study specific	Summary of Bone density (%change from baseline) by Subgroup (SP)	AGE category (<40, 40-49, 50-59, 60-), eGFR baseline category (<60, 60<= - <90, >=90), Weight baseline category (<50 kg, >=50 kg), Sex (male, female)	SAC [1,2]

11.12.10. Exploratory Statistical Analysis Figures

Exploratory Statistical Analysis Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
HBsAg Responder/Non-Responder: HBsAg					
4.1.	FAS	Study specific	Log10 HBsAg during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.2.	FAS	Study specific	Log10 HBsAg Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.3.	FAS	Study specific	Log10 HBsAg Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Individual Plots (FAS)		SAC [1,2]
HBsAg Responder/Non-Responder: HBsAg (Conventional unit)					
4.4.	FAS	Study specific	Log10 HBsAg (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.5.	FAS	Study specific	Log10 HBsAg (Conventional unit) Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.6.	FAS	Study specific	Log10 HBsAg (Conventional unit) Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Individual Plots (FAS)		SAC [1,2]
HBsAg Responder/Non-Responder: Other Efficacy					
4.7.	FAS	Study specific	HBcrAg during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.8.	FAS	Study specific	HBcrAg Change from Baseline during Study Visit up to WEEK 48 /WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]

Exploratory Statistical Analysis Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.9.	FAS	Study specific	HBV-DNA during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.10.	FAS	Study specific	HBV-DNA Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.11.	FAS	Study specific	ALT during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder, Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.12.	FAS	Study specific	ALT Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.13.	FAS	Study specific	Log10 HBeAg during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder; Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.14.	FAS	Study specific	Log10 HBeAg Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
HBsAg Responder/Non-Responder: Other Efficacy (Conventional unit)					
4.15.	FAS	Study specific	HBcrAg (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.16.	FAS	Study specific	HBcrAg (Conventional unit) Change from Baseline during Study Visit up to WEEK 48 /WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.17.	FAS	Study specific	ALT (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder, Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]

Exploratory Statistical Analysis Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.18.	FAS	Study specific	ALT (Conventional unit) Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by HBsAg Responder / Non-responder: Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
ALT Category (<60 IU/L, >=60 IU/L): HBsAg					
4.19.	FAS	Study specific	Log10 HBsAg during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.20.	FAS	Study specific	Log10 HBsAg Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
ALT Category (<60 U/L, >=60 U/L): HBsAg (Conventional unit)					
4.21.	FAS	Study specific	Log10 HBsAg (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.22.	FAS	Study specific	Log10 HBsAg (Conventional unit) Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
ALT Category (<60 IU/L, >=60 IU/L): Other Efficacy					
4.23.	FAS	Study specific	HBcrAg during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.24.	FAS	Study specific	HBcrAg Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.25.	FAS	Study specific	HBV-DNA during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]

Exploratory Statistical Analysis Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.26.	FAS	Study specific	HBV-DNA Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.27.	FAS	Study specific	ALT during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.28.	FAS	Study specific	ALT Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.29.	FAS	Study specific	Log10 HBeAg during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.30.	FAS	Study specific	Log10 HBeAg Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (<60 IU/L, >=60 IU/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
ALT Category (<60 U/L, >=60 U/L): Other Efficacy (Conventional unit)					
4.31.	FAS	Study specific	HBcrAg (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.32.	FAS	Study specific	HBcrAg (Conventional unit) Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.33.	FAS	Study specific	HBV-DNA during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.34.	FAS	Study specific	HBV-DNA Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]

Exploratory Statistical Analysis Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.35.	FAS	Study specific	ALT (Conventional unit) during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.36.	FAS	Study specific	ALT (Conventional unit) Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.37.	FAS	Study specific	Log10 HBeAg during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
4.38.	FAS	Study specific	Log10 HBeAg Change from Baseline during Study Visit up to WEEK 48/WEEK 96 by ALT Category (Conventional unit) (<60 U/L, >=60 U/L): Mean (SD) Plots (FAS)	± SD plot	SAC [1,2]
Correlation of virus parameters					
4.39.	FAS	Study specific	Log10 HBsAg Change from Baseline vs ALT Change from Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg Change from Baseline	SAC [1,2]
4.40.	FAS	Study specific	Log10 HBsAg Change from Baseline vs HBcrAg Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg Change from Baseline	SAC [1,2]
4.41.	FAS	Study specific	Log10 HBsAg Change from Baseline vs HBcrAg Change from Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg Change from Baseline	SAC [1,2]
4.42.	FAS	Study specific	Log10 HBsAg Change from Baseline vs log10 HBeAg Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg Change from Baseline	SAC [1,2]
4.43.	FAS	Study specific	Log10 HBsAg Change from Baseline vs log10 HBeAg Change from Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg Change from Baseline	SAC [1,2]

Exploratory Statistical Analysis Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Correlation of virus parameters (Conventional unit)					
4.44.	FAS	Study specific	Log10 HBsAg (Conventional unit) Change from Baseline vs ALT (Conventional unit) Change from Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg (Conventional unit) Change from Baseline	SAC [1,2]
4.45.	FAS	Study specific	Log10 HBsAg (Conventional unit) Change from Baseline vs HBcrAg (Conventional unit) Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg (Conventional unit) Change from Baseline	SAC [1,2]
4.46.	FAS	Study specific	Log10 HBsAg (Conventional unit) Change from Baseline vs HBcrAg (Conventional unit) Change from Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg (Conventional unit) Change from Baseline	SAC [1,2]
4.47.	FAS	Study specific	Log10 HBsAg (Conventional unit) Change from Baseline vs log10 HBeAg Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg (Conventional unit) Change from Baseline	SAC [1,2]
4.48.	FAS	Study specific	Log10 HBsAg (Conventional unit) Change from Baseline vs log10 HBeAg Change from Baseline at WEEK24/WEEK 48/WEEK 96 (FAS)	X axis:Log10 HBsAg (Conventional unit) Change from Baseline	SAC [1,2]

11.12.11. ICH Listings

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subject Disposition					
1.	Screened	ES7	Listing of Reasons for Screen Failure		SAC [1,2]
2.	Safety	ES2	Listing of Reasons for Study Withdrawal		SAC [1,2]
3.	Safety	SD2	Listing of Reasons for Study Treatment Discontinuation		SAC [1,2]
Protocol Deviations					
4.	Safety	DV2	Listing of Important Protocol Deviations		SAC [1,2]
5.	Screened	IE3	Listing of Participants with Inclusion/Exclusion Criteria Deviations		SAC [1,2]
Populations Analysed					
6.	Safety	SP3	Listing of Subjects Excluded from EES Population (48W)		SAC [1]
Demographic and Baseline Characteristics					
7.	Safety	DM2	Listing of Demographic Characteristic	“Age at Screening” is added.	SAC [1,2]
8.	Screening Failure	DM2	Listing of Demographic Characteristics for Screening Failure Subjects		SAC [1]
9.	Safety	DM9	Listing of Race		SAC [1,2]
10.	Screening Failure	DM9	Listing of Race for Screening Failure Subjects	Treatment is not needed to display.	SAC [1]
11.	Safety	Study specific	Listing of Other Baseline Characteristics		SAC [1,2]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Medical Conditions and Concomitant Medications					
12.	Safety	MH2	Listing of Medical Conditions (48W/96W)		SAC [1,2]
13.	Safety	CM3	Listing of Prior Hepatitis Medications		SAC [1]
14.	Safety	CM3	Listing of Concomitant Medications (48W/96W)		SAC [1,2]
Exposure and Treatment Compliance					
15.	Safety	Study specific	Listing of Treatment Compliance (48W/96W)		SAC [1,2]
16.	Safety	EX3	Listing of Exposure Data (48W/96W)		SAC [1,2]
Efficacy: HBsAg					
17.	FAS	Study specific	Listing of Efficacy Data (HBsAg Responder)	Log10 HBsAg Change from Baseline is included.	SAC [1,2]
18.	FAS	Study specific	Listing of Efficacy Data (log10 HBsAg)	Change from Baseline is included.	SAC [1,2]
19.	FAS	Study specific	Listing of Efficacy Data (HBsAg)	Change from Baseline is included.	SAC [1,2]
20.	FAS	Study specific	Listing of Efficacy Data (log10 HBsAg: Conventional unit)	Change from Baseline is included.	SAC [1,2]
21.	FAS	Study specific	Listing of Efficacy Data (HBsAg: Conventional unit)	Change from Baseline is included.	SAC [1,2]
Efficacy: Seroconversion					
22.	FAS	Study specific	Listing of Efficacy Data (HBsAg)	Include POS/NEG data.	SAC [1,2]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
23.	FAS	Study specific	Listing of Efficacy Data (HBsAb)		SAC [1,2]
24.	FAS	Study specific	Listing of Efficacy Data (HBeAg)	Include POS/NEG data log 10 HBeAg is included	SAC [1,2]
25.	FAS	Study specific	Listing of Efficacy Data (HBeAb)		SAC [1,2]
Efficacy: Virology					
26.	FAS	Study specific	Listing of Efficacy Data (HBcrAg)	Change from Baseline is included.	SAC [1,2]
27.	FAS	Study specific	Listing of Efficacy Data (HBV-DNA)	log10 HBV-DNA data, log10 HBV-DNA Change from Baseline is included.	SAC [1,2]
28.	FAS	Study Specifics	Listing of Efficacy Data (Virologic Breakthrough)	Virological breakthrough has been observed (a case where the serum HBV-DNA level has increased from the nadir by at least 1 log IU/mL, or HBV DNA level has increased to ≧2 log IU/mL (100 IU/mL) in a case with nadir <10 IU/mL) from Day1 to WEEK48/WEEK96.	SAC [1,2]
29.	FAS	Study specific	Listing of Efficacy Data (HBcrAg: Conventional unit)	Change from Baseline is included.	SAC [1,2]
Efficacy: ALT					
30.	FAS	Study specific	Listing of Efficacy Data (ALT)	Change from Baseline is included.	SAC [1,2]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
31.	FAS	Study specific	Listing of Efficacy Data (ALT: Conventional unit)	Change from Baseline is included.	SAC [1,2]
Adverse Events					
32.	Safety	AE8	Listing of All Adverse Events		SAC [1,2]
33.	Safety	AE7	Listing of Subject Numbers for Individual Adverse Events		SAC [1,2]
34.	Safety	AE2	Listing of Relationship Between Adverse Event System Organ Classes, Preferred Terms, and Verbatim Text		SAC [1,2]
Serious Adverse Events					
35.	Safety	AE8	Listing of Serious Adverse Events		SAC [1,2]
36.	Safety	AE8	Listing of Fatal Serious Adverse Events		SAC [1,2]
Other significant Adverse Events					
37.	Safety	AE8	Listing of Other Significant Adverse Events Leading to Withdrawal from Study		SAC [1,2]
AE of interest					
38.	Safety	AE8	Listing of Renal AE as AE of Interest		SAC [1,2]
39.	Safety	AE8	Listing of Bone Events as AE of Interest		SAC [1,2]
40.	Safety	AE8	Listing of Liver AE as AE of Interest		SAC [1,2]
Clinical Laboratory: Chemistry					
41.	Safety	LB5	Listing of All Chemistry Data	Change from Baseline is included. Corrected calcium based on the serum albumin is included.	SAC [1,2]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
42.	Safety	LB5	Listing of Chemistry Data (ALT, ALP, Creatinine, Phosphorus, Glucose, Uric acid, eGFR) with conventional unit	Change from baseline is included.	SAC [1,2]
Clinical Laboratory: Hematology					
43.	Safety	LB5	Listing of All Hematology Data	Change from Baseline is included.	SAC [1,2]
Clinical Laboratory: Urinalysis					
44.	Safety	LB14	Listing of Urinalysis (Glucose, protein, urinary sediment,) Data		SAC [1,2]
45.	Safety	UR2A	Listing of Urinalysis (β2-microglobulin, β2-microglobulin-creatinine ratio, %TRP, creatinine, electrolyte (P))	Change from Baseline is included.	SAC [1,2]
46.	Safety	URA2	Listing of Urinalysis (β2-microglobulin, electrolyte (P), creatinine) with conventional unit	Change from baseline is included	SAC [1,2]
Hepatobiliary (Liver)					
47.	Safety	Liver5	Listing of Liver Monitoring/Stopping Event Reporting	IDSL	SAC [1,2]
48.	Safety	MH2	Listing of Medical Conditions for Participants with Liver Stopping Events	IDSL	SAC [1,2]
49.	Safety	Liver13	Listing of Hepatobiliary Laboratory Abnormalities	IDSL	SAC [1,2]
LDTA GSI grade scale					
50.	Safety	LB5	Listing of Treatment-Emergent Laboratory Abnormalities (LDTA GSI grade)	Include Marked Laboratory Abnormalities	SAC [1,2]
51.	Safety	LB5	Listing of LDTA GSI Grade 3/4 Treatment-Emergent Laboratory Abnormalities		SAC [1,2]
52.	Safety	LB5	Listing of All Hematology Data with LDTA GSI Grade		SAC [1,2]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
53.	Safety	LB5	Listing of All Chemistry Data with LDTA GSI Grade		SAC [1,2]
Hepatic Flare					
54.	Safety	Study specific	Listing of on-Treatment Hepatic Flare		SAC [1,2]
55.	Safety	Study specific	Listing of On-Treatment Laboratory Values Relevant to On-Treatment Hepatic Flare		SAC [1,2]
Renal Parameters					
56.	Safety	LB5	Listing of Subjects with Cond Serum Creatinine Increase of 0.5 mg/dL Above Baseline (or Last Value on Drug)		SAC [1,2]
57.	Safety	LB5	Listing of Subjects with Confirmed Serum Phosphorus <= 2 mg/dL (or Last Value on Drug)		SAC [1,2]
58.	Safety	LB5	Listing of Subjects with Confirmed Creatinine Clearance < 50 mL/min (or Last Value on Drug)		SAC [1,2]
GSI Modified NIAID					
59.	Safety	Study specific	Listing of Treatment-Emergent Laboratory Abnormalities (GSI Modified NIAID)	Include Marked Laboratory Abnormalities	SAC [1,2]
60.	Safety	Study specific	Listing of Grade 3/4 Treatment-Emergent Laboratory Abnormalities (GSI Modified NIAID)		SAC [1,2]
61.	Safety	LB5	Listing of All Hematology Data with GSI Modified NIAID		SAC [1,2]
62.	Safety	LB5	Listing of All Chemistry Data with GSI Modified NIAID		SAC [1,2]
ECG					
63.	Safety	EG3	Listing of All ECG Values		SAC [1,2]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
64.	Safety	EG3	Listing of Change from Baseline in ECG Values	Listing will be divided as 64.1 and 64.2	SAC [1,2]
65.	Safety	EG5	Listing of ECG Findings	Listing will be divided as 65.1 and 65.2	SAC [1,2]
Vital Signs					
66.	Safety	VS4	Listing of All Vital Signs		SAC [1,2]
67.	Safety	VS4	Listing of Change from Baseline in Vital Signs		SAC [1,2]
Others					
68.	Safety	Study specific	Listing of All Bone density for %change from Baseline	include all method and position.	SAC [1,2]
69.	Safety	Study specific	Listing of All Bone density (Absolute)	include all method and position.	SAC [1,2]
Explanatory Statistical Analysis					
70.	Safety	Study specific	Listing of subject numbers for individual HBsAg Responder/Non-Responder Category at WEEK 48/WEEK 96		SAC [1,2]
71.	Safety	Study specific	Listing of subject numbers for individual ALT Category (<60 IU/L, >=60 IU/L) at WEEK 48/WEEK 96		SAC [1,2]
72.	Safety	Study specific	Listing of subject numbers for individual ALT Category (Conventional unit) (<60 U/L, >=60 U/L) at WEEK 48/WEEK 96		SAC [1,2]

11.13. Appendix 13: Example Mock Shells for Data Displays

Mock-up displays will be provided separately.