MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020

Protocol Number:	MC2-01-C6
Protocol Title:	A Multicentre, Open-label, Single-group Maximal Use Trial, Evaluating the Safety and Pharmacokinetic Profile of the Active Ingredients and their Metabolites after application of MC2-01 Cream in Adolescent Subjects (age 12 to 16 years, 11 months) with Extensive Psoriasis Vulgaris
SAP version:	SAP for Interim Analysis Final 3.0 dated 07 September 2020
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Revision History

№	Date	Changes Implemented	Version Number
1	21JUL2020	New document	1.0
2	25AUG2020	Updates for Finalization: List of laboratory parameters for analysis and corresponding units was corrected. Mistypes were corrected.	2.0
3	07SEP2020	Updates after Data Review Meeting: Listing of Study Drug Accountability was added. Numbering of TFLs was updated. Minor changes in the TFLs shells were implemented. In Section 10 it was specified that Cmax is determined as maximum of the observed concentration values **after dosing**.	3.0

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1. Abbreviations and Definitions

The abbreviations and the definitions used in this document are listed below.

Abbreviation	Definition
ACE	Angiotensin converting enzyme
ACTH	Adrenocorticotropic hormone
AE	Adverse event
ALP	Alkaline phosphatase
AR	Adverse Reaction
AUC0-t	Area under the time-concentration curve from time zero to the last measurable concentration
AUC0-5	Area under the time-concentration curve from time zero to 5 hours imputing the lower limit of quantification (LLoQ) for concentrations below LLoQ
BDP	Betamethasone dipropionate
BLQ	Below limit of quantification
BSA	Body surface area
CAL	Calcipotriene (United States term) / Calcipotriol (European Union term)
Cmax	Maximum plasma drug concentration
CRO	Contract Research Organisation
CSR	Clinical Study Report
CYP 3A4	Cytochrome P450 3A4
ECG	Electrocardiogram
eCRF	Electronic case report form
FDA	Food and Drug Administration
HPA	Hypothalamic-pituitary-adrenal
ICF	Informed consent form
ICH-GCP	International Conference on Harmonisation-Good Clinical Practice
IEC	Independent Ethics Committee
IP	Investigational product
IRB	Institutional Review Board
LLoQ	Lower Limit of Quantification
LSR	Local Skin Reactions
MCV	Mean corpuscular volume
MedDRA	Medical Dictionary for Regulatory Activities
MUsT	Maximal Usage Trial
OTC	Over the counter
PGA	Physician's Global Assessment
PK	Pharmacokinetics
PTCS	Psoriasis Treatment Convenience Scale
PTH	Parathyroid hormone
PUVA	Psoralen + ultraviolet A
RBC	Red blood cell
SAE	Serious adverse event
SAP	Statistical analysis plan
SD	Standard deviation
SOP	Standard operating procedure
SUSAR	Suspected unexpected serious adverse reaction
SV1, SV2	Screening Visit 1, Screening Visit 2
Tmax	Time to maximum plasma drug concentration

US	United States
UVB	Ultraviolet B
WBC	White blood cell

2. Introduction

This SAP is written according to ICH E9 Guideline [1] and Data MATRIX LLC SOP [2, 3] using the Protocol Final version 5.0 dated 23SEP2018 including Amendment dated 09JUN2020 and CRF Final version 1.2 dated 09JUL2020.

The purpose of this document is to provide a more technical and detailed elaboration of the principal features of the analysis, described in the Protocol, and to include detailed procedures for executing the statistical analysis.

Based on FDA recommendation the trial is subject to a Temporary Halt, for non-safety reasons, to evaluate the study data in an interim analysis. It was decided to include data from all subjects who has been enrolled in the trial at the time of the interim analysis and perform analysis of all endpoints initially planned in the clinical study protocol.

This SAP needs to be finalized and signed prior to database lock for interim analysis and applies to the interim data analysis. Revisions to the approved SAP may be made prior to database lock for the interim analysis. In case of deviation from the finalized SAP, explanation will be provided in the clinical study report (CSR).

The interim report will be shared with FDA as post-approval supplement. Based on this report and subsequently feedback from FDA, it will be decided if the MC2-01-C6 study should be permanently closed or re-activated. In case the decision is made to resume the recruitment into the study, final statistical analysis will be conducted. A separate SAP will be prepared and finalized before the database lock for the final analysis.

3. Study Objectives and Endpoints

3.1. Study Objectives

3.1.1. Primary Objective

The primary objectives are to evaluate the effect of MC2-01 cream on the HPA axis and calcium metabolism following once daily topical application under maximum-use conditions in subjects with extensive psoriasis vulgaris.

3.1.2. Secondary Objective

The secondary objective is to evaluate the pharmacokinetic profile of the active ingredients and their main metabolites following once daily topical application of MC2-01 cream under maximum-use conditions in adolescent subjects (age 12 to 16 years, 11 months) with extensive psoriasis vulgaris.

3.2. Endpoints

3.2.1. Primary Endpoint

- HPA axis

  Subjects with serum cortisol level of 18 µg/dL or less at 30 minutes after ACTH challenge test at Week 4 and Week 8.
- Calcium metabolism

  Changes from Baseline to Week 4 and Week 8 in:
  - Albumin-corrected serum calcium;
  - Ratio of urinary calcium to creatinine*.

  *Spot analysis, second morning urine sample

3.2.2. Secondary Endpoints

- Plasma PK parameters (AUC0-t, AUC0-5, Cmax and Tmax) will be calculated at Week 4. The PK parameters AUC0-5 and Cmax will be calculated using standard formulas inserting the lower limit of quantification (LLOQ) for non-quantifiable levels of the analyte; therefore, AUC0-5 will be an upper limit in case at least one time-point shows a non-quantifiable level of the analyte, and Cmax will be an upper limit in case all time points show non quantifiable levels of the analyte. For a given analyte, the PK parameters AUC0-t and Tmax will be calculated if at least one time-point shows a quantifiable level of the analyte. The PK parameters will be summarised using appropriate descriptive statistics including median, lower and upper quartiles, minimum and maximum.

  Blood samples for PK assessments will be collected at
  • SV2 (baseline sample)
  • Week 2 (single time point before application of IP)
  • Week 4; before application of IP and then at 1, 3, and 5 hours after the application.
  • Week 8; (single time point. Subject should not apply IP on the day of the Week 8 visit)
  The samples will be assayed for concentrations of the active ingredients (BDP and CAL) and for their main metabolites; MC1080 and betamethasone 17-propionate, respectively.

3.2.3. Safety Endpoints

- Adverse events (AEs) and serious adverse events (SAEs);
- Local skin reaction;
- Changes in safety laboratory test results;
- Changes in ECGs;
- Changes in vital signs and physical examinations.

3.2.4. Other Endpoints

- The proportion of subjects with treatment success, defined as a minimum 2-point decrease from baseline in the PGA on the body (trunk and/or limbs), and with or without scalp at Week 4 and Week 8.

- Subject assessment of treatment convenience at Week 8 using a Psoriasis Treatment Convenience Scale.

4. Study Design

4.1. General Study Design and Plan[1]

This is a phase 2, open-label, single-group, multicentre trial in which the investigational product (IP), MC2-01 cream, is investigated in adolescent subjects (age 12 to 16 years, 11 months) with clinically diagnosed extensive psoriasis vulgaris of at least moderate disease severity (according to the Physician's Global Assessment of Disease Severity; PGA) on body (trunk and/or limbs), and with or without scalp involvement.

After written informed assent is provided by the subject and written informed consent is provided by the parent(s) or legal guardian(s) and the consent document is signed by the investigator or designee the subjects will undergo screening procedures. For subjects requiring a washout period, informed assent/informed consent must be completed prior to washout. Prior to Screening Visit 2 (SV2) the subject (or the parent(s) or legal guardian(s)) is instructed to keep a diary for a 4-day registration of the daily intake of calcium-rich nutrients. At SV2, a second morning urine sample will be collected at the site for analysis of the urinary calcium excretion. Subjects will have their HPA axis function assessed and a baseline PK sample is collected along with other baseline assessments to confirm the subject's eligibility before Day 0/Visit 1.

Subjects who fulfil all inclusion and exclusion criteria at Day 0/Visit 1 are enrolled in the trial and will apply one dose of trial medication topically once daily for 8 weeks.

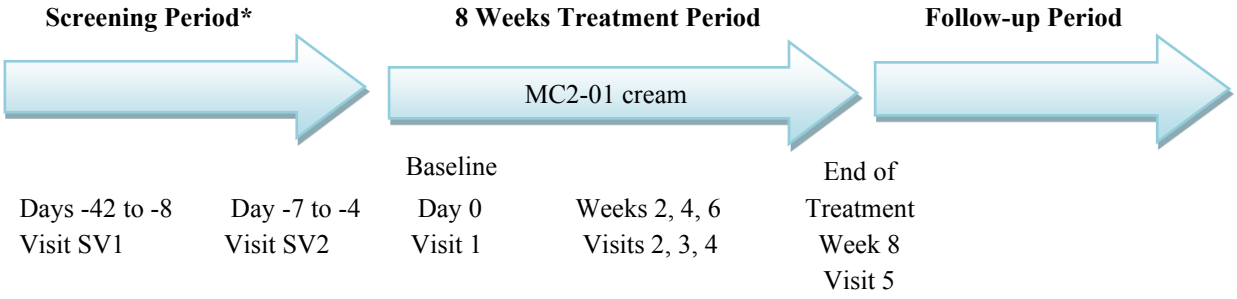
Please refer to Figure 1 for an overview of the trial design.

Trial subjects will be enrolled at approximately 12 sites in Europe.

At Week 4 and Week 8, the effect of once-daily use of MC2-01 cream on the HPA axis and the calcium metabolism will be evaluated. Other assessments (local skin reactions, AEs, laboratory tests, electrocardiogram (ECG), vital signs and physical examination) and efficacy assessments are also performed. At Week 4, the PK profile of calcipotriol (CAL), betamethasone dipropionate (BDP) and their main metabolites MC1080 and betamethasone 17-propionate, respectively, will be assessed.

Figure 1

[1] This section is based on the sections 4.1 "Overall Trial Design.



*There should be at least four days between SV1 and SV2 in order to keep the food diary for 4 days prior to SV2.

The maximum trial duration for each subject will be approximately 18 weeks and includes a screening period of up to 6 weeks (if washout of medication is required), a treatment period of 8 weeks, and a follow-up period of up to 4 weeks. After Week 8 (Visit 5) a follow-up visit is required for all subjects. The end of trial is defined as last subject last visit.

Table 1 Schedule of Activities

	SV 1 [a]	SV 2	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Follow-up Visit [b]
			Day 0	Week 2	Week 4	Week 6	Week 8	FU
Examination	Day -42 to Day -8	Day -7 to -4	Day 0	Day 14 ± 2	Day 28 ± 2	Day 42 ± 2	Day 56 ± 2	Day 70-84 ± 2
Informed assent/Informed consent [c]	X							
Inclusion/exclusion criteria	(X)		X					
Urine pregnancy test[d]	X		X					
Serum pregnancy test[d]		X			X		X	
Demographics, medical history	X							
Prior and concomitant medication	X	X	X	X	X	X	X	
Physical examination	X		X		X		X	X
PGA	(X)	(X)	X	X	X	X	X	
Body Surface Area (BSA) involvement	(X)	(X)	X		X		X	
Vital signs			X	X	X	X	X	
Laboratory assessments		X			X	(X)[e]	X	(X)
ACTH challenge test[f]		X			X		X	(X)
Morning urine assessment (second morning urine)	Instruct	X		Instruct	Instruct X	Instruct (X)[g]	Instruct X	(X)
Review food diary	Instruct	X		Instruct	Instruct X	Instruct (X)[g]	Instruct X	(X)
PK pre-dose blood sample (Single)		X	Instruct	X		Instruct	X	
PK serial blood samples[h]				Instruct	X			
12-Lead ECG		X			X		X	
Psoriasis Treatment Convenience Scale				X	X		X	
Dispense IP and diary for compliance			X	X	X	X		
Collect IP				X	X	X	X	
Compliance				X	X	X	X	
Adverse event(s)[i]		X	X	X	X	X	X	X
Local Skin Reactions			X	X	X	X	X	

a) A washout period of up to 6 weeks must be completed if the subject has been treated with anti-psoriatic treatments or other relevant medication, as defined by exclusion criteria.

   There should be at least four days between SV1 and SV2 in order to keep the food diary for 4 days prior to SV2. Items denoted in [brackets] must be reviewed during screening, to assess if the subject is otherwise eligible. Such items must be checked for any change in eligibility status at Visit 1/Day 0 after the washout is completed.

b) Follow-up visit is required 2 weeks after the Week 8 visit. For subject with HPA axis suppression at Week 8 the follow-up visit should be 4 weeks after the Week 8 visit.

   If the albumin-corrected serum calcium or the urinary calcium creatinine ratio is elevated at Week 8 a repeat test should be performed. In case of a repeat of the urinary calcium creatinine ratio the subject should be instructed to record the calcium intact 4 days prior to the visit.

   For Czech Republic and Hungary: if an on-site visit is not required the follow up visit can be a telephone call 2 weeks after Week 8 to ask for the wellbeing of the subject.

   In addition, subjects discontinued due to a treatment-related AE will be monitored until the AE is resolved or until the medical condition of the subject is stable.

c) Written informed assent must be provided by the subject and written informed consent must be provided by the parent(s), legal guardian(s) and the consent documents signed by the investigator or designee before any trial related procedures are carried out. For subjects requiring a washout period, informed assent/informed consent must be completed prior to washout.

d) All female subjects.

e) If serum albumin-corrected serum calcium is above the reference range at Week 4 a repeat test should be performed at Week 6.

f) The ACTH challenge test must be performed between 7 and 9 AM, before IP application.

g) If the urinary calcium: creatinine ratio is above the reference range at Week 4, a repeat test should be performed, and the food diary filled in at Week 6. If the repeat test is also above the reference range, 24-hour urine collection must be performed.

h) Blood samples for PK analysis are drawn before IP application (pre-dose sample) and 1, 3, and 5 hours after IP application.

i) AEs are to be collected from the date of signing informed assent/informed consent and first trial-related activity is performed.

4.2. Randomization and Blinding[2]

This is an open-label trial. All subjects who fulfil the trial eligibility requirements will be assigned to treatment with MC2-01. Neither randomization nor blinding will be performed.

[2] This section is based on the section 6.5 “Assignment to Treatment” of clinical study Protocol.

5. Sample Size[3]

It is planned to enroll approximately 30 subjects. The choice of sample size in this trial is based on regulatory considerations with respect to common practice in maximum use studies. For the PK population, the aim is to have at least 20 subjects included that have at least completed Week 4 (Visit 3).

The choice of sample size in this trial is not based on statistical considerations, but rather on regulatory considerations with respect to common practice in maximum use studies evaluating pharmacokinetic profiles and evidence of HPA safety.

6. General Considerations

6.1. Timing of Analyses

One interim analysis following study completion by 7 treated subjects will be prepared.

The final analysis will be prepared in case the MC2-01-C6 is re-activated (refer to Section 6.4).

6.2. Analysis Populations

The main subject samples of interest are defined as follows.
The 'All enrolled subjects': all subjects for whom Informed Consent/Assent were obtained:

The 'Allocated to treatment': all subjects for whom Informed Consent/Assent were obtained and who had successfully completed Screening procedures and to whom any amount of trial medication was dispensed.

The 'Safety population': all subjects who are enrolled in the trial and dispensed the trial medication at Visit 1/Day 0, excluding subjects who return all of the trial medication unused. The Safety population will be used for all safety analyses other than evaluation of the HPA-axis.

The 'PK population': all subjects in the Safety population who have received the planned application of treatment at the Week 4 visit and have had at least one blood draw for PK assessment at Week 4.

The 'HPA population': all subjects in the Safety population that show normal HPA function at SV2:

- Serum cortisol concentration above 4.5mcg/dl (160nmol/l) before ACTH-challenge and equal or above 18 mcg/dl (500 nmol/l) 30 minutes after ACTH challenge, at SV2.

The HPA population will be used for the HPA axis suppression analysis.

[3] This section is based on the section 5.1 "Subject Population" and 8.2 "Sample Size and Power Considerations" of clinical study Protocol.

For interim analyses *Interim* <Population Name> will be used for reporting.

6.3. Missing Data

No imputation will be made for missing data apart from missing or partial adverse event start date and concomitant medication end date necessary to calculate the treatment-emergent and prior/concomitant/post-treatment flags, correspondingly.

If the information about end date for prior/concomitant therapy is missing or incomplete, the following rules (Table 2.1.1 and Table 2.1.2) will be used for the classification of therapy as prior, concomitant or post-treatment.

Table 2.1.1 Management of partial and missing prior/concomitant therapy start date.

Day	Month	Year	Processing
is missing	is known	is known	Therapy will be classified as post-treatment, if start month and year > month and year of the last IMP dose, else – as prior or concomitant according to the definition and Table 2.1.2
is missing	is missing	is known	Therapy will be classified as post-treatment, if start year > year of the last IMP dose, else – as prior or concomitant according to the definition and Table 2.1.2
is known	is missing	is known	
is missing	is known	is missing	Therapy will be classified as prior or concomitant according to the definition and Table 2.1.2
is known	is missing	is missing	
is missing	is missing	is missing	

Table 2.1.2 Management of partial and missing prior/concomitant therapy end date.

Day	Month	Year	Processing
is missing	is known	is known	Therapy will be classified as prior, if end month and year < month and year of the first IMP dose, else – as concomitant
is missing	is missing	is known	Therapy will be classified as prior, if end year < year of the first IMP dose, else – as concomitant
is known	is missing	is known	
is missing	is known	is missing	Therapy will be classified as concomitant
is known	is missing	is missing	
is missing	is missing	is missing	

The medical history records will be categorized in prior/concurrent categories in a similar way.

If the information about adverse event start date and time is missing or incomplete, the following rules (Table 2.2) will be used for the classification of adverse events as TEAEs and non-TEAEs (occurred before the start of study treatment) and for identification of TEAEs occurred up to Week 4.

Table 2.2 Management of partial and missing AE start date.

Day	Month	Year	TEAE flag	Occurrence up to Week 4
is missing	is known	is known	AE will be classified as TEAE, if month and year ≥ month and year of the first dose of study therapy	TEAE will be classified as occurring up to Week 4, if month and year <= month and year of the Visit 3 / Week 4 or subject discontinued before Visit 3 / Week 4
is missing	is missing	is known	AE will be classified as TEAE, if year ≥ year of the first dose of study therapy	TEAE will be classified as occurring up to Week 4, if year <= year of the Visit 3 / Week 4 or subject discontinued before Visit 3 / Week 4
is known	is missing	is known		
is missing	is known	is missing	AE will be classified as TEAE	TEAE will be classified as occurring up to Week 4
is known	is missing	is missing		
is missing	is missing	is missing		

Original dates (without imputation) will be used for data listings.

6.4. Interim Analyses and Data Monitoring[4]

Based on FDA recommendation the trial will be subject to a Temporary Halt to evaluate the study data in an interim analysis and create an interim report.
The interim report will be shared with FDA as post-approval supplement. Based on this report and subsequently feedback from FDA, it will be decided if the MC2-01-C6 study should be permanently closed or re-activated.

Interim analysis will be conducted on complete data from all subjects who had been enrolled into the trial at the time of interim analysis. Interim analysis will include the analysis of all endpoints initially planned in the clinical study protocol.

6.5. Multi-center Studies

Data from all centers will be merged and analyzed as one population for all study endpoints.

6.6. Multiple Testing

No adjustment for multiplicity is planned.

[4] This section is based on the section 8.11 “Interim analysis” of clinical study Protocol including Amendment.

7. Summary of Study Data

Demographic and other baseline characteristics and safety data will be summarized by time point of assessment and listed.

Default Summary Statistics

The default summary statistics for quantitative and ordinal variables will be the number of observations (n), mean, standard deviation (SD), median, minimum (Min) and maximum (Max).

Default Frequency Tabulations

For qualitative variables, the number and percentage (n, %) of subjects with non-missing data per category and total number of subjects with non-missing data where applicable will be the default summary presentation.

For AEs, medical history, concomitant medications and protocol deviations, however, the denominator for the percentage calculation will be the number of subjects in the corresponding population.

The number of decimals for each descriptive statistic will be determined by the following rules:

- mean, median: +1 decimal symbols compared to the analyzed variable values;
- standard deviation: +1 decimal symbols compared to the analyzed variable values;
- first (Q1) and third (Q3) quartiles: +1 decimal symbols compared to the analyzed variable values;
- minimum and maximum values: the same as for the analyzed variable values;
- percentages will be rounded to one decimal symbol;
- confidence intervals will be presented with accuracy of the estimated value.

The maximum number of decimal places in the statistical report is four. If some descriptive statistic has more than four decimal places after above mentioned rules application, this value will be rounded to four decimal places.

Statistical Tests and Common Calculations

Unless otherwise specified in the description of the analyses, the following arrangements will be applied:

- 95% two-sided confidence intervals (CI);
- CIs for mean values will be calculated based on normal distribution (SAS procedure UNIVARIATE with CIBASIC option);
- CIs for proportions will be computed using the exact (Clopper-Pearson) method.

For descriptive statistics, the following rules will be applied:

- "<X.XX" results (e.g. below the limit of quantification, BLQ) for safety laboratory parameter values will be imputed with numeric result calculated as X.XX – 0.01. The number to be subtracted will be defined based on number of decimal places in observed values (e.g., if number of decimal places is 0 subtract 1, if number of decimal places is 1 subtract 0.1, etc.). Imputed data will be used in summaries and calculations, but original

result will be listed.

For quantitative measurements, changes from baseline will be calculated as [value at post-baseline visit X – baseline value].

The baseline value for a variable in common cases is defined as the last non-missing value collected before the first study drug application.

Study day for each event will be calculated from the reference start date (date when subject was first exposed to study drug).

If the date of the event is on or after the reference date, then

$$study\ day = (date\ of\ event - reference\ date) + 1.$$

If the date of the event is prior to the reference date, then

$$study\ day = (date\ of\ event - reference\ date).$$

For partial dates study day will not be calculated.

The following visit windows were defined in the clinical study protocol:

Visit Name	Visit Short Name	Anchor	Target Day	First day of the visit window	Last day of the visit window
Screening Visit 1	SV1	First application	-	-42	-8
Screening Visit 2	SV2	First application	-	-7	-4
Visit 1 (Day 0)	V1 (Day 0)	First application	1	1	1
Visit 2 / Week 2	V2/Week 2	First application	15	13	17
Visit 3 / Week 4	V3/Week 4	First application	29	27	31
Visit 4 / Week 6	V4/Week 6	First application	43	41	45
Visit 5 / Week 8	V5/Week 8	First application	57	55	59
Follow-up Visit	FU	Last application	15	13	17

Assessments performed out of the planned visit windows will be assigned to the nearest of the surrounding planned visits if there is no valid result from a planned assessment for this visit. If assessments at both surrounding visits are missing and they are equidistant, the assignment is performed to the later one. Otherwise the assessments will not be included in summaries and will be listed only.

Unscheduled and early termination visit assessment can be assigned to the planned visit in a similar manner. Unscheduled assessment can also be used in the derivations such as baseline or most extreme post-baseline assessments. All assessments including unscheduled should be presented by subject in the data listings.

7.1. Subject Disposition

The following disposition summaries will be provided:

- A summary of the number of subjects who provided the informed consent / informed assent, the number of screen failures (including those subjects who satisfied the inclusion/exclusion criteria but for whom no study drug was dispensed) with reasons for premature study termination
- A summary of the number of screen failure subjects violated any inclusion/exclusion criterion,

by criterion

- A summary of the number of subjects allocated to treatment, the number and percentage of subjects attended each study visit (Allocated to treatment set)
- A summary of the number and percentage of subjects included in each population for statistical analysis (Allocated to treatment set)
- A summary of the number and percentage of subjects completed the study and prematurely discontinued from the study by reason for study discontinuation (Allocated to treatment set)
- A summary of the number and percentage of subjects completed the study treatment and prematurely discontinued the study treatment before Week 8 visit by reason for discontinuation (Safety population).

By-patient listings of disposition details will be provided for all enrolled subjects.

7.2. Protocol Deviations

Number and percentage of subjects with at least one protocol deviation and at least one major protocol deviation will be tabulated by category and subcategory and overall (Allocated to treatment set). All protocol deviations will be listed (All Enrolled subjects).

Major protocol violations include but are not limited to:

• Informed consent not received or provided after the first study visit;

• Inclusion/exclusion criteria violations in subjects allocated to treatment;

• Use of prohibited concomitant medication or non-drug therapy that may affect study results or their interpretation;

• Week 4 assessments performed more than 14 days after the scheduled date;

• Week 8 assessments performed more than 14 days after the scheduled date;

Major protocol violations will be finalized and approved by MC2 at the data review meeting.

7.3. Demographic and Baseline Variables

eCRF form: “DEMOGRAPHICS”, “VITAL SIGNS”.

Descriptive statistics for the following demographic, anthropometric and other baseline characteristics will be presented in accordance with section 7:

- demographic characteristics: country, age, gender, race, ethnic origin;
- anthropometric characteristics: height (cm), weight (kg), body mass index (BMI, kg/m^2);

eCRF form: "FITZPATRICK SKIN TYPE ASSESSMENT", "BODY SURFACE AREA INVOLVEMENT ASSESSMENT", "PHYSICIAN'S GLOBAL ASSESSMENT OF PSORIASIS SEVERITY", "MAIN DIAGNOSIS", "LOCAL SKIN REACTIONS ASSESSMENT".

- Fitzpatrick skin type;
- Scalp BSA psoriatic involvement (%), Neck, Trunk and/or Limbs BSA psoriatic involvement (%), Total psoriatic involvement (%);
- Physician's Global Assessment of psoriasis severity (PGA);
- Duration of disease (months);

Specific calculations and/or conversions include but are not limited to the following:

Body mass index will be calculated as *weight (kg) / [height (m)]*^{2}.

Duration of disease will be calculated in months as *(date of informed consent - date of diagnosis + 1) / 30.4375*. In order to calculate disease duration partial diagnosis date will be imputed with 15th day of the same month, if month and year of diagnosis are collected. If only year of diagnosis is collected, diagnosis date will be imputed as July 1st of the corresponding year. If the imputed date of diagnosis is later than the date of informed consent, the date of informed consent will be used.

All data will be listed.

7.4. Concurrent Illnesses and Medical Conditions[5]

eCRF form: "MEDICAL HISTORY"

Medical history findings will be coded using the Medical Dictionary for Regulatory Activities (MedDRA) version 22.0 (or more recent version if available) according to Data MATRIX SOP [4], and will be presented by Primary System Organ Class (SOC) and Preferred Term (PT) within SOC.

Prior and concurrent diagnoses will be tabulated separately.

Medical history findings will be reported on a by-patient basis. This implies that if the subject suffered the same event (mapped to same PT) repeatedly the event will be counted once and only once for appropriate PT. Within SOC subjects may have reported more than one PT. The SOCs and PTs within each SOC will be sorted in descending order of total incidence.

Classification of condition/diagnosis as either Prior or Concurrent will be based on stop date of condition/diagnosis in "MEDICAL HISTORY" eCRF form. The number (%) of subjects reporting any medical history will be presented in tables by SOC and PT.

Medical history records with stop date prior to the date of first dose of study therapy will be classified as Prior conditions/diagnoses. If a condition/diagnosis stops on or after the date of first

[5] This section is based on the section 7.1 "Demographics and Medical History" of clinical study Protocol.

dose of study therapy or is ongoing at the end of clinical study, then the condition/diagnosis will be classified as Concurrent. If the information about stop date of condition/diagnosis is missing or incomplete, the rules from section 6.3 will be applied for classification. Medical history record will be assumed to be Concurrent, unless there is clear evidence (through comparison of partial dates) to suggest that the condition/diagnosis stopped prior to the first dose of study therapy. If there is clear evidence to suggest that the condition/diagnosis stopped prior to the first dose of study therapy, the condition/diagnosis will be assumed to be Prior.

All data will be listed.

7.5. Prior and Concurrent Medications[6]

eCRF form: "PRIOR/ CONCOMITANT THERAPY AND NON-DRUG THERAPY".

All medications, including OTC drugs, herbals, vitamins, dietary supplements etc., taken within 30 days prior to the start of the trial will be recorded at Screening (SV1 and/or SV2). Thereafter, a record of all medications and supportive therapy taken during the trial will be made.

All prior and concomitant medications (including non-drug therapy) will coded using the World Health Organization Drug Dictionary (WHODD) version B2 September 2018 (or more recent version if available) according to Data MATRIX SOP [4]. The number (%) of subjects reporting the use of any prior or concomitant medication will be presented in tables by pharmacological subgroup (3rd level) and chemical substance (5th level). Post-treatment medications will be reported in listing only.

Classification of treatment as either Prior, Concomitant or Post-Treatment will be based on start and stop date of medication in "PRIOR/CONCOMITANT THERAPY AND NON-DRUG THERAPY" eCRF form.
Medications that stop prior to the date of first dose of study therapy will be classified as Prior medications. If a medication stops on or after the date of first dose of study therapy (or "ONGOING") then the medication will be classified as Concomitant unless the medication started after the date of last IMP administration in which case it will be classified as Post-Treatment. If the information about stop date of medication is missing or incomplete, the rules from section 6.3 will be applied for classification. Medications will be assumed to be concomitant, unless there is clear evidence (through comparison of partial dates) to suggest that the medication stopped prior to the first dose of study therapy or started after the last dose of study therapy. If there is clear evidence to suggest that the medication stopped prior to the first dose of study therapy, the medication will be assumed to be Prior. If there is clear evidence to suggest that the medication started after the last dose of study therapy, the medication will be assumed to be Post-Treatment.
By-patient listings will be provided with appropriate flagging of prior, concomitant and post-treatment records.

[6] This section is based on the section 7.2 "Prior and Concomitant Medication" of clinical study Protocol.

7.6. Prior and Concurrent Procedures

eCRF form: "PRIOR/ CONCOMITANT PROCEDURES".

Procedures will be coded using the Medical Dictionary for Regulatory Activities (MedDRA) version 22.0 (or more recent version if available) according to Data MATRIX SOP [4].

All procedures recorded will be listed.

8. Efficacy Analyses

Not Applicable.

9. Safety Analyses

9.1. Exposure[7]

Exposure and compliance will be evaluated based on the information from the "STUDY DRUG APPLICATION", "STUDY DRUG COMPLIANCE", "STUDY DRUG ACCOUNTABILITY", "END OF TREATMENT", "MISSING DOSES" eCRF form.

Subjects are to apply the IP topically once daily, preferably in the evening, for 8 weeks. The subject should apply enough IP to treat the entire affected areas and rub in gently to ensure that the plaques are saturated with the medication. Up to 3 tubes of 60 gram will be dispensed for a treatment period of two weeks including the allowed visit window of 2 days.

Only affected areas are to be treated. The subjects should therefore not continue treatment on a skin area which has been cleared but treatment may be restarted in case of recurrence at the subjects' discretion.

Dose modification can only occur after Week 4.

Subjects classified as clear at any of the on-treatment visits may stop the IP treatment at the investigator's discretion. They should remain in the trial and attend all visits up to and including the follow-up visit. The IP will continue to be dispensed to the subject, and IP treatment may be restarted at the subject's discretion. The subject should not discontinue treatment themselves between visits but is only allowed to stop using the IP treatment on the advice of the investigator at a scheduled visit.

The total duration of exposure is defined as the time interval in days between the first dose and the last dose, inclusive, of study drug as [(date of last dose – date of first dose+1)].

Total dose (g) administered during the study will be assessed based on study drug accountability data as [average weight of tube dispensed –weight of tube returned] summed over all tubes dispensed except for tubes assessed as unused or used but lost which will not be taken into account in the calculation. Average dispense weight is 75.54 g.

[7] This section is based on the section 6.2 "Dosing Regimen" and 6.3 "Dose Modification" of clinical study Protocol.

Average weekly dose (g) will be calculated as [total dose (g) / (total duration of exposure / 7)].

Compliance will be estimated as [100% * (number of required days in the time period assessed – number of missed doses during the time period assessed)/ number of required days in the time period assessed]. The number of required days is the total number of days between the first and the last application in the time period assessed excluding days with approved IMP discontinuation.

If a dose is missed due to approved discontinuation at a given day this day will not be included in the calculation of compliance. The period of time between the approved discontinuation at a scheduled visit and treatment restart (not inclusive) will not be taken into account in the calculation of compliance.

Treatment compliance will be categorized to less than 80% versus 80% or more.

Extent of exposure (days) will be calculated as [number of required doses - total number of missed doses]. The number of required doses is the total number of days between the first and the last application in the time period assessed excluding days with approved IMP discontinuation.

Number of missed doses will be summarized for subjects with at least one missed dose as a continuous variable, both using zero counts for those subjects from Safety Population who have not reported any missed dose and providing summary only for those subjects who reported at least one missed dose.

Total duration of exposure (days), total dose (g), weekly dose (g), treatment compliance (%), extent of exposure (days), number of missed doses will be summarized by time period (up to Week 2, up to Week 4 and Week 4 to Week 8) and for the entire treatment period to the Week 8 visit, using descriptive statistics in the Safety population.

The periods that the kits were used as recorded on “STUDY DRUG ACCOUNTABILITY” eCRF form will be used to assign the kit to one of the time periods for calculation of total dose (g) administered during each period (up to Week 2, up to Week 4 or Week 4 – Week 8). If the use period starts at Week 4 or Week 6 visit the time period is Week 4 to Week 8, if the use period starts before Week 2 (Week 4) and ends on or before Week 2 (Week 4), the time period is up to Week 2 (Week 4), otherwise time period cannot be determined.

The periods’ start and end date will be defined through the actual dates of subject’s visits. Week 2 (Week 4) visit date will be considered the last day of Week 0 – Week 2 (Week 4) period.

All exposure data will be listed by study period.

9.2. Adverse Events

eCRF form: “ADVERSE EVENTS”.

All registered AEs will be coded using the MedDRA version 22.0 (or a later version if available).

Treatment-emergent AEs will be summarized by the overall incidence of at least one event, incidence by body system, and incidence by body system and preferred term. Each subject will contribute only once (e.g., the first occurrence) to each of the rates, regardless of the number of occurrences (events) the subject experiences. Treatment-emergent AEs will be summarized by

severity (mild, moderate, or severe), and by relationship to trial product (none, possible, probable, or definite). An AE is treatment-emergent if its date of onset is on or after the date of the first application of the IP.

Only treatment emergent AEs will be summarized. In the listings, however, all occurrences of the AEs will be presented.

Number (percentage) of subjects and number of AEs will be presented for the Safety population in the following tables:

- All treatment-emergent AE / SAE;
- Treatment-emergent AE / SAE related to the study drug (relationship to trial product assessed by the investigator as possible, probable, or definite including those events where assessment is missing);
- TEAE by maximum severity;
- TEAE by closest relationship to study drug;
- TEAE related to study drug by maximum severity;
- TEAE related to cosyntropin;
- TEAE related to study procedures;
- TEAE leading to the permanent discontinuation of study drug (Action taken with IP="Drug withdrawn");
- TEAE leading to withdrawal (Did subject withdraw due to this AE?="Yes");
- TEAE leading to death (Outcome = "Death");
- Non-serious TEAEs that occurred at a frequency of >= 5% (if no events occurred at the 5% threshold all non-serious TEAEs will be tabulated).

This set of tables will be repeated for the adverse events occurring up to Visit 3 / Week 4. Treatment-emergent adverse events with start dates on or prior to Visit 3 / Week 4 date will be summarized separately. If subject discontinued from the study prior to Visit 3 / Week 4 his/her adverse events will also be included in these summaries. If subject missed Visit 3 / Week 4 the planned date of visit (study day) will be used to subset the events occurring up to Week 4.

Tables of TEAEs by maximum severity (closest relationship to study drug) will be prepared using the following rules: each SOC / PT category will include only the AEs with the worst severity (closest relationship) for each subject. In the Overall category, all AEs of the subjects will be presented. Each subject will be counted only once with the worst severity (closest relationship) in each SOC and each PT level as well as in the Overall level.

In case if severity or relationship to study drug is missing, the worst case value will be assumed and used in the summary.

All AEs/SAEs will be listed. Non-treatment emergent adverse events will be identified accordingly in the listing. Discontinuations from the trial due to AEs and SAEs will be listed by subject.

9.3. Pregnancies

eCRF form: "URINE PREGNANCY TEST", "SERUM PREGNANCY TEST".

All female subjects will undergo a routine urine pregnancy test at SV1 and V1 (Day 0) and a serum pregnancy test at SV2, Week 4 & Week 8 as specified in the visit schedule (Table 1).

The results of these tests and pregnancies episodes will be reported in the listing.

9.4. Clinical Laboratory Evaluations

eCRF form: "LABORATORY ASSESSMENT", "SERUM CHEMISTRY", "MORNING URINE ASSESSMENT", Central laboratory data.

Clinical laboratory data will be summarized by presenting shift tables using extended normal ranges (baseline to most extreme post-baseline value), by presenting summary statistics of raw data and change from baseline values (means, medians, standard deviations (SDs), ranges), and by the flagging of notable values (out of range values) in data listings.

Clinical laboratory evaluations as scheduled in the Table 1 include the following parameters:

• Hematology: hemoglobin, hematocrit, red blood cell (RBC) count, mean corpuscular volume (MCV), white blood cell (WBC) count, including differential count and platelet count.

• Serum biochemistry: cortisol, urea, glucose, creatinine, calcium, albumin, calcium (albumin corrected), sodium, potassium, chloride, phosphate, alkaline phosphatase (ALP), plasma parathyroid hormone (PTH).

• 25-OH Vitamin D, only at SV2

• Morning urine assessment: calcium, phosphate, creatinine, volume, total calcium excretion, total phosphate excretion, total creatinine excretion, urinary calcium:creatinine ratio, urinary phosphate:creatinine ratio.

Week 4: If albumin-corrected serum calcium is above the reference range at Week 4, a repeat test should be performed at Week 6. If the morning urinary calcium:creatinine ratio is above the reference range at Week 4, a repeat test should be performed at Week 6.

Week 8: If the albumin-corrected serum calcium is above the reference range at Week 8, a repeat test is required 14 days (± 2 days) after at a follow-up visit. If the urinary calcium:creatinine ratio is above the reference range at Week 8, a repeat test is required at a follow-up visit 14 days (± 2 days) after Week 8. If the calcium-creatinine ratio is above the reference range at two consecutive visits during the trial, 24-hour urine collection must be performed.

For laboratory parameters the following tables will be presented according to section 7:

– descriptive statistics of measured values and changes from baseline by visit including highest/lowest post-baseline value;

- shift tables based on comparison with normal range (Low/Normal/High) by visit and to highest/lowest post-baseline value;
- frequency tables for Out of range: Normal/Out of range (Low/High) for laboratory parameters by visit.

Clinical laboratory values will be reported as complete listings of individual subject data.

A separate listing will be prepared for all clinically significant abnormal results.

9.5. Other Safety Measures

HPA-axis suppression

The primary outcome variable for HPA axis is serum cortisol level of less than 18 µg/dL (500 nmol/L) at 30 minutes after ACTH challenge test (at Week 4 and Week 8).

The number and proportion of subjects with HPA-axis suppression at Week 4 and Week 8 will be summarised using frequency counts, percentages and exact 95% CI. Percentage will be calculated based on number of valid measurements (number of subjects for whom ACTH challenge test was performed) at each post-baseline visit. Number and proportion (95% CI) of subjects for whom HPA-axis suppression was noted at least once during the study will be presented. For Week 8, number and proportion of subjects with HPA-axis suppression will be additionally presented by HPA suppression status at Week 4.

Serum cortisol level at each time point (pre- and post- ACTH challenge test) will be summarized in tables with standard descriptive statistics for continuous variables and 95% CI for the means.

Calcium metabolism

Changes from Baseline to Week 4 and Week 8 in:

• Albumin-corrected serum calcium;

• Ratio of urinary calcium to creatinine*.

*Spot analysis, second morning urine sample

Descriptive statistics for measured parameters as well as changes from baseline will be presented by visit of assessment as scheduled in the Table 1.

Vital signs

eCRF form: “VITAL SIGNS”.

Blood pressure and pulse rate will be taken with the subject in the sitting position with approximately 5 minutes' rest prior to measurement. Body temperature (oral or ear) will be also be measured.

Vital signs (pulse rate (beats/minute), and systolic and diastolic blood pressure (mm Hg), and oral or tympanic temperature (ºC)), body weight (kg), body height (cm) and BMI (kg/m2) results will be presented in accordance with section 7.

Vital signs results will be presented by visit of assessment as scheduled in the Table 1.

Notable ranges are defined for vital signs according to Table 3.1. Notable values are post-baseline values outside the notable ranges, whether above or below, and are indicated as *notably abnormal*.

Table 3.1: Definition of Notable Ranges of Vital Signs

Parameter	Notable Values and Changes from Baseline
Systolic blood pressure	90 mmHg or lower and decreased by 20 mmHg or more, 180 mmHg or greater and increased by 20 mmHg or more
Diastolic blood pressure	50 mmHg or lower and decreased by 15 mmHg or more, 110 mmHg or greater and increased by 15 mmHg or more
Pulse rate	50 bpm or lower and decreased by 15 bpm or more, 120 bpm or greater and increased by 15 bpm or more

Normal ranges are defined for vital signs according to Table 3.2.

Table 3.2: Definition of Normal Ranges of Vital Signs

Parameter	Units of Measure	Age			Normal Ranges	
		Any	Low	High		
					Low	High
Systolic blood pressure	mmHg	-	12	17	80	160
Diastolic blood pressure	mmHg	-	12	17	50	100
Pulse rate	Beats/min	-	12	17	50	100
Oral temperature	°C	-	12	17	35.0	37.5
Tympanic temperature	°C	-	12	17	35.0	37.5

Vital signs and body weight results will be presented as the following outputs:

- descriptive statistics for measured values and changes from baseline (vital signs, body weight, body height, BMI) by visit and highest/lowest post-baseline assessment (vital signs);
- frequency table for Out of range values, including frequency of Low and High values by visit and at any post-baseline assessment (vital signs);
- frequency table for notably abnormal values and changes from baseline (systolic blood pressure, diastolic blood pressure, pulse rate) by visit and at any post-baseline assessment.

All data will be listed. Notable values will be flagged.

ECG

eCRF form "ELECTROCARDIOGRAM".

A 12-lead ECG will be recorded at visits indicated in Table 1. Recording will take place after 5 minutes' rest in supine position. Recordings will be promptly transmitted to the central ECG vendor for interpretation. Additional (unscheduled) ECGs can be recorded for safety reasons at any time based on the judgement of the investigator.

Heart rate (beats/min), RR interval (msec), PR interval (msec), QRS duration (msec), QT interval (msec), QTC-F interval (msec), QTC-B interval (msec) will be summarized using standard descriptive statistics for continuous variables in accordance with section 7.

Notable ranges are defined for electrocardiogram according to Table 4. Notable values are post-baseline values outside the notable ranges and are indicated as *notably abnormal*.

Table 4: Definition of Notable Ranges of ECG

Parameter	Notable Values and Changes from Baseline
QTc	QTc interval > 450 msec QTc interval > 480 msec
	QTc interval > 500 msec
	QTc interval increases from baseline >30 msec
	QTc interval increases from baseline >60 msec

A 12-lead electrocardiogram (ECG) results will be presented in accordance with section 7 by visit of assessment as scheduled in the Table 1 as the following outputs:

- frequency table for Normal/Abnormal clinically significant (Abnormal CS) / Abnormal non-clinically significant (Abnormal NCS) evaluation for General assessment (Total assessment) by visit and any post-baseline Abnormal and clinically significant Abnormal assessment;
- frequency table for notably abnormal values and changes from baseline (QTC-F interval, msec; QTC-B interval, msec) by visit and any post-baseline notably abnormal value;
- descriptive statistics of ECG parameters and their changes from baseline (Heart rate, beats/min; RR interval, msec; PR interval, msec; QRS duration, msec; QT interval, msec; QTC-F interval, msec; QTC-B interval, msec) by visit and highest/lowest post-baseline value.

All ECG data will be listed. Notable values will be flagged.

Physical examinations

eCRF form: “PHYSICAL EXAMINATION”.

An abbreviated physical examination including general appearance, regional lymph nodes and a complete dermatological examination of the skin must be performed as scheduled in the Table 1.

Physical examination / dermatological examination results will be presented in accordance with section 7 by visit of assessment as the following output:

- frequency table for Normal/Abnormal clinically significant (Abnormal CS) / Abnormal non-clinically significant (Abnormal NCS) evaluation.

All physical examination / dermatological examination data will be listed.

Local skin reactions

The local skin reaction assessment involves signs assessed by the investigator or designee and symptoms reported by the subject.

The investigator will assess the treatment area and/or immediate surrounding for the following identified signs:

- Perilesional erythema, scaling, edema, atrophy, vesicles and erosion/ulceration;
- Lesional vesicles, and erosion/ulceration.

The intensity of each local skin reaction category is to be graded according to the scale provided in Table 7-4 of the protocol. The most severe intensity observed for each category of the local skin reaction assessment is to be recorded.

Local skin reactions (LSR) sum score is defined as the sum of intensity grades across all areas and signs per visit. Per sign, the most intense reaction is defined as the maximum intensity grade across visits.

The subject will assess burning and pain after application. The investigator or designee will explain the scores provided in Table 7-4 of the Protocol and the subject will tell which one to mark.

The local skin reaction assessment results will be presented in accordance with section 7 as the following outputs:

- frequency table for investigator assessment of lesional/perilesional area and subject's assessment of burning and pain after application by visit of assessment as scheduled in the Table 1 and most severe post-baseline assessment;
- shift table from baseline to each post-baseline visit value and most severe post-baseline value;
- descriptive statistics of LSR sum scores and their changes from baseline for lesional/perilesional area by visit

10. Pharmacokinetics

Samples for PK analysis will be collected through an untreated area of the skin, at the following time points:

• SV2: single time point
• Week 2 visit: single time point before IP application
• Week 4 visit: before the planned IP application at the visit and then at 1, 3, and 5 hours after the application
• Week 8 visit: single time point. Subject should not apply IP on the day of the Week 8 visit

Subjects are to be instructed to apply their daily dose of IP in the morning on the day before the Week 2, Week 4 and Week 8 visits. On the day of these visits, the subjects should not apply any

IP before the visit. A reminder to the subject may be needed a few days before the scheduled visit.
The samples will be assayed for concentrations of the active ingredients (BDP and CAL) and for their major metabolites (betamethasone 17-propionate and MC180, respectively).

All available concentration results will be summarised by analyte and time point using appropriate descriptive statistics. Individual concentration versus time curves will be plotted (linear and semi-log plots) using actual time points.
Measured PK concentrations will be presented using standard descriptive statistics as described in section 7. Additionally, geometric mean and CV(%) will be presented.
Non-quantifiable (BLQ) levels of the analyte will be substituted by LLOQ for descriptive summaries and graphical presentation.
Plasma PK parameters at Week 4 (AUC_{0-t}, AUC_{0-5}, C_{max}, and T_{max}) will be calculated. The PK parameters AUC_{0-5} and C_{max} will be calculated using standard formulas inserting the LLOQ for non-quantifiable levels of the analyte. For a given analyte, the PK parameters AUC_{0-t} and T_{max} will be calculated if at least one post-dose time-point shows a quantifiable level of the analyte. PK parameter values will be rounded to the precision of the raw data from which it was derived (C_{max}) or to 3 significant digits (AUC_{0-t}, AUC_{0-5}). T_{max} will be rounded to two decimal places.

Pharmacokinetic Parameters Derivations:
AUC_{0-t} (pg*h/mL): The area under the curve spanning time interval from 0 to t (up to the last time point with measurable concentration above the quantification limit) will be calculated using the linear trapezoidal rule based on actual relative time of sampling.

1) Actual relative time of each sample will be derived as the difference between the datetime value of the corresponding sample and the datetime value of drug application, in hours. The time of the pre-dose sample will be set to 0.
2) For the calculation of AUC_{0-t} BLQ values before the first reported measurable concentration (including pre-dose) will be substituted by LLOQ. The BLQ values after the last evaluable concentration will be set to missing.
3) Linear trapezoidal method is used. The area under the curve is defined as the sum of trapezoids across all pairs of time points from pre-dose to 5h post-dose at Visit 3 / Week 4.

Linear trapezoidal rule:

The area of the trapezoid between the two data points (t_1, C_1) and (t_2, C_2) where $C_2 \geq C_1$ will be computed by:

$AUC_{t1-t2}=0.5(t_2-t_1)(C_1+C_2)$.

AUC_{0-5} (pg*h/mL): The area under the time-concentration curve from 0 to 5 hours will be calculated in a similar way to AUC_{0-t} (pg*h/mL) while imputing the lower limit of quantification (LLoQ) for all concentrations below LLoQ.

C_{max} (pg/mL): Individual Cmax values are directly determined from the plasma concentration time profiles of each subject as maximum of the observed concentration values after dosing. All BLQ values are substituted by LLOQ.

T_{max} (h): The time to attain C_{max}. If the same C_{max} concentration occurs at different time points, T_{max} is assigned to the first occurrence of C_{max}. If all concentrations are BLQ, T_{max} is not calculated.

The PK parameters will be summarised by analyte using standard descriptive statistics as described in section 7. Additionally, geometric mean and CV(%) will be presented for C_{max}, AUC_{0-t} and AUC_{0-5}.

11. Other Analyses

11.1. Physician global assessment

eCRF form: "PHYSICIAN'S GLOBAL ASSESSMENT OF PSORIASIS SEVERITY".
Investigator ratings of disease severity (PGA) will be summarised by trial visit using frequency counts and percentages. The proportion of subjects with treatment success, defined as a minimum 2-point decrease from Baseline in the PGA on the trunk, limbs, and scalp will be summarised. Only subjects having at least moderate severity at baseline will be included in the summary of treatment success.

PGA results will be presented in accordance with section 7 by visit of assessment as scheduled in the Table 1 as the following outputs:

- descriptive statistics of measured values and changes from baseline by visit;
- number and proportion (95% CI) of subjects with treatment success, defined as a minimum 2-point decrease from Baseline in the PGA;
- Shift table by post-baseline visit compared to baseline for PGA.

11.2. Body surface area involvement

eCRF form: "BODY SURFACE AREA INVOLVEMENT ASSESSMENT".
The investigator or designee will assess the extent of the subject's psoriatic involvement on the scalp, neck, trunk and limbs (excluding face, genitals, and intertriginous areas).

The total psoriatic involvement on the scalp, neck, trunk and limbs will be recorded as a percentage of the total BSA, estimating that the surface of the subject's full, flat palm (including the five digits) correlates to approximately 1% of the total BSA.
Investigator assessment of BSA involvement for scalp and neck, trunk and/or limbs and total BSA involvement will be summarised in accordance with section 7 by visit of assessment as scheduled in the Table 1 as the following outputs:

– descriptive statistics of BSA values and changes from baseline by visit.

11.3. Psoriasis treatment convenience scale

eCRF form: "PSORIASIS TREATMENT CONVENIENCE SCALE".
The aim of PTCS is to assess the impact and convenience of psoriasis treatment. The scale consists of 6 disease-specific, self-reported questions with a recall period of 1 week and rated on a 1-10 scale.

1. How easy was the treatment to apply to the skin? Answered by 1 = very difficult to 10 = very easy.
2. How greasy was the treatment when applying it to the skin? Answered by 1 = very greasy to 10 = not greasy.
3. How moisturised did your skin feel after applying the treatment? Answered by 1 = not moisturized to 10 = very moisturized.
4. How greasy did your skin feel after applying the treatment? Answered by 1 = very greasy to 10 = not greasy.
5. How much did treating your skin disrupt your daily routine? Answered by 1 = very disturbing to 10 = not disturbing.
6. Overall, how satisfied were you with the medical treatment? Answered by 1 = not satisfied to 10 = very satisfied.

Ranging from 5 to 50, a PTCS total score is the sum of the scores on questions 1 to 5. If more than two questions are not answered, the PTCS total score is missing. If one or two questions remain unanswered, the missing scores are replaced by the average of the answered scores for the summation.

Psoriasis treatment convenience scale results will be presented by visit of assessment as scheduled in the Table 1.
Psoriasis treatment convenience scale results will be presented by visit as the following summaries:

- descriptive statistics for patient ratings by question;
- descriptive statistics for PTCS total score

All ratings will be listed.

12. Reporting Conventions

Not Applicable.

13. Technical Details

Statistical analysis will be performed using SAS 9.4.

Interim and final statistical analysis report will be prepared in the Microsoft Office Word *(.docx*) format. The results of statistical analysis will be presented in the form of tables, figures and listings in English.

14. Summary of Changes to the Protocol

Due to small number of subjects at interim analysis geometric mean values of pharmacokinetic parameters will be directly derived from values of PK parameters calculated based on substitution of BLQ concentrations with LLOQ rather than estimated using parametric modelling. Median concentration – time plots will be omitted. Individual concentration – time plots will be presented instead.

15. References

1) Committee for Proprietary Medicinal Products (CPMP). International Conference on Harmonisation (ICH) Topic E9: Note for Guidance on Statistical Principles for Clinical Trials; September 1998.

2) DataMatrix_SOP_STAT001_Statistical Principles_ver.3.0_June 2019.

3) DataMatrix_SOP_STAT002_Statistical Analysis Plan Development_ver.2.0_July 2017.

4) DataMatrix_SOP_DM010_Dictionary Management and Data Coding_ver.2.0_August 2018.

16. Listing of Tables, Listings and Figures

16.1. Tables

16.2. Figures

Figure 16.2.5.6 individual MC1080 Plasma Concentration-time Profiles on Linear and Semi-logarithmic Scales Week 4
Figure 16.2.5.7 individual Betamethasone 17-propionate, Plasma Concentration-time Profiles on Linear and Semi-logarithmic Scales Week 4

16.3. Listings

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Listing 16.2.1.3 Study Completion
Listing 16.2.1.4 Study Treatment Completion
Listing 16.2.2.1 Violation of Inclusion/Exclusion Criteria
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Listing 16.2.4.1 Demographics and Other Baseline Characteristics
Listing 16.2.4.2 Baseline Variables
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Listing 16.2.8.7 ACTH Challenge Test
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Listing 16.2.9.10 Pharmacokinetic Concentrations
Listing 16.2.9.11 Pharmacokinetic Parameters

Appendix 1. TFLs Shells

Tables Shells

Subject Disposition

MC2 Therapeutics
MC2-01-C6
Table 14.1.1 Subject Disposition
All Enrolled subjects
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	Total (N = XX) n (%)
Subjects who provided the informed consent / informed assent	XX
Screening Failures [1]	XX
Reasons for premature discontinuation	
Inconsistency with inclusion / exclusion criteria	XX
Withdrawal of informed consent / informed assent	XX
...	XX
Allocated to Treatment	XX
Safety Population	XX
HPA Population	XX (XX.X)
PK Population	XX (XX.X)
Completed the Study	XX (XX.X)
Discontinued the Study Prematurely	XX (XX.X)
Reasons for premature discontinuation	
Inconsistency with inclusion / exclusion criteria	XX (XX.X)
Lost to follow-up	XX (XX.X)
Withdrawal of informed consent / informed assent	XX (XX.X)
Intake of a prohibited medication(s)	XX (XX.X)
Pregnancy	XX (XX.X)
Adverse event / Serious adverse event	XX (XX.X)
Investigator's discretion	XX (XX.X)
Sponsor's decision to terminate the study	XX (XX.X)

Termination of the study by the Regulatory Authority	XX (XX.X)
Other	XX (XX.X)
Other reason 1	XX (XX.X)
Other reason 2	XX (XX.X)
...	XX (XX.X)
Discontinued Treatment before Week 8 visit	XX (XX.X)
Primary reason for treatment discontinuation	XX (XX.X)
Subject classified as clear at any of the on-treatment visits	XX (XX.X)
HPA axis suppression is noted at Week 4	XX (XX.X)
Premature study termination	XX (XX.X)
Adverse event / Serious adverse event	XX (XX.X)
Investigator's discretion	XX (XX.X)
Other	XX (XX.X)
Other reason 1	XX (XX.X)
Other reason 2	XX (XX.X)
...	XX (XX.X)

HPA=Hypothalamic-pituitary-adrenal; PK=Pharmacokinetics.
[1] Including subjects who satisfied inclusion/exclusion criteria but who were not allocated to treatment (no drug dispensed).
N: the number of subjects in the All Enrolled subjects set.
n: the number of subjects within a specific category. Percentages are calculated based on the number of subjects in the Safety population.
Safety population: all subjects who are enrolled in the trial and dispensed the trial medication at Visit 1/Day 0, excluding subjects who return all of the trial medication unused.
PK population: all subjects in the Safety population who have received the planned application of treatment at the Week 4 visit and have had at least one blood draw for PK assessment at Week 4.
HPA population: all subjects in the Safety population that show normal HPA function at SV2.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings/ Datasets used/ Referenced Data Listings

MC2 Therapeutics
MC2-01-C6
Table 14.1.2 Violation of Eligibility Criteria
Screening Failures
Page X of X

	Total (N = XX) n
Subjects with any violation of eligibility criteria	XX
Subjects with any violation of inclusion criteria	XX
Inclusion criterion #1	XX
Inclusion criterion #2	XX
...	...
Subjects with any violation of exclusion criteria	XX
Exclusion criterion #1	XX
Exclusion criterion #2	XX
...	...

Inclusion criterion #1: The parent(s), or legal guardian(s) (according to national law) have provided written informed consent following their receipt of verbal and written information about the trial.
N: the number of Screening Failures.
n: the number of subjects within a specific category.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming Note: Report only the criteria violated. If no criteria are violated suppress the printing of subsequent rows. Include description of all the criteria violated in the footnote.

MC2 Therapeutics
MC2-01-C6
Table 14.1.4 Study Visits
Allocated to treatment set
Page X of X

	Total (N = XX) n (%)
Screening Visit 1 (Days -42 to -8)	XX (XX.X)
Screening Visit 2 (Days -7 to -4)	XX (XX.X)
Visit 1 (Day 0)	XX (XX.X)
Visit 2 / Week 2 (Day 14 +/- 2)	XX (XX.X)
Visit 3 / Week 4 (Day 28 +/- 2)	XX (XX.X)
Visit 4 / Week 6 (Day 42 +/- 2)	XX (XX.X)
Visit 5 / Week 8 (Day 56 +/- 2)	XX (XX.X)
Follow-up Visit [1]	XX (XX.X)
Early Termination Visit	XX (XX.X)

[1] Follow-up visit is required 2 weeks after the Week 8 visit. For subject with HPA axis suppression at Week 8 the follow-up visit should be 4 weeks after the Week 8 visit.

N: the number of subjects in the Allocated to treatment set.
n: the number of subjects within a specific category. Percentages are calculated as (100 x n/N).

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Protocol Deviations

MC2 Therapeutics
MC2-01-C6
Table 14.1.5.1 Protocol Deviations
Allocated to treatment set
Page X of X

	Total (N = XX) n (%)
Subjects with at least one protocol deviation	XX (XX.X)
Deviation category #1	XX (XX.X)
Deviation subcategory #1	XX (XX.X)
Deviation subcategory #2	XX (XX.X)
...	
Deviation category #2	XX (XX.X)
Deviation subcategory #1	XX (XX.X)
Deviation subcategory #2	XX (XX.X)
...	

N: the number of subjects in the Allocated to treatment set.
n: the number of subjects with at least one protocol deviation. Percentages are calculated as (100 x n/N).

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Similar to table 14.1.5.1, the following tables will be constructed (with corrections of underlined fragments in the footnote: “n: the number of subjects with at least one major protocol deviation.”

Table 14.1.5.2 Major Protocol Deviations

Demographic Characteristics

MC2 Therapeutics
MC2-01-C6
Table 14.1.6 Demographic Characteristics
Safety population
Page X of X

		Total (N = XX)
Country		
n		XX
Czech Republic	n (%)	XX (XX.X)
Germany	n (%)	XX (XX.X)
Hungary	n (%)	XX (XX.X)
Age (full years)		
n		XX
Mean		XX.X
SD		XX.X
Median		XX.X
Q1, Q3		XX.X, XX.X
Min, Max		XX.X, XX.X
Sex		
n		XX
Male	n (%)	XX (XX.X)
Female	n (%)	XX (XX.X)
Unknown	n (%)	XX (XX.X)
Ethnic origin		
n		XX
Hispanic or Latino	n (%)	XX (XX.X)
Not Hispanic or Latino	n (%)	XX (XX.X)
Unknown	n (%)	XX (XX.X)
Race		
n		XX
American Indian or Alaska Native	n (%)	XX (XX.X)
Asian	n (%)	XX (XX.X)
Black or African American	n (%)	XX (XX.X)
Native Hawaiian or Other Pacific Islander		

White		
Other / Multiple	n (%)	XX (XX.X)
Other race 1	n (%)	XX (XX.X)
Other race 2	n (%)	XX (XX.X)
...	...	...
Unknown	n (%)	XX (XX.X)

N: the number of subjects in the Safety population.
n: the number of valid measurements or the number of subjects within a specific category. Percentages are calculated as (100 x n/N).

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Baseline Variables

MC2 Therapeutics
MC2-01-C6
Table 14.1.7 Other Baseline Characteristics
Safety population
Page X of X

		Total (N = XX)
Fitzpatrick skin type		
n		XX
I - Pale white skin, blue/hazel eyes, blond/red hair (Always burns, does not tan)	n (%)	XX (XX.X)
II - Fair skin, blue eyes (Burns easily, tans poorly)	n (%)	XX (XX.X)
III - Darker white skin (Tans after initial burn)	n (%)	XX (XX.X)
IV - Light brown skin (Burns minimally, tans easily)	n (%)	XX (XX.X)
V - Brown skin (Rarely burns, tans darkly easily)	n (%)	XX (XX.X)
VI - Dark brown or black skin (Never burns, always tans darkly)	n (%)	XX (XX.X)
Unknown	n (%)	XX (XX.X)
...	...	...

N: the number of subjects in the Safety population.
n: the number of valid measurements or the number of subjects within a specific category. Percentages are calculated as (100 x n/N).
Duration of disease is calculated in months as (date of diagnosis – date of informed consent + 1) / 30.4375.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming Note: Continue table for the following parameters:

- Duration of disease (months) (Continuous);
- Previous treatment (Biologics and systemic [TNF-a inhibitors, IL-12/23 inhibitors, IL-17 inhibitors, Fumarate, Other], Phototherapy (UVA or PUVA), Topical: fixed combination corticosteroid plus vitamin D analogs, Topical: corticosteroids, Topical: retinoids, Topical: salicylic acid, Topical: vitamin D analogs, Topical: calcineurin inhibitors, Topical: tar, Other).

MC2 Therapeutics
MC2-01-C6
Table 14.1.8 Baseline Characteristics by Visit
Safety population
Page X of X

Parameter: Physician global assessment of psoriasis severity (categorical)

Visit	Total (N = XX) n (%)
Screening V1	
n	XX
0 - Clear	XX (XX.X)
1 - Almost Clear	XX (XX.X)
2 - Mild	XX (XX.X)
3 - Moderate	XX (XX.X)
4 - Severe	XX (XX.X)
Screening V2	
n	XX
0 - Clear	XX (XX.X)
1 - Almost Clear	XX (XX.X)
2 - Mild	XX (XX.X)
3 - Moderate	XX (XX.X)
4 - Severe	XX (XX.X)
Visit 1 (Day 0)	
n	XX
0 - Clear	XX (XX.X)
1 - Almost Clear	XX (XX.X)
2 - Mild	XX (XX.X)
3 - Moderate	XX (XX.X)
4 - Severe	XX (XX.X)
Baseline [1]	
n	XX
0 - Clear	XX (XX.X)
1 - Almost Clear	XX (XX.X)
2 - Mild	XX (XX.X)
3 - Moderate	XX (XX.X)
4 - Severe	XX (XX.X)

BMI=Body Mass Index; BSA=Body Surface Area; PGA= Physician Global Assessment.
N: the number of subjects in the Safety population.
n: the number of subjects within a specific category or the number of valid observations. Percentages are based on the corresponding number of valid observations.
[1] Baseline is the last non-missing assessment prior to the first dose of the study drug.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following visits: Screening V1, Screening V2, Visit 1 (Day 0), Baseline (where applicable).
Continue table for the following parameters:

- Physician global assessment of psoriasis severity (continuous);
- Height (cm);
- Weight (kg);
- Body mass index (BMI, kg/m2);
- Systolic blood pressure (mm Hg);
- Diastolic blood pressure (mm Hg);
- Pulse (beats/min);
- Oral temperature (C);
- Tympanic temperature (C);
- 25-Hydroxyvitamin D3 (ug/L);
- Serum Calcium Corrected for Albumin (mmol/L);
- Scalp BSA psoriatic involvement (%);
- Neck, Trunk and/or Limbs BSA psoriatic involvement (%);
- Total psoriatic involvement (%);
- Serum cortisol pre-stimulation (nmol/L);
- Serum cortisol post-stimulation (nmol/L);
- Investigator assessment of Erosion/ulceration in lesional area (0 (Absent), 1 (Mild), 2 (Moderate), 3 (Severe));
- Investigator assessment of Vesicles in lesional area (0 (Absent), 1 (Mild), 2 (Moderate), 3 (Severe));
- Investigator assessment of Erythema in perilesional area (0 (Absent), 1 (Mild), 2 (Moderate), 3 (Severe));

- Investigator assessment of Scaling in the perilesional area (0 (Absent), 1 (Mild), 2 (Moderate), 3 (Severe));
- Investigator assessment of Edema in perilesional area (0 (Absent), 1 (Mild), 2 (Moderate), 3 (Severe));
- Investigator assessment of Atrophy in perilesional area (0 (Absent), 1 (Mild), 2 (Moderate), 3 (Severe));
- Investigator assessment of Vesicles in perilesional area (0 (Absent), 1 (Mild), 2 (Moderate), 3 (Severe));
- Investigator assessment of Erosion/ulceration in perilesional area (0 (Absent), 1 (Mild), 2 (Moderate), 3 (Severe)).

Medical History

MC2 Therapeutics
MC2-01-C6
Table 14.1.9 Prior Medical Conditions/Diagnoses
Safety population
Page X of X

System Organ Class (SOC) Preferred Term (PT)	Total (N = XX) n (%)
Overall	XX (XX.X)
System Organ Class 1	XX (XX.X)
Preferred Term 1	XX (XX.X)
Preferred Term 2	XX (XX.X)
...	...
System Organ Class 2	XX (XX.X)
Preferred Term 1	XX (XX.X)
Preferred Term 2	XX (XX.X)
...	...
...	...

MedDRA=Medical Dictionary for Regulatory Activities.
N: the number of subjects in the Safety population.
n: the number of subjects with at least one medical history event within a specific category. Percentages are calculated as (100 x n/N).
Conditions/diagnoses are classified as 'Prior' if the condition/diagnosis end date is prior to study treatment start date or the subject did not receive any study treatment.
Medical history events are coded using MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note: System organ classes (SOC) and preferred terms (PT) within each SOC are sorted in descending order of n(%).

Similar to table 14.1.9, the following table will be constructed (with corrections of underlined footnote: “Conditions/diagnoses are classified as 'Concurrent' if the condition/diagnosis end date is on or after the study treatment start date”) for the Safety population:

Table 14.1.10 Concurrent Medical Conditions/Diagnoses

Prior and Concomitant therapy

MC2 Therapeutics
MC2-01-C6
Table 14.1.11 Prior Therapy
Safety population
Page X of X

Pharmacological subgroup (3rd level) Chemical substance (5th level)	Total (N = XX) n (%)
Overall	XX (XX.X)
Pharmacological subgroup 1	XX (XX.X)
Chemical substance 1	XX (XX.X)
Chemical substance 2	XX (XX.X)
...	
Pharmacological subgroup 2	XX (XX.X)
Chemical substance 1	XX (XX.X)
Chemical substance 2	XX (XX.X)
...	
	...

N: the number of subjects in the Safety population.
n: the number of subjects with at least one prior medication within a specific category. Percentages are calculated as (100 x n/N).
Medications are classed as 'Prior' if the medication end date is prior to study treatment start date or the subject did not receive any study treatment.
Medications are coded by WHO drug dictionary version XX.X.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note: The pharmacological subgroups and chemical substances within each pharmacological subgroup are sorted in descending order of n (%). Each subject is counted only once per pharmacological subgroup and once per chemical substance.

Similar to table 14.1.11, the following table will be constructed (with corrections of underlined fragments in the footnote: “Medication is classified as 'Concomitant' if either the medication start date is on or after study treatment start date and on or prior to study treatment end date, or the medication start date is before the study treatment end date and the medication end date is on or after the study treatment start date.” for the Safety population:

Table 14.1.12 Concomitant Therapy

Exposure

MC2 Therapeutics
MC2-01-C6
Table 14.1.13.1 Summary of Exposure and Compliance
Safety population
Page X of X

		Total (N = XX)
Total duration of exposure (days)		
n		XX
Mean		XX.X
SD		XX.X
Median		XX.X
Q1, Q3		XX.X, XX.X
Min, Max		XX, XX
Extent of exposure (days)		
n		XX
Mean		XX.X
SD		XX.X
Median		XX.X
Q1, Q3		XX.X, XX.X
Min, Max		XX, XX
Compliance (%)		
n		XX
Mean		XX.XX
SD		XX.XX
Median		XX.XX
Q1, Q3		XX.XX, XX.XX
Min, Max		XX.X, XX.X
Compliance category		
< 80%	n (%)	XX (XX.X)
>= 80%	n (%)	XX (XX.X)
Average weekly dose (g)		
n		XX

Mean	XX.XX
SD	XX.XX
Median	XX.XX
Q1, Q3	XX.XX, XX.XX
Min, Max	XX.X, XX.X
Total dose (g)	
n	XX
Mean	XX.XX
SD	XX.XX
Median	XX.XX
Q1, Q3	XX.XX, XX.XX
Min, Max	XX.X, XX.X
Number of missed doses (subjects with at least 1 missed dose) [1]	
n	XX
Mean	XX.X
SD	XX.X
Median	XX.X
Q1, Q3	XX.X, XX.X
Min, Max	XX, XX
Number of missed doses (including zero counts) [2]	
n	XX
Mean	XX.X
SD	XX.X
Median	XX.X
Q1, Q3	XX.X, XX.X
Min, Max	XX, XX

N: the number of subjects in the Safety population.
n: the number of valid measurements or the number of subjects within a specific category. Percentages are calculated as (100 x n/N).
Total duration of exposure (days) is defined as (date of the last dose – date of the first dose + 1).
Total dose (g) is assessed as (weight of the tube dispensed – weight of the tube returned) summed over all tubes used and returned. Lost and unused tubes were not accounted for in the calculation of total dose.
Extent of exposure (days) is defined as (number of required days – number of missed doses).
Compliance is estimated as [100% * (number of required days – number of missed doses)/ number of required days].
Periods of approved discontinuations are not taken into account in the calculation of extent of exposure and compliance.
[1] Only subjects with at least one missed dose were included into this summary.
[2] Subjects with no missed doses during the period are included with zero counts.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Similar to table 14.1.13.1, the following tables will be constructed:

Table 14.1.13.2 Summary of Exposure and Compliance up to Week 2
Table 14.1.13.3 Summary of Exposure and Compliance up to Week 4
Table 14.1.13.4 Summary of Exposure and Compliance from Week 4 to Week 8

Pharmacokinetics Analyses

MC2 Therapeutics
MC2-01-C6
Table 14.2.1.1 Individual and Summarized BDP Plasma Concentrations
PK population
Page X of X

Subject Number/ Statistic	SV2	Week 2 pre-dose	Week 4 pre-dose	1h	3h	5h	Week 8 pre-dose
XXXXXXXXXXXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX
XXXXXXXXXXXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX
XXXXXXXXXXXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX
XXXXXXXXXXXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX
...							
XXXXXXXXXXXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX	XX.XXX
n	XX	XX	XX	XX	XX	XX	XX
nquant	XX	XX	XX	XX	XX	XX	XX
Mean	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X
gMean	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X
gCV(%)	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X
Median	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X
Q1, Q3	XX.X, XX.XX	XX.X, XX.XX	XX.X, XX.XX	XX.X, XX.XX	XX.X, XX.XX	XX.X, XX.XX	XX.X, XX.XX
Min, Max	XX.XX, XX.X	XX.XX, XX.X	XX.XX, XX.X	XX.XX, XX.X	XX.XX, XX.X	XX.XX, XX.X	XX.XX, XX.X

BDP=Betamethasone dipropionate; BLQ=Below Limit of Quantification; gCV=Geometric Coefficient of Variation; gMean=Geometric Mean; LLOQ=Lower Limit of Quantification; PK=Pharmacokinetic.
BLQ concentrations were substituted with LLOQ for the calculation of summary statistics. LLOQ for BDP is XX.X pg/mL.
The unit of concentration is pg/mL.
n: the number of valid measurements; nquant: number of measurements with quantifiable level of analyte.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Similar to table 14.2.1.1, the following tables will be constructed (with modification of underlined fragments):

MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020
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Table 14.2.1.2 Individual and Summarized Betamethasone 17-propionate Plasma Concentrations
Table 14.2.1.3 Individual and Summarized CAL Plasma Concentrations
Table 14.2.1.4 Individual and Summarized MC1080 Plasma Concentrations

Programming note:
Change the corresponding footnote to “CAL=Calcipotriene (Calcipotriol)”.

MC2 Therapeutics
MC2-01-C6
Table 14.2.2 Summary of Pharmacokinetic Parameters
PK population
Page X of X

Analyte: Betamethasone dipropionate (BDP)

	Total (N = XX)
Cmax (pg/mL)	
n	XX
Mean	XX.XX
SD	XX.XX
gMean	XX.XX
gCV(%)	XX.X
Median	XX.XX
Q1, Q3	XX.XX, XX.XX
Min, Max	XX.XX, XX.XX
AUC0-5 (pg*h/mL)	
n	XX
Mean	XX.XX
SD	XX.XX
gMean	XX.XX
gCV(%)	XX.X
Median	XX.XX
Q1, Q3	XX.XX, XX.XX
Min, Max	XX.X, XX.X
AUC0-t (pg*h/mL)	
n	XX
Mean	XX.XX
SD	XX.XX
gMean	XX.XX
gCV(%)	XX.X
Median	XX.XX
Q1, Q3	XX.XX, XX.XX
Min, Max	XX.X, XX.X
Tmax (h)	
n	XX
Mean	XX.XX
SD	XX.XX

```
Median                                                                  XX.XX
Q1, Q3                                                               X.XX, X.XX
Min, Max                                                             X.XX, X.XX
```

```
AUC= Area under the time-concentration curve; BDP=Betamethasone dipropionate; CAL=Calcipotriene (Calcipotriol); Cmax= Maximum plasma drug concentration;
gCV=Geometric Coefficient of Variation; gMean=Geometric Mean; PK=Pharmacokinetic; Tmax= Time to maximum plasma drug concentration.
N: the number of subjects in the PK population.
n: the number of valid measurements.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings
```

Programming note:
Continue table for the following analytes:

- Betamethasone 17-propionate;
- Calcipotriene (Calcipotriol, CAL);
- MC1080.

Safety Analyses

Adverse Events

MC2 Therapeutics
MC2-01-C6
Table 14.3.1.1 Overall Summary of TEAEs
Safety population
Page X of X

	Total (N = XX) n (%) / E
Any TEAE	XX (XX.X) / XX
Any TEAE related to study treatment	XX (XX.X) / XX
Any TEAE related to study procedures	XX (XX.X) / XX
Any TEAE related to Cosyntropin	XX (XX.X) / XX
Any Serious TEAE	XX (XX.X) / XX
Any Serious TEAE related to study treatment	XX (XX.X) / XX
Any TEAE leading to study treatment discontinuation	XX (XX.X) / XX
Any TEAE leading to withdrawal	XX (XX.X) / XX
Maximum Severity	
Mild	XX (XX.X)
Moderate	XX (XX.X)
Severe	XX (XX.X)
Strongest Causal Relationship to Study Treatment	
Not related	XX (XX.X)
Possibly related	XX (XX.X)
Probably related	XX (XX.X)
Definitely related	XX (XX.X)

AE=Adverse Event; TEAE=Treatment-Emergent Adverse Event.
N: the number of subjects in the Safety population.
n: the number of subjects with at least one TEAE within a specific category. Percentages are calculated as (100 x n/N).
E: total number of TEAEs reported within a specific category.
A TEAE is defined as an AE that started after the first dose of the study treatment.
If the severity is missing for a TEAE, then 'Severe' category is assigned.
If the relationship is missing for a TEAE, then 'Definitely related' category is assigned.

Subjects with more than one TEAE will be counted once in the maximum severity or strongest relationship category.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

MC2 Therapeutics
MC2-01-C6
Table 14.3.1.2.1 Incidence of Treatment-emergent Adverse Events
Safety population
Page X of X

System Organ Class (SOC) Preferred Term (PT)	Total (N = XX) n (%) / E
Overall	XX (XX.X) / XX
System Organ Class 1	XX (XX.X) / XX
Preferred Term 1	XX (XX.X) / XX
Preferred Term 2	XX (XX.X) / XX
...	
System Organ Class 2	XX (XX.X) / XX
Preferred Term 1	XX (XX.X) / XX
Preferred Term 2	XX (XX.X) / XX
...	...

AE=Adverse Event; MedDRA=Medical Dictionary for Regulatory Activities; TEAE=Treatment-Emergent Adverse Event.
N: the number of subjects in the Safety population.
n: the number of subjects with at least one TEAE within a specific category. Percentages are calculated as (100 x n/N).
E: total number of TEAEs reported within a specific category.
Adverse events are coded by MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
System organ classes (SOC) and preferred terms (PT) within each SOC should be sorted in descending order of n (%).
Each subject is counted only once per preferred term (PT) and once per system organ class (SOC).

Similar to table 14.3.1.2.1, the following tables will be constructed (with the corresponding corrections of underlined fragments in the note):

Table 14.3.1.2.2 Incidence of Treatment-emergent Adverse Events up to Week 4
Table 14.3.1.3.1 Incidence of Treatment-emergent Adverse Events Related to the Study Drug
Table 14.3.1.3.2 Incidence of Treatment-emergent Adverse Events Related to the Study Drug up to Week 4
Table 14.3.1.4.1 Incidence of Serious Treatment-emergent Adverse Events
Table 14.3.1.4.2 Incidence of Serious Treatment-emergent Adverse Events up to Week 4
Table 14.3.1.5.1 Incidence of Serious Treatment-emergent Adverse Events Related to the Study Drug
Table 14.3.1.5.2 Incidence of Serious Treatment-emergent Adverse Events Related to the Study Drug up to Week 4

MC2 Therapeutics
MC2-01-C6
Table 14.3.1.6.1 Incidence of Treatment-emergent Adverse Events by Maximum Severity
Safety population
Page X of X

System Organ Class (SOC) Preferred Term (PT)	Severity	Total (N = XX) n (%) / E
Overall	Mild	XX (XX.X) / XX
	Moderate	XX (XX.X) / XX
	Severe	XX (XX.X) / XX
System Organ Class 1	Mild	XX (XX.X) / XX
	Moderate	XX (XX.X) / XX
	Severe	XX (XX.X) / XX
Preferred Term 1	Mild	XX (XX.X) / XX
	Moderate	XX (XX.X) / XX
	Severe	XX (XX.X) / XX
Preferred Term 2	Mild	XX (XX.X) / XX
	Moderate	XX (XX.X) / XX
	Severe	XX (XX.X) / XX
...	...	...
System Organ Class 2	Mild	XX (XX.X) / XX
	Moderate	XX (XX.X) / XX
	Severe	XX (XX.X) / XX
...	...	...

AE=Adverse Event; MedDRA=Medical Dictionary for Regulatory Activities; TEAE=Treatment-Emergent Adverse Event.
N: the number of subjects in the Safety population.
n: the number of subjects with at least one TEAE within a specific category. Percentages are calculated as (100 x n/N).
E: total number of TEAEs reported with appropriate severity.
For 'Overall' and for each SOC and SOC/PT, each subject is counted once in the category of the maximum severity.
For 'Overall', the number of all reported TEAEs are presented; for each SOC and SOC/PT, the number of TEAEs of maximum severity is given.
If the severity is missing for a TEAE, then 'Severe' category is assigned.
AEs are coded using MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
System organ classes (SOC) and preferred terms (PT) within each SOC should be sorted in descending order of n (%).

Similar to table 14.3.1.6.1, the following tables will be constructed:

Table 14.3.1.6.2 Incidence of Treatment-emergent Adverse Events up to Week 4 by Maximum Severity

MC2 Therapeutics
MC2-01-C6
Table 14.3.1.7.1 Incidence of Treatment-Emergent Adverse Events by Closest Relationship
Safety population
Page X of X

System Organ Class (SOC) Preferred Term (PT)	Relationship	Total (N = XX) n (%) / E
Overall	Not related	XX (XX.X) / XX
	Possibly related	XX (XX.X) / XX
	Probably related	XX (XX.X) / XX
	Definitely related	XX (XX.X) / XX
System Organ Class 1	Not related	XX (XX.X) / XX
	Possibly related	XX (XX.X) / XX
	Probably related	XX (XX.X) / XX
	Definitely related	XX (XX.X) / XX
Preferred Term 1	Not related	XX (XX.X) / XX
	Possibly related	XX (XX.X) / XX
	Probably related	XX (XX.X) / XX
	Definitely related	XX (XX.X) / XX
Preferred Term 2	Not related	XX (XX.X) / XX
	Possibly related	XX (XX.X) / XX
	Probably related	XX (XX.X) / XX
	Definitely related	XX (XX.X) / XX
...	...	...
System Organ Class 2	Not related	XX (XX.X) / XX
	Possibly related	XX (XX.X) / XX
	Probably related	XX (XX.X) / XX
	Definitely related	XX (XX.X) / XX
...	...	...

AE=Adverse Event; MedDRA=Medical Dictionary for Regulatory Activities; TEAE=Treatment-Emergent Adverse Event.
N: the number of subjects in the Safety population.
n: the number of subjects with at least one TEAE within a specific category. Percentages are calculated as (100 x n/N).
E: total number of TEAEs reported with given category of relationship to study drug.
For 'Overall' and for each SOC and SOC/PT, each subject is counted once in the category of the closest relationship.
For 'Overall', the number of all reported TEAEs are presented; for each SOC and SOC/PT, the number of TEAEs of closest relationship is given.

If the relationship is missing for a TEAE, then 'Definitely related' category is assigned.
AEs are coded using MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
System organ classes (SOC) and preferred terms (PT) within each SOC should be sorted in descending order of n (%).

Similar to table 14.3.1.7.1, the following tables will be constructed (with the corresponding corrections of underlined fragments in the note):

Table 14.3.1.7.2 Incidence of Treatment-Emergent Adverse Events up to Week 4 by Closest Relationship

Similar to table 14.3.1.2.1, the following tables will be constructed (with the corresponding corrections of underlined fragments in the note):

Table 14.3.1.8.1 Incidence of Treatment-emergent Adverse Events Leading to Discontinuation of Study Drug
Table 14.3.1.8.2 Incidence of Treatment-emergent Adverse Events Leading to Discontinuation of Study Drug up to Week 4
Table 14.3.1.9.1 Incidence of Treatment-emergent Adverse Events Leading to Withdrawal
Table 14.3.1.9.2 Incidence of Treatment-emergent Adverse Events Leading to Withdrawal up to Week 4
Table 14.3.1.10.1 Incidence of Non-serious treatment-emergent Adverse Events Occurred at a Frequency of >=5%
Table 14.3.1.10.2 Incidence of Non-serious treatment-emergent Adverse Events Occurred at a Frequency of >=5% up to Week 4
Table 14.3.1.11 Incidence of Treatment-emergent Adverse Events Related to Cosyntropin
Table 14.3.1.12 Incidence of Treatment-emergent Adverse Events Related to Study Procedures
Table 14.3.2.1 Incidence of Treatment-emergent Adverse Events Leading to Death
Table 14.3.2.2 Incidence of Treatment-emergent Adverse Events Related to the Study Drug and Leading to Death

HPA Axis Suppression

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.1.1 Summary of ACTH Challenge Test
HPA population
Page X of X

Serum Cortisol (nmol/L)	Total (N=XX)	
	Pre-stimulation	Post-stimulation
Baseline		
n	XX	XX
Mean [95% CI]	XX.XX [XX.XX - XX.XX]	XX.XX [XX.XX - XX.XX]
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X
Visit 3 / Week 4		
n	XX	XX
Mean [95% CI]	XX.XX [XX.XX - XX.XX]	XX.XX [XX.XX - XX.XX]
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X
Visit 5 / Week 8		
n	XX	XX
Mean [95% CI]	XX.XX [XX.XX - XX.XX]	XX.XX [XX.XX - XX.XX]
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X
Follow-up		
n	XX	XX
Mean [95% CI]	XX.XX [XX.XX - XX.XX]	XX.XX [XX.XX - XX.XX]
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X

HPA=Hypothalamic-pituitary-adrenal.
N: the number of subjects in the HPA population. n: the number of valid measurements.
Measurements of serum cortisol levels pre- and post- stimulation with cosyntropin 0.25 mg are presented.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.1.2 Incidence of HPA Axis Suppression
HPA population
Page X of X

			Total (N = XX)
HPA axis suppression			
Overall		n' (%) [1] n (%) [2] 95% CI	XX (XX.X) XX (XX.X) XX.X, XX.X
Visit 3 / Week 4		n' (%) [1] n (%) [2] 95% CI	XX (XX.X) XX (XX.X) XX.X, XX.X
Visit 5 / Week 8		n' (%) [1] n (%) [2] 95% CI	XX (XX.X) XX (XX.X) XX.X, XX.X
	HPA axis suppressed at Week 4	n' (%) [3] n (%) [2] 95% CI	XX (XX.X) XX (XX.X) XX.X, XX.X
	HPA axis not suppressed at Week 4	n' (%) [3] n (%) [2] 95% CI	XX (XX.X) XX (XX.X) XX.X, XX.X

CI=Confidence Interval; HPA=Hypothalamic-pituitary-adrenal.
N: the number of subjects in the HPA population. n: the number of subjects within a specific category. n': the number of valid observations.
[1] Subjects having any post-baseline values (for 'Overall' category) or values at the corresponding visit. Percentage is calculated as (100 x n/N).
[2] Percentages are based on the corresponding number of valid observations.
[3] Subjects with corresponding HPA suppression status at Week 4 having values at Visit 5 / Week 8. Percentage is calculated based on number of subjects with corresponding HPA suppression status at Week 4.
Confidence interval is calculated using Clopper-Pearson method.
Adrenal suppression is defined as the 30-minute post-stimulation serum cortisol level below 18 ug/dL (500 nmol/L).

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Calcium Metabolism

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.2.1 Summary of Calcium Metabolism Evaluation
Safety population
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Parameter: Serum Calcium Corrected for Albumin (mmol/L)

	Total (N = XX)	Change from the baseline
Baseline		
n	XX	
Mean [95% CI]	XX.XX [XX.XX - XX.XX]	
SD	XX.XX	
Median	XX.XX	
Q1, Q3	XX.XX, XX.XX	
Min, Max	XX.X, XX.X	
Visit 3 / Week 4		
n	XX	XX
Mean [95% CI]	XX.XX [XX.XX - XX.XX]	XX.XX [XX.XX - XX.XX]
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X
Visit 5 / Week 8		
n	XX	XX
Mean [95% CI]	XX.XX [XX.XX - XX.XX]	XX.XX [XX.XX - XX.XX]
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X

N: the number of subjects in the Safety population. n: the number of valid measurements.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:

Report the following parameters: Serum Calcium (mmol/L), Urinary Calcium/Creatinine (mmol/mmol).

Clinical Laboratory Evaluation

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.3.1 Summary of Hematology Parameters
Safety population
Page X of X

Parameter: XXXXXXXXXXXXXXXXX (units)

	Total (N = XX)	Change from the baseline
Baseline		
n	XX	
Mean	XX.XX	
SD	XX.XX	
Median	XX.XX	
Q1, Q3	XX.XX, XX.XX	
Min, Max	XX.X, XX.X	
Visit 3 / Week 4		
n	XX	XX
Mean	XX.XX	XX.XX
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X
Visit 5 / Week 8		
n	XX	XX
Mean	XX.XX	XX.XX
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X
Highest post-baseline		
n	XX	XX
Mean	XX.XX	XX.XX
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X

Lowest post-baseline		
n	XX	XX
Mean	XX.XX	XX.XX
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X

N: the number of subjects in the Safety population.
n: the number of valid measurements.

The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following parameters: Hemoglobin (mmol/L), Hematocrit (L/L), Erythrocytes (10^12/L), MCV (fL), Leukocytes (10^9/L), Lymphocytes (10^9/L), Lymphocytes/Leukocytes (%), Monocytes (10^9/L), Monocytes/Leukocytes (%), Neutrophils (10^9/L), Neutrophils/Leukocytes (%), Basophils (10^9/L), Basophils/Leukocytes (%), Eosinophils (10^9/L), Eosinophils/Leukocytes (%), Platelets (10^9/L).

Similar to table 14.3.4.3.1, the following tables will be constructed:

Table 14.3.4.3.2 Summary of Blood Chemistry Parameters

Report the following parameters: Urea (mmol/L), Urea Nitrogen (mmol/L), Serum Glucose (mmol/L), Serum Creatinine (umol/L), Serum Albumin (g/L), Sodium (mmol/L), Potassium (mmol/L), Chloride (mmol/L), Serum Phosphate (mmol/L), Alkaline Phosphatase (U/L), Parathyroid Hormone (pmol/L).

Table 14.3.4.3.3 Summary of Morning Urine Assessment Parameters

Report the following parameters: Urinary Calcium (mmol/L), Total Calcium Excretion (mmol), Urinary Phosphate (mmol/L), Total Phosphate Excretion (mmol), Urinary Creatinine (g/L), Total Creatinine Excretion (g), Urinary Phosphate/Creatinine (mg/g), Volume (mL).

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.4.1 Hematology Shifts from Baseline
Safety population
Page X of X

Parameter: XXXXXXXXXXXXXXXXX (units)

		Baseline			
		Low	Normal	High	Total
Visit 3 / Week 4					
Low	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Normal	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
High	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Total	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (100)
Visit 5 / Week 8					
Low	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Normal	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
High	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Total	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (100)
Highest post-baseline					
Low	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Normal	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
High	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Total	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (100)
Lowest post-baseline					
Low	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Normal	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
High	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Total	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (100)

The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.
Percentages are based on the number of subjects with non-missing assessment at the corresponding time point and at baseline.
For highest/lowest post-baseline values percentages are based on the number of subjects with non-missing assessment at baseline and at least one non-missing post-baseline assessment for the corresponding parameter.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Similar to table 14.4.2.2.1, the following tables will be constructed:

Table 14.3.4.4.2 Blood Chemistry Shifts from Baseline
Table 14.3.4.4.3 Morning Urine Assessment Shifts from Baseline

MC2 Therapeutics
MC2-01-C6

Table 14.3.4.5.1 Incidence of Hematology Assessments Outside of Normal Range

Safety population
Page X of X

Parameter: XXXXXXXXXXXXXXXX (units)

	Total (N = XX) n (%)
Overall	
n [1]	XX
Out of Range	XX (XX.X)
Low	XX (XX.X)
High	XX (XX.X)
Baseline	
n	XX
Normal	XX (XX.X)
Out of Range	XX (XX.X)
Low	XX (XX.X)
High	XX (XX.X)
Visit 3 / Week 4	
n	XX
Normal	XX (XX.X)
Out of Range	XX (XX.X)
Low	XX (XX.X)
High	XX (XX.X)
Visit 5 / Week 8	
n	XX
Normal	XX (XX.X)
Out of Range	XX (XX.X)
Low	XX (XX.X)
High	XX (XX.X)

N: the number of subjects in the Safety population.
n: the number of subjects within a specific category or number of valid observations. Percentages are based on the corresponding number of valid observations.
[1] Number of subjects with at least one non-missing post-baseline assessment of the corresponding parameter.

Similar to table 14.4.2.2.1, the following tables will be constructed:

Table 14.3.4.5.2 Incidence of Blood Chemistry Assessments Outside of Normal Range
Table 14.3.4.5.3 Incidence of Morning Urine Assessments Outside of Normal Range

Local Skin Reactions Assessment

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.6.1 Summary of Local Skin Reactions Assessment
Safety population
Page X of X

Parameter: XXXXXXXXXXXXXXXXXXXXXXXXXX

Visit Investigator Assessment	Total (N = XX) n (%)
Baseline	
n	XX
0 (Absent)	XX (XX.X)
1 (Mild)	XX (XX.X)
2 (Moderate)	XX (XX.X)
3 (Severe)	XX (XX.X)
Visit 2 / Week 2	
n	XX
0 (Absent)	XX (XX.X)
1 (Mild)	XX (XX.X)
2 (Moderate)	XX (XX.X)
3 (Severe)	XX (XX.X)
Visit 3 / Week 4	
n	XX
0 (Absent)	XX (XX.X)
1 (Mild)	XX (XX.X)
2 (Moderate)	XX (XX.X)
3 (Severe)	XX (XX.X)
...	
...	...

N: the number of subjects in the Safety population.
n: the number of subjects within a specific category or the number of valid observations. Percentages are based on the corresponding number of valid observations.
The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following parameters: Investigator assessment of Erosion/ulceration in lesional area, Vesicles in lesional area, Erythema in perilesional area, Scaling in the perilesional area, Edema in perilesional area, Atrophy in perilesional area, Vesicles in perilesional area, Erosion/ulceration in perilesional area, Subject assessment of Burning or pain after application.
Report the following visits: Baseline, Visit 2 / Week 2, Visit 3 / Week 4, Visit 4 / Week 6, Visit 5 / Week 8, Most severe post-baseline.

Programming note:
For parameter “Subject assessment of Burning or pain after application” report Visit 1/ Day 0 instead of Baseline assessment.

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.6.2 Local Skin Reactions Assessment Shifts from Baseline
Safety population
Page X of X

Parameter: XXXXXXXXXXXXXXXXXXXXXXXXXX

	Baseline				
	0 (Absent) n (%)	1 (Mild) n (%)	2 (Moderate) n (%)	3 (Severe) n (%)	Total n (%)
Visit 2 / Week 2					
0 (Absent)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
1 (Mild)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
2 (Moderate)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
3 (Severe)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Total	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (100)
Visit 3 / Week 4					
...	...	...	...	...	...
...					
...					

N: the number of subjects in the Safety population.
n: the number of subjects within a specific category. Percentages are based on the number of non-missing values at baseline and at the corresponding visit.
The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.
Percentages are based on the number of subjects with non-missing assessment at the corresponding time point and at baseline.
For the most severe post-baseline values percentages are based on the number of subjects with non-missing assessment at baseline and at least one non-missing post-baseline assessment for the corresponding parameter.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following parameters: : Investigator assessment of Erosion/ulceration in lesional area, Vesicles in lesional area, Erythema in perilesional area, Scaling in the perilesional area, Edema in perilesional area, Atrophy in perilesional area, Vesicles in perilesional area, Erosion/ulceration in perilesional area.
Report the following visits: Visit 2 / Week 2, Visit 3 / Week 4, Visit 4 / Week 6, Visit 5 / Week 8, Most severe post-baseline.

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.6.3 Summary of LSR Sum Score
Safety population
Page X of X

	Total (N = XX)	Change from the baseline
Baseline		
n	XX	
Mean	XX.X	
SD	XX.X	
Median	XX.X	
Q1, Q3	XX.X, XX.X	
Min, Max	XX, XX	
Visit 2 / Week 2		
n	XX	XX
Mean	XX.X	XX.X
SD	XX.X	XX.X
Median	XX.X	XX.X
Q1, Q3	XX.X, XX.X	XX.X, XX.X
Min, Max	XX, XX	XX, XX
Visit 3 / Week 4		
n	XX	XX
Mean	XX.X	XX.X
SD	XX.X	XX.X
Median	XX.X	XX.X
Q1, Q3	XX.X, XX.X	XX.X, XX.X
Min, Max	XX, XX	XX, XX
...		
...		

LSR=Local Skin Reactions.
N: the number of subjects in the Safety population.
n: the number of valid measurements.
The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Report the following visits: Visit 2 / Week 2, Visit 3 / Week 4, Visit 4 / Week 6, Visit 5 / Week 8.

Vital signs

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.7.1 Summary of Vital Signs
Safety population
Page X of X

Parameter: XXXXXXXXXXXXX (units)

	Total (N = XX)	Change from the baseline
Baseline		
n	XX	
Mean	XX.X	
SD	XX.X	
Median	XX.X	
Q1, Q3	XX.X, XX.X	
Min, Max	XX, XX	
Visit 2 / Week 2		
n	XX	XX
Mean	XX.X	XX.X
SD	XX.X	XX.X
Median	XX.X	XX.X
Q1, Q3	XX.X, XX.X	XX.X, XX.X
Min, Max	XX, XX	XX, XX
...		
...	...	...

N: the number of subjects in the Safety population.
n: the number of valid measurements.
The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:

Report the following parameters: Systolic blood pressure (mm Hg)/ Diastolic blood pressure (mm Hg)/ Pulse rate (beats/minute)/ Oral temperature (C), Tympanic temperature (C).

Report the following visits: Baseline, Visit 2 / Week 2, Visit 3 / Week 4, Visit 4 / Week 6, Visit 5 / Week 8, Highest post-baseline, Lowest post-baseline.

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.7.2 Incidence of Vital Signs Assessments Outside of Normal Range
Safety population
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Parameter: XXXXXXXXXXXXXX (units)

	Total (N = XX) n (%)
Any Time After the Start of Treatment	
n [1]	XX
Out of Range	XX (XX.X)
Low	XX (XX.X)
High	XX (XX.X)
Baseline	
n	XX
Normal	XX (XX.X)
Out of Range	XX (XX.X)
Low	XX (XX.X)
High	XX (XX.X)
Visit 2 / Week 2	
n	XX
Normal	XX (XX.X)
Out of Range	XX (XX.X)
Low	XX (XX.X)
High	XX (XX.X)
...	
...	...

N: the number of subjects in the Safety population.
n: the number of subjects within a specific category or number of valid observations. Percentages are based on the corresponding number of valid observations.
[1] Number of subjects with at least one non-missing post-baseline assessment of the corresponding parameter.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:

Report the following parameters: Systolic blood pressure (mm Hg)/ Diastolic blood pressure (mm Hg)/ Pulse rate (beats/minute)/ Oral temperature (C), Tympanic temperature (C).

Report the following visits: Any Time After the Start of Treatment, Baseline, Visit 2 / Week 2, Visit 3 / Week 4, Visit 4 / Week 6, Visit 5 / Week 8.

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.7.3 Incidence of Notably Abnormal Vital Signs Assessments
Safety population
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Parameter: XXXXXXXXXXXXX (units)

	Total (N = XX) n (%)
Any Time After the Start of Treatment	
n [1]	XX
Low (90 mmHg or lower and decreased by 20 mmHg or more)	XX (XX.X)
High (180 mmHg or greater and increased by 20 mmHg or more)	XX (XX.X)
Baseline	
n	XX
Low (90 mmHg or lower)	XX (XX.X)
High (180 mmHg or greater)	XX (XX.X)
Visit 2 / Week 2	
n	XX
Low (90 mmHg or lower and decreased by 20 mmHg or more)	XX (XX.X)
High (180 mmHg or greater and increased by 20 mmHg or more)	XX (XX.X)
...	
...	...

N: the number of subjects in the Safety population.
n: the number of subjects within a specific category or number of valid observations. Percentages are based on the corresponding number of valid observations.
[1] Number of subjects with at least one non-missing post-baseline assessment of the corresponding parameter.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following parameters: Systolic blood pressure (mm Hg)/ Diastolic blood pressure (mm Hg)/ Pulse rate (beats/minute).
Criteria for notable vital signs measurements are specified in SAP Section 9.5.

Report the following visits: Any Time After the Start of Treatment, Baseline, Visit 2 / Week 2, Visit 3 / Week 4, Visit 4 / Week 6, Visit 5 / Week 8.

Physical Examination

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.8 Summary of Physical Parameters
Safety population
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Parameter: Weight (kg)

	Total (N = XX)	Change from the baseline
Baseline		
n	XX	
Mean	XX.X	
SD	XX.X	
Median	XX.X	
Q1, Q3	XX.X, XX.X	
Min, Max	XX, XX	
Visit 3 / Week 4		
n	XX	XX
Mean	XX.X	XX.X
SD	XX.X	XX.X
Median	XX.X	XX.X
Q1, Q3	XX.X, XX.X	XX.X, XX.X
Min, Max	XX, XX	XX, XX
...		
...	...	...

N: the number of subjects in the Safety population.
n: the number of valid measurements.
The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following parameters: Weight (kg)/ Height (cm)/ BMI (kg/m2).
Report the following visits: Baseline, Visit 3 / Week 4, Visit 5 / Week 8.

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.9 Summary of Physical Examination
Safety population
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Abbreviated physical examination

	Total (N = XX) n (%)
Baseline	
n	XX
Normal	XX (XX.X)
Abnormal NCS	XX (XX.X)
Abnormal CS	XX (XX.X)
Visit 3 / Week 4	
n	XX
Normal	XX (XX.X)
Abnormal NCS	XX (XX.X)
Abnormal CS	XX (XX.X)
...	
...	...

CS=Clinically Significant; NCS=Not clinically significant.
N: the number of subjects in the Safety population.
n: the number of subjects within a specific category or number of valid observations. Percentages are based on the corresponding number of valid observations.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Repeat for Complete dermatological examination.

Report the following visits: Baseline, Visit 3 / Week 4, Visit 5 / Week 8, Follow-up.

ECG

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.10.1 Summary of Electrocardiogram
Safety population
Page X of X

Parameter: XXXXXXXXXXXXXXX (units)

	Total (N = XX)	Change from the baseline
Baseline		
n	XX	
Mean	XX.X	
SD	XX.X	
Median	XX.X	
Q1, Q3	XX.X, XX.X	
Min, Max	XX, XX	
Visit 3 / Week 4		
n	XX	XX
Mean	XX.X	XX.X
SD	XX.X	XX.X
Median	XX.X	XX.X
Q1, Q3	XX.X, XX.X	XX.X, XX.X
Min, Max	XX, XX	XX, XX
Visit 5 / Week 8		
n	XX	XX
Mean	XX.X	XX.X
SD	XX.X	XX.X
Median	XX.X	XX.X
Q1, Q3	XX.X, XX.X	XX.X, XX.X
Min, Max	XX, XX	XX, XX
...		
...	...	...
	...	...

QTC-F=QT interval corrected according to Fridericia's formula; QTC-B=QT interval corrected according to Bazett's formula.
N: the number of subjects in the Safety population.

n: the number of valid measurements.

The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following parameters: Heart rate (beats/min)/ RR interval (msec)/ PR interval (msec)/ QRS duration (msec), QT interval (msec), QTC-F interval (msec), QTC-B interval (msec).

Report the following visits: Baseline, Visit 3 / Week 4, Visit 5 / Week 8, Highest post-baseline, Lowest post-baseline.

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.10.2 Incidence of Abnormal ECG Assessments
Safety population
Page X of X

Parameter: General Assessment

	Total (N = XX) n (%)
Any Time After the Start of Treatment	
n [1]	XX
Abnormal	XX (XX.X)
Abnormal CS	XX (XX.X)
Baseline	
n	XX
Normal	XX (XX.X)
Abnormal NCS	XX (XX.X)
Abnormal CS	XX (XX.X)
Visit 3 / Week 4	
n	XX
Normal	XX (XX.X)
Abnormal NCS	XX (XX.X)
Abnormal CS	XX (XX.X)
Visit 5 / Week 8	
n	XX
Normal	XX (XX.X)
Abnormal NCS	XX (XX.X)
Abnormal CS	XX (XX.X)
…	…

N: the number of subjects in the Safety population. n: the number of subjects within a specific category or number of valid observations. Percentages are based on the corresponding number of valid observations.
[1] Number of subjects with at least one non-missing post-baseline assessment of the corresponding parameter.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following visits: Any Time After the Start of Treatment, Baseline, Visit 3 / Week 4, Visit 5 / Week 8.

MC2 Therapeutics
MC2-01-C6
Table 14.3.4.10.3 Incidence of Notably Abnormal ECG Assessments
Safety population
Page X of X

Parameter: XXXXXXXXXXXXX (units)

	Total (N = XX) n (%)
Any Time After the Start of Treatment	
n [1]	XX
QTc interval > 450	XX (XX.X)
QTc interval > 480	XX (XX.X)
QTc interval > 500	XX (XX.X)
QTc interval increases from baseline >30	XX (XX.X)
QTc interval increases from baseline >60	XX (XX.X)
Baseline	
n	XX
QTc interval > 450	XX (XX.X)
QTc interval > 480	XX (XX.X)
QTc interval > 500	XX (XX.X)
Visit 3 / Week 4	
n	XX
QTc interval > 450	XX (XX.X)
QTc interval > 480	XX (XX.X)
QTc interval > 500	XX (XX.X)
QTc interval increases from baseline >30	XX (XX.X)
QTc interval increases from baseline >60	XX (XX.X)
...	
...	...

N: the number of subjects in the Safety population.
n: the number of subjects within a specific category or number of valid observations. Percentages are based on the corresponding number of valid observations.
[1] Number of subjects with at least one non-missing post-baseline assessment of the corresponding parameter.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following parameters: QTC-F interval (msec), QTC-B interval (msec).
Report the following visits: Any Time After the Start of Treatment, Baseline, Visit 3 / Week 4, Visit 5 / Week 8.

Physician Global Assessment of Psoriasis Severity

MC2 Therapeutics
MC2-01-C6
Table 14.4.1.1 Summary of PGA
Safety population
Page X of X

Visit	Total (N = XX)	Change from baseline
Baseline		
n	XX	
Mean	XX.X	
SD	XX.X	
Median	XX.X	
Q1, Q3	XX.X, XX.X	
Min, Max	XX, XX	
Visit 2 / Week 2		
n	XX	XX
Mean	XX.X	XX.X
SD	XX.X	XX.X
Median	XX.X	XX.X
Q1, Q3	XX.X, XX.X	XX.X, XX.X
Min, Max	XX, XX	XX, XX
Visit 3 / Week 4		
n	XX	XX
Mean	XX.X	XX.X
SD	XX.X	XX.X
Median	XX.X	XX.X
Q1, Q3	XX.X, XX.X	XX.X, XX.X
Min, Max	XX, XX	XX, XX
...		
...		

PGA=Physician global assessment.
N: the number of subjects in the Safety population.
n: the number of valid observations.

Baseline is the last non-missing assessment prior to the first dose of the study drug.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following visits: Baseline, Visit 2 / Week 2, Visit 3 / Week 4, Visit 4 / Week 6, Visit 5 / Week 8.

MC2 Therapeutics
MC2-01-C6
Table 14.4.1.2 Summary of Treatment Success
Safety population
Page X of X

		Total (N = XX)
Treatment success		
Overall	n' (%) [1] n (%) [2] 95% CI	XX (XX.X) XX (XX.X) XX.X, XX.X
Visit 2 / Week 2	n' (%) [1] n (%) [2] 95% CI	XX (XX.X) XX (XX.X) XX.X, XX.X
Visit 3 / Week 4	n' (%) [1] n (%) [2] 95% CI	XX (XX.X) XX (XX.X) XX.X, XX.X
...	...	...

PGA=Physician global assessment.
N: the number of subjects in the Safety population. n: the number of subjects within a specific category. n': the number of valid observations.
[1] Subjects having any post-baseline values (for 'Overall' category) or values at the corresponding visit. Percentage is calculated as (100 x n/N).
[2] Percentages are based on the corresponding number of valid observations.
Confidence interval is calculated using Clopper-Pearson method.
Treatment success is defined as at least 2-point decrease from Baseline in the PGA on the trunk, limbs, and scalp.
Baseline is the last non-missing assessment prior to the first dose of the study drug. Only subjects having at least moderate severity at baseline will be included into the summary.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following visits: Overall, Visit 2 / Week 2, Visit 3 / Week 4, Visit 4 / Week 6, Visit 5 / Week 8.

MC2 Therapeutics
MC2-01-C6
Table 14.4.1.3 PGA Shifts from Baseline
Safety population
Page X of X

		Baseline					
		0 - Clear	1 - Almost Clear	2 - Mild	3 - Moderate	4 - Severe	Total
Visit 2 / Week 2							
0 - Clear	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
1 - Almost Clear	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
2 - Mild	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
3 - Moderate	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
4 - Severe	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Total	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (100)
Visit 3 / Week 4							
0 - Clear	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
1 - Almost Clear	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
2 - Mild	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
3 - Moderate	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
4 - Severe	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)
Total	n (%)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (XX.X)	XX (100)

PGA=Physician global assessment.
The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.
Percentages are based on the number of subjects with non-missing assessment at the corresponding time point and at baseline.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Body Surface Area Involvement Assessment

MC2 Therapeutics
MC2-01-C6
Table 14.4.2.1 Summary of Body Surface Area Involvement
Safety population
Page X of X

Parameter: XXXXXXXXXXXXXXXXX (%)

	Total (N = XX)	Change from the baseline
Baseline		
n	XX	
Mean	XX.XX	
SD	XX.XX	
Median	XX.XX	
Q1, Q3	XX.XX, XX.XX	
Min, Max	XX.X, XX.X	
Visit 3 / Week 4		
n	XX	XX
Mean	XX.XX	XX.XX
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X
Visit 5 / Week 8		
n	XX	XX
Mean	XX.XX	XX.XX
SD	XX.XX	XX.XX
Median	XX.XX	XX.XX
Q1, Q3	XX.XX, XX.XX	XX.XX, XX.XX
Min, Max	XX.X, XX.X	XX.X, XX.X

BSA=Body Surface Area.
N: the number of subjects in the Safety population.
n: the number of valid measurements.

The baseline value for a variable is defined as the last non-missing value collected before the first study drug application.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Programming note:
Report the following parameters: Scalp BSA psoriatic involvement (%), Neck, Trunk and/or Limbs BSA psoriatic involvement (%), Total psoriatic involvement (%).
Report the following visits: Baseline, Visit 3 / Week 4, Visit 5 / Week 8.

Psoriasis Treatment Convenience Scale

MC2 Therapeutics
MC2-01-C6
Table 14.4.3.1 Summary of Psoriasis Treatment Convenience Scale
Safety population
Page X of X

Parameter: XXXXXXXXXXXXXXXX

	Total (N = XX)
Visit 2 / Week 2	
n	XX
Mean	XX.X
SD	XX.X
Median	XX.X
Q1, Q3	XX.X, XX.X
Min, Max	XX, XX
Visit 3 / Week 4	
n	XX
Mean	XX.X
SD	XX.X
Median	XX.X
Q1, Q3	XX.X, XX.X
Min, Max	XX, XX
...	
...	...

PTCS=Psoriasis Treatment Convenience Scale.
N: the number of subjects in the Safety population.
n: the number of valid measurements.
Each question is rated on a 1-10 scale from least to most favorable response. PTCS total score is the sum of the scores on questions 1 to 5.
If more than two questions are not answered, the PTCS total score is missing. If one or two questions remain unanswered, the missing scores are replaced by the average of the answered scores for the summation.

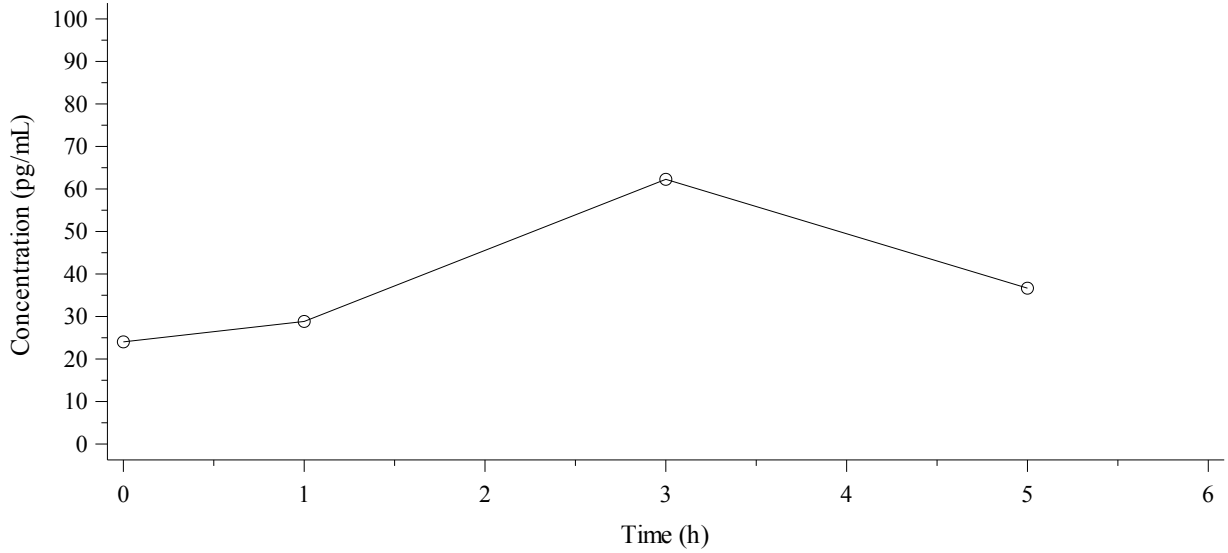
Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

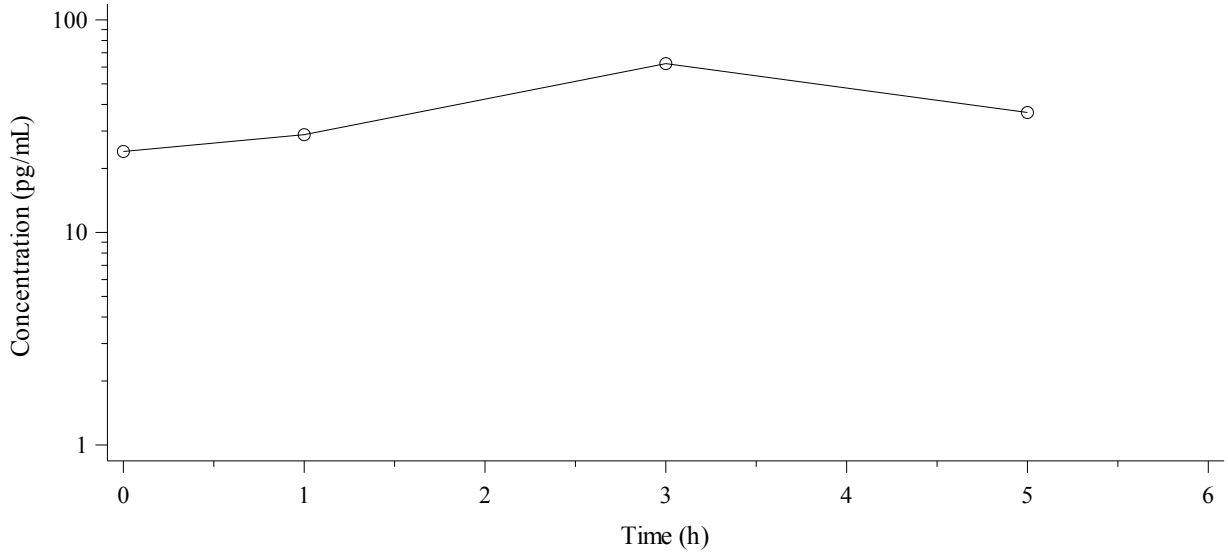
Programming note:
Report the following parameters: PTCS Total Score, Q1. How easy was the treatment to apply to the skin?, Q2. How greasy was the treatment when applying it to the skin?, Q3. How moisturized did your skin feel after applying the treatment?, Q4. How greasy did your skin feel after applying the treatment?, Q5. How much did treating your skin disrupt your daily routine?, Q6. Overall, how satisfied were you with the medical treatment?.

Report the following visits: Visit 2 / Week 2, Visit 3 / Week 4, Visit 5 / Week 8.

Figures Shells

MC2 Therapeutics
MC2-01-C6
Figure 16.2.5.4 Individual BDP Plasma Concentration-time Profiles on Linear and Semi-logarithmic Scales Week 4
PK population
Subject=XXXX





BDP=Betamethasone dipropionate; BLQ=Below Limit of Quantification; LLOQ=Lower Limit of Quantification.
BLQ concentrations were substituted with LLOQ for the calculation for graphic presentation. LLOQ for BDP is XX.X pg/mL.

Path to the program code, date and time of output/ Datasets used/ Referenced Data Listings

Similar to figure 16.2.5.4, the following figures will be constructed (with modification of underlined fragments):

Figure 16.2.5.5 Individual Calcipotriol (CAL) Plasma Concentration-time Profiles on Linear and Semi-logarithmic Scales Week 4
Figure 16.2.5.6 individual MC1080 Plasma Concentration-time Profiles on Linear and Semi-logarithmic Scales Week 4
Figure 16.2.5.7 individual Betamethasone 17-propionate, Plasma Concentration-time Profiles on Linear and Semi-logarithmic Scales Week 4

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APPENDIX 1 TFLs Shells

Listings Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.1.1 Analysis Populations
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	All Enrolled subjects	Date of Informed Consent/Assent	Allocated to treatment	Safety Population	HPA Population	Reason for Exclusion from HPA population	PK Population	Reason for Exclusion from PK population
XXX/XX/XXXXX	14/F/A/NHL	Yes	YYYY-MM-DD/ XX/ YYYY-MM-DD/ XX	No	No	No	XXXXXXXXXX	No	XXXXXXXXXX
XXX/XX/XXXXX	15/M/W/HL	Yes	YYYY-MM-DD/ XX/ YYYY-MM-DD/ XX	Yes	Yes	Yes		No	XXXXXXXXXX
XXX/XX/XXXXX	16/F/A/NHL	Yes	YYYY-MM-DD/ XX/ YYYY-MM-DD/ XX	Yes	Yes	Yes		Yes	
...									

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
HPA=Hypothalamic-pituitary-adrenal; PK=Pharmacokinetics.

Path to the program code, date and time of output/ Datasets used

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APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6

Listing 16.2.1.2 Subject Visits

All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Visit	Date / Study day	Main reason for unscheduled visit
XXX/XX/XXXXX	14/F/A/NHL	XXXXXX	YYYY-MM-DD/ XX	
XXX/XX/XXXXX	15/M/W/HL	XXXXXX	YYYY-MM-DD/ XX	
XXX/XX/XXXXX	16/F/A/NHL	XXXXXX	YYYY-MM-DD/ XX	XXXXXXXXXXX XXXXXXXXXXX

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.1.3 Study Completion
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Date of Study Completion or Discontinuation/ Study Day	End of Study Status	Reason for Study Discontinuation
XXX/XX/XXXXX	14/F/A/NHL	YYYY-MM-DD/ XX	Discontinued	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX/XX/XXXXX	15/M/W/HL	YYYY-MM-DD/ XX	Discontinued	Other: XXXXXXXXXXXXXXXXXXXX
XXX/XX/XXXXX	16/F/A/NHL	YYYY-MM-DD/ XX	Completed	
XXX/XX/XXXXX	16/M/A/NHL	YYYY-MM-DD/ XX	Screening failure	Inconsistency with inclusion / exclusion criteria: XXXXX

...

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.1.4 Study Treatment Completion
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Date of Study Treatment Completion or Discontinuation/ Study Day	Was the IP discontinued before Week 8 visit?	Reason for Study Treatment Discontinuation
XXX/XX/XXXXX	14/F/A/NHL	YYYY-MM-DD/ XX	Yes	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX/XX/XXXXX	15/M/W/HL	YYYY-MM-DD/ XX	Yes	Other: XXXXXXXXXXXXXXXXXXXX
XXX/XX/XXXXX	16/F/A/NHL	YYYY-MM-DD/ XX	No	
...				

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.2.1 Violation of Inclusion/Exclusion Criteria
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Category	Criterion number/Criterion	Result
XXX/XX/XXXXX	14/F/A/NHL	Inclusion criteria	XX/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	No
		Exclusion criteria	XX/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Yes
		Exclusion criteria	XX/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Yes
...				

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

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APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.2.2 Protocol Deviations
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Date of Deviation Revealed	Visit	Deviation Category/ Subcategory	Issue	Description of deviation	Assessment
XXX/XX/XXXXX	14/F/A/NHL	YYYY-MM-DD	XXXXX	XXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	Major
XXX/XX/XXXXX	15/M/W/HL	YYYY-MM-DD	XXXXX	XXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	Minor
XXX/XX/XXXXX	16/F/A/NHL	YYYY-MM-DD	XXXXX	XXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	Minor
...							

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020
APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.4.1 Demographics and Other Baseline Characteristics
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Year of Birth	Fitzpatrick Skin Type	Date of Diagnosis	Duration of Disease (months)	Previous Treatments
XXX/XX/XXXXX	14/F/A/NHL	YYYY	XXXXXXXXXXXXX	YYYY-MM	XX.X	Systemic: Biologics and systemic/ TNF-a inhibitors/ Topical: vitamin D analogs
XXX/XX/XXXXX	15/M/W/HL	YYYY	XXXXXXXXXXXXX	YYYY-MM	XX.X	
XXX/XX/XXXXX	16/F/A/NHL	YYYY	XXXXXXXXXXXXX	YYYY-MM	XX.X	
...						

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

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APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.4.2 Baseline Variables
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Unit)	Visit	Result
XXX/XX/XXXXX	14/F/A/NHL	XXXXXXXXX (XXXXXX)	Scr V1	XX.X
			Scr V2	XX.X
			V1 Day0	XX.X
			Baseline	XX.X
		XXXXXXXXX (XXXXXX)	Scr V1	XX.X
			Scr V2	XX.X
...			...	...

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020
APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.4.3 Medical History
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	System Organ Class/ Preferred Term/ Lowest Level Term/ Condition/Diagnosis	Prior/Concurrent	Start Date/ Study Day	End Date / Study Day	Ongoing at the End of Clinical Trial
XXX/XX/XXXXX	14/F/A/NHL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PR	YYYY-MM-DD/ XX	YYYY-MM-DD/ XX	Resolved
...						

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
PR=Prior, C=Concomitant.
Terms are coded by MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used

Programming note:
Sort by ascending start date within subject.

MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020
APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.4.4 Prior/Concomitant Therapy
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	3rd Lvl, Pharmacological Subgroup/ 4th Lvl, Chemical Subgroup/ 5th Lvl, Chemical Substance/ Medication	Prior/ Concomitant	Start Date/ Study Day/ Stop Date/ Study Day	Dose (Units)/ Frequency/ Route	Formulation/ Location	Indication
XXX/XX/XXXXX	14/F/A/NHL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PR	YYYY-MM-DD/ XX/ YYYY-MM-DD/ XX	XXXXX (XXXXX)/ XXXXX/ XXXXX	XXXXX/ XXXXX	XXXXXXXXXXX
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	C	YYYY-MM-DD/ XX/ Ongoing	XXXXX (XXXXX)/ XXXXX/ XXXXX	XXXXX/ XXXXX	XXXXXXXXXXX

…

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
PR=Prior, C=Concomitant, PT=Post-Treatment.
Drug and non-drug therapy records are coded using WHODD version XX.X.

Path to the program code, date and time of output/ Datasets used

Programming note:
Sort by ascending start date within subject.

MC2 Therapeutics
MC2-01-C6
Listing 16.2.4.5 Prior/Concomitant Procedures
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	System Organ Class/ Preferred Term/ Lowest Level Term/ Therapy/Procedure	Start date, Time/ Study day/ Stop date, Time/ Study day	Location	Indication
XXX/XX/XXXXX	14/F/A/NHL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ...	YYYY-MM-DD HH:MM/ XX/ YYYY-MM-DD HH:MM/ XX	XXXXXXXXXXXXXX	XXXXXXXXXX

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
Procedures are coded using MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used

Programming note:
Sort by ascending start date within subject.

MC2 Therapeutics
MC2-01-C6
Listing 16.2.5.1 Exposure
Safety population
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Study Period	Date of First Application/ Study Day	Date of Last Application/ Study Day	Total Duration of Exposure (days)	Extent of Exposure (days)	Number of Missed Doses	Total Dose (g)/ Average Weekly Dose (g)	Compliance (%)
XXX/XX/XXXXX	14/F/A/NHL	Overall	YYYY-MM-DD/ 1	YYYY-MM-DD/ XX	XX	XX	XX	XX.X/ XX.X	XX.X
		Up to Week 2	YYYY-MM-DD/ 1	YYYY-MM-DD/ XX	XX	XX	XX	XX.X/ XX.X	XX.X
		Up to Week 4	YYYY-MM-DD/ 1	YYYY-MM-DD/ XX	XX	XX	XX	XX.X/ XX.X	XX.X
		From Week 4 to Week 8	YYYY-MM-DD/ XX	YYYY-MM-DD/ XX	XX	XX	XX	XX.X/ XX.X	XX.X
...									

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
Lost and unused tubes were not accounted for in the calculation of total dose.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.5.2 Study Drug Compliance
Safety population
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Visit	Was the subject diary completed by the patient (Reason, if Not Completed)?	Did the subject apply the study drug once daily to the scalp, trunk and/or limbs since the last visit?	Is the PGA "clear" and was the subject recommended to stop the treatment with study drug at the visit?	Was the treatment with study drug restarted by the subject after interruption at the last visit?/ Restart Date
XXX/XX/XXXXX	14/F/A/NHL	V2/Week2	XXX	XXX		
		V3/Week4	XXX	XXX	XXX	
		V5/Week8	XXX	XXX		XXX/ YYYY-MM-DD
		...	...	...		...

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.5.3 Missed Doses
Safety population
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Date/ Study Day	Reason Not Administered
XXX/XX/XXXXX	14/F/A/NHL	YYYY-MM-DD/ XX	Approved Discontinuation
		YYYY-MM-DD/ XX	Missed
		YYYY-MM-DD/ XX	Missed

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020
APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.5.4 Study Drug Accountability
Allocated to treatment
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Visit Dispensed	Kit Number	Date Dispensed/ Study Day/ Date Returned/ Study Day	Tube Assessment	Returned Amount	Used Between
XXX/XX/XXXXX	14/F/A/NHL	V1 (Day 0)	XXXXXXXXX	YYYY-MM-DD/ XX/ YYYY-MM-DD/ XX/	SEAL BROKEN	XX.X g	XXXXXXXXXXX/ XXXXXXXXXXX
			XXXXXXXXX	YYYY-MM-DD/ XX/ YYYY-MM-DD/ XX/	SEALED		
			XXXXXXXXX	YYYY-MM-DD/ XX/ YYYY-MM-DD/ XX/	SEAL BROKEN	XX.X g	XXXXXXXXXXX/ XXXXXXXXXXX
		...					
...							

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.7.1 Adverse Events
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	AE No/ TEAE [1]/ SAE [2]	System Organ Class/ Preferred Term/ Lowest Level Term/ Reported Term	Start Date, Time/ Study Day/ End Date, Time/ Study Day	Severity/ Relationship to IP/ Action taken with IP/ Outcome	Concomitant therapy?/ Concomitant non-drug therapy?/ Concomitant procedures?/ Did subject withdraw due to this AE?/ Is AE related to Cosyntropin?/ Is AE related to a study procedure (specify)? Location of AE to Treatment Area
XXX/XX/XXXXX	14/F/A/NHL	XX/ XXX/ XXX (X,X)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YYYY-MM-DD HH:MM/ XXX/ YYYY-MM-DD HH:MM/ XXX	XXXXXXXXXX/ XXXXXXXXXX/ XXXXXXXXXX/ XXXXXXXXXX	XXX/ XXX/ XXX/ XXX/ XXX/ XXX (XXXXXXXX XXXXXXXXXX)/ XXXXXXXXXXXXXXX

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
AE = Adverse Event, SAE = Serious Adverse Event, TEAE = Treatment-Emergent Adverse Event; IP=Investigational Product.
[1] TEAE is any reported adverse event that starts after initiation of the study therapy.
[2] Seriousness criteria: 1 = <<Death>>, 2 = <<Life-threatening>>, 3 = << Requires in-patient hospitalization or prolongation of existing hospitalization>>, 4 = << Results in persistent or significant disability/incapacity>>, 5 = << Congenital anomaly/birth defect>>, 6 = << Other serious or important medical event>>.
AEs are coded using MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.7.2 Serious Adverse Events
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years) / Sex/Race/ Ethnicity	AE No/ TEAE [1]/ SAE [2]	System Organ Class/ Preferred Term/ Lowest Level Term/ Reported Term	Start Date, Time/ Study Day/ End Date, Time/ Study Day	Severity/ Relationship to IP/ Action taken with IP/ Outcome	Concomitant therapy?/ Concomitant non-drug therapy?/ Concomitant procedures?/ Did subject withdraw due to this AE?/ Is AE related to Cosyntropin?/ Is AE related to a study procedure (specify)?/ Location of AE to Treatment Area
XXX/XX/XXXXX	14/F/A/NHL	XX/ XXX/ XXX (X,X)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YYYY-MM-DD HH:MM/ XXX/ YYYY-MM-DD HH:MM/ XXX	XXXXXXXXXX/ XXXXXXXXXX/ XXXXXXXXXX/ XXXXXXXXXX	XXX/ XXX/ XXX/ XXX/ XXX/ XXX (XXXXXXXX XXXXXXXXXX)/ XXXXXXXXXXXXXXX

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
AE = Adverse Event, SAE = Serious Adverse Event, TEAE = Treatment-Emergent Adverse Event; IP=Investigational Product.
[1] TEAE is any reported adverse event that starts after initiation of the study therapy.
[2] Seriousness criteria: 1 = <<Death>>, 2 = <<Life-threatening>>, 3 = << Requires in-patient hospitalization or prolongation of existing hospitalization>>, 4 = << Results in persistent or significant disability/incapacity>>, 5 = << Congenital anomaly/birth defect>>, 6 = << Other serious or important medical event>>.
AEs are coded using MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.7.3 Listing of Adverse Events Leading Discontinuation of Study Drug
Safety population
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	AE No/ TEAE [1]/ SAE [2]	System Organ Class/ Preferred Term/ Lowest Level Term/ Reported Term	Start Date, Time/ Study Day/ End Date, Time/ Study Day	Severity/ Relationship to IP/ Action taken with IP/ Outcome	Concomitant therapy?/ Concomitant non-drug therapy?/ Concomitant procedures?/ Did subject withdraw due to this AE?/ Is AE related to Cosyntropin?/ Is AE related to a study procedure (specify)?/ Location of AE to Treatment Area
XXX/XX/XXXXX	14/F/A/NHL	XX/ XXX/ XXX (X,X)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YYYY-MM-DD HH:MM/ XXX/ YYYY-MM-DD HH:MM/ XXX	XXXXXXXXXX/ XXXXXXXXXX/ XXXXXXXXXX/ XXXXXXXXXX	XXX/ XXX/ XXX/ XXX/ XXX/ XXX (XXXXXXXX XXXXXXXXXX)/ XXXXXXXXXXXXXXX

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
AE = Adverse Event, SAE = Serious Adverse Event, TEAE = Treatment-Emergent Adverse Event; IP=Investigational Product.
[1] TEAE is any reported adverse event that starts after initiation of the study therapy.
[2] Seriousness criteria: 1 = <<Death>>, 2 = <<Life-threatening>>, 3 = << Requires in-patient hospitalization or prolongation of existing hospitalization>>, 4 = << Results in persistent or significant disability/incapacity>>, 5 = << Congenital anomaly/birth defect>>, 6 = << Other serious or important medical event>>.
AEs are coded using MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.7.4 Listing of Adverse Events Leading to Withdrawal
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	AE No/ TEAE [1]/ SAE [2]	System Organ Class/ Preferred Term/ Lowest Level Term/ Reported Term	Start Date, Time/ Study Day/ End Date, Time/ Study Day	Severity/ Relationship to IP/ Action taken with IP/ Outcome	Concomitant therapy?/ Concomitant non-drug therapy?/ Concomitant procedures?/ Did subject withdraw due to this AE?/ Is AE related to Cosyntropin?/ Is AE related to a study procedure (specify)?/ Location of AE to Treatment Area
XXX/XX/XXXXX	14/F/A/NHL	XX/ XXX/ XXX (X,X)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YYYY-MM-DD HH:MM/ XXX/ YYYY-MM-DD HH:MM/ XXX	XXXXXXXXXX/ XXXXXXXXXX/ XXXXXXXXXX/ XXXXXXXXXX	XXX/ XXX/ XXX/ Yes/ XXX (XXXXXXXX XXXXXXXXXX)/ XXXXXXXXXXXXXXX

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
AE = Adverse Event, SAE = Serious Adverse Event, TEAE = Treatment-Emergent Adverse Event; IP=Investigational Product.
[1] TEAE is any reported adverse event that starts after initiation of the study therapy.
[2] Seriousness criteria: 1 = <<Death>>, 2 = <<Life-threatening>>, 3 = << Requires in-patient hospitalization or prolongation of existing hospitalization>>, 4 = << Results in persistent or significant disability/incapacity>>, 5 = << Congenital anomaly/birth defect>>, 6 = << Other serious or important medical event>>.
AEs are coded using MedDRA version XX.X.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.8.1 Hematology in SI Units
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Units)	Visit	Date/ Study Day	Result	Reference Range	Change from Baseline	Reason if Not Done/ Comment
XXX/XX/XXXXX	14/F/A/NHL	XXXXX (XXX)	Scr V2	YYYY-MM-DD/ XX	XX.X @L	XX.X-XX.X		
			V3/Week4	YYYY-MM-DD/ XX	XX.X L	XX.X-XX.X	XX.X	
			V5/Week8		Not Done	XX.X-XX.X		XXXXXXX XXXXXXx
			...					
		XXXXX (XXX)	Scr V2	YYYY-MM-DD/ XX	XX.X @	XX.X-XX.X		
			V3/Week4	YYYY-MM-DD/ XX	XX.X H	XX.X-XX.X	XX.X	XXXXXXXXXXXXXXX
			V5/Week	YYYY-MM-DD/ XX	XX.X H	XX.X-XX.X	XX.X	
...			...					

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
L = below lower reference limit. H = above upper reference limit.
@ indicates baseline assessment.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.8.2 Serum Biochemistry in SI Units
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Units)	Visit	Date/ Study Day	Result	Reference Range	Change from Baseline	Reason if Not Done/ Comment
XXX/XX/XXXXX	14/F/A/NHL	XXXXX (XXX)	Scr V2	YYYY-MM-DD/ XX	XX.X @L	XX.X-XX.X		
			V3/Week4	YYYY-MM-DD/ XX	XX.X L	XX.X-XX.X	XX.X	
			V5/Week8		Not Done	XX.X-XX.X		XXXXXXX XXXXXXx
			...					
		XXXXX (XXX)	Scr V2	YYYY-MM-DD/ XX	XX.X @H	XX.X-XX.X		
			V3/Week4	YYYY-MM-DD/ XX	XX.X H	XX.X-XX.X	XX.X	XXXXXXXXXXX
			V5/Week	YYYY-MM-DD/ XX	XX.X H	XX.X-XX.X	XX.X	
...			...					

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
L = below lower reference limit. H = above upper reference limit.
@ indicates baseline assessment.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.8.3 Morning Urine Assessment in SI Units
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Units)	Visit	Date/ Study Day	Result	Reference Range	Change from Baseline	Reason if Not Done/ Comment
XXX/XX/XXXXX	14/F/A/NHL	XXXXX (XXX)	Scr V2	YYYY-MM-DD/ XX	XX.X @L	XX.X-XX.X		
			V3/Week4	YYYY-MM-DD/ XX	XX.X L	XX.X-XX.X	XX.X	
			V4/Week6		Not Done	XX.X-XX.X		XXXXXXX XXXXXXx
			...					
		XXXXX (XXX)	Scr V2	YYYY-MM-DD/ XX	XX.X @	XX.X-XX.X		
			V3/Week4	YYYY-MM-DD/ XX	XX.X L	XX.X-XX.X	XX.X	
			V4/Week6	YYYY-MM-DD/ XX	XX.X L	XX.X-XX.X	XX.X	
...			...					

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
L = below lower reference limit. H = above upper reference limit.
@ indicates baseline assessment.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020
APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.8.4 24-hour Urine Assessment
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Units)	Visit	Date/ Study Day	Result	Reference Range	Reason if Not Done/ Comment
XXX/XX/XXXXX	14/F/A/NHL	XXXXX (XXX)	XXXXXXXX	YYYY-MM-DD/ XX	XX.X L	XX.X-XX.X	
			XXXXXXXX	YYYY-MM-DD/ XX	XX.X L	XX.X-XX.X	
			XXXXXXXX		Not Done	XX.X-XX.X	XXXXXXX XXXXXXx
			...				
		XXXXX (XXX)	XXXXXXXX	YYYY-MM-DD/ XX	XX.X	XX.X-XX.X	
			XXXXXXXX	YYYY-MM-DD/ XX	XX.X H	XX.X-XX.X	
			XXXXXXXX	YYYY-MM-DD/ XX	XX.X	XX.X-XX.X	
...			...				

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
L = below lower reference limit. H = above upper reference limit.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020
APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.8.5 Serum Pregnancy Test
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Units)	Visit	Date of Sample/ Study Day	Result	Reasons if Not Done
XXX/XX/XXXXX	14/F/A/NHL	XXXXX (XXX)	Scr V2	YYYY-MM-DD/ XX	XX.X	
			V3/Week4		Not Done	XXXXXX XXXXXXXXX XXXX
			V5/Week8	YYYY-MM-DD/ XX	XX.X	
...			...			

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020
APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.8.6 Urine Pregnancy Test
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Visit	Result	Reasons if Not Done
XXX/XX/XXXXX	14/F/A/NHL	Scr V2	Negative	
		V3/Week4	Not Done	XXXXXX XXXXXXXXX XXXX
		V5/Week8	Negative	
...		...		

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.8.7 ACTH Challenge Test
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Visit	Date, Time of assessment/ Study Day	Parameter (Units)	HPA Axis Suppression Noted	Result	Reason if Not Done
XXX/XX/XXXXX	14/F/A/NHL	Scr V2	YYYY-MM-DD HH:MM/ XX	Serum cortisol pre-stimulation (nmol/L)		XX.X	
			YYYY-MM-DD HH:MM/ XX	Serum cortisol post-stimulation (nmol/L)	No	XX.X	
		V3/Week 4	YYYY-MM-DD HH:MM/ XX	Serum cortisol pre-stimulation (nmol/L)		XX.X	
			YYYY-MM-DD HH:MM/ XX	Serum cortisol post-stimulation (nmol/L)	No	XX.X	
		V5/Week 8	YYYY-MM-DD HH:MM/ XX	Serum cortisol pre-stimulation (nmol/L)		XX.X	
			YYYY-MM-DD HH:MM/ XX	Serum cortisol post-stimulation (nmol/L)	No	XX.X	
		FU	YYYY-MM-DD HH:MM/ XX	Serum cortisol pre-stimulation (nmol/L)		XX.X	
			YYYY-MM-DD HH:MM/ XX	Serum cortisol post-stimulation (nmol/L)	No	XX.X	
...	...	...	...	...	...	...	

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.8.8 Clinically Significant Laboratory Abnormalities
Safety population
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Panel	Visit	Date/ Study Day	Comments
XXX/XX/XXXXX	14/F/A/NHL	Hematology	V3/Week4	YYYY-MM-DD/ XX	XXXXXXXXXX XXXXXXXXXXXX
		XXXXXXXX	V5/Week 8	YYYY-MM-DD/ XX	XXXXXXXXXXXXXX
...	...	...	...	...	...

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.9.1 Food Diary. Calcium-rich Nutrients Consumption
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Visit	Time Point	Date of Assessment/ Study Day	Number of Daily Calcium Servings
XXX/XX/XXXXX	14/F/A/NHL	XXXXXXXX	Day 1	YYYY-MM-DD/ XX	X
			Day 2	YYYY-MM-DD/ XX	X
			Day 3		Not Assessed
			...		
		XXXXXXXX	Day 1	YYYY-MM-DD/ XX	X
			Day 2	YYYY-MM-DD/ XX	X
			Day 3	YYYY-MM-DD/ XX	X
...			...		

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.9.2 Local Skin Reactions Assessment
All Enrolled subjects
Page X of X

Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Assessment	Visit	Date/ Study Day	Result	Change from Baseline
XXX/XX/XXXXX	14/F/A/NHL	LSR Sum Score	V1 (Day 0)	YYYY-MM-DD/ XX	7 @	
			V2/Week2	YYYY-MM-DD/ XX	6	-1
			V3/Week4		Not Done	
			...			
		Investigator assessment of erosion/ulceration in lesional area	V1 (Day 0)	YYYY-MM-DD/ XX	2 (Moderate) @	
			V2/Week2	YYYY-MM-DD/ XX	1 (Mild)	
			V3/Week4		Not Done	
			...			
		Investigator assessment of vesicles in lesional area	V1 (Day 0)	YYYY-MM-DD/ XX	3 (Severe) @	
			V2/Week2	YYYY-MM-DD/ XX	2 (Moderate)	
			V3/Week4	YYYY-MM-DD/ XX	2 (Moderate)	
			...			
		...	...	...	...	
...	...	...	...	...	...	

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
LSR=Local Skin Reactions.
@ indicates baseline assessment.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.9.3 Vital Signs
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Units)	Visit	Date of Assessment/ Study Day	Result	Reference Range	Change from Baseline
XXX/XX/XXXXX	14/F/A/NHL	Systolic Blood Pressure (mm Hg)	V1 (Day0)	YYYY-MM-DD/ XX	XXX @	XXX - XXX	
			V2/Week2	YYYY-MM-DD/ XX	XXX	XXX - XXX	XX
			V3/Week4	YYYY-MM-DD/ XX	XXX L	XXX - XXX	XX
			...	...	...	...	...
		Diastolic Blood Pressure (mm Hg)	V1 (Day0)	YYYY-MM-DD/ XX	XX @	XXX - XXX	
			V2/Week2	YYYY-MM-DD/ XX	XX *	XXX - XXX	X
			V3/Week4	YYYY-MM-DD/ XX	XX	XXX - XXX	X
			...	...	...	...	...
		...	...	...			
...							

Country: CZE=Czech Republic, HUN=Hungary, DEU=Germany; Sex: F=Female, M=Male;
Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
L = below lower reference limit. H = above upper reference limit.
@ indicates baseline assessment. * indicates notable value.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

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Listing 16.2.9.4 Electrocardiogram
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Units)	Visit	Date of Visit/ Study Day	Result	Change from Baseline	Findings	Comments/ Technical Quality
XXX/XX/XXXXX	14/F/A/NHL	General Assessment	V1 (Day0)	YYYY-MM-DD/ XX	Normal @			
			V3/Week4	YYYY-MM-DD/ XX	Abnormal NCS		XXXXXXXX; XXXXX	XXXXXXXXXXXXXXX
			V5/Week8	YYYY-MM-DD/ XX	Abnormal NCS			
			...	...	...	...		
		RR Interval (msec)	V1 (Day0)	YYYY-MM-DD/ XX	XX @			
			V3/Week4	YYYY-MM-DD/ XX	XX *	XX		
			V5/Week8	YYYY-MM-DD/ XX	XX	XX		
			...	...	...	...		
		...	...	...				
...								

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Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
L = below lower reference limit. H = above upper reference limit. CS = Clinically Significant. NCS = Not Clinically Significant.
@ indicates baseline assessment. * indicates notable value.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2-01-C6_STATISTICAL ANALYSIS PLAN_Final 3.0_07 September 2020
APPENDIX 1 TFLs Shells

MC2 Therapeutics
MC2-01-C6
Listing 16.2.9.5 Physical Parameters
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Units)	Visit	Date of Visit/ Study Day	Result	Change from Baseline
XXX/XX/XXXXX	14/F/A/NHL	Weight (kg)	V1 (Day0)	YYYY-MM-DD/ XX	XX.X @	
			V2/Week2	YYYY-MM-DD/ XX	XX.X	X
			V3/Week4	YYYY-MM-DD/ XX	XX.X	X
			...	...	...	...
		Height (cm)	V1 (Day0)	YYYY-MM-DD/ XX	XXX.X @	
			V2/Week2	YYYY-MM-DD/ XX	XXX.X	X
			V3/Week4	YYYY-MM-DD/ XX	XXX.X	X
			...	...	...	...
		BMI (kg/m2)	...	...		
...						

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^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
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Listing 16.2.9.6 Physical Examination
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Examination	Visit	Date of Visit/ Study Day	Result
XXX/XX/XXXXX	14/F/A/NHL	Abbreviated Physical Examination	Scr V1	YYYY-MM-DD/ XX	Normal
			V1 (Day 0)	YYYY-MM-DD/ XX	Abnormal NCS
			V3/Week4	YYYY-MM-DD/ XX	Normal
			V5/Week8	YYYY-MM-DD/ XX	Not Done
			...	...	...
		Complete Dermatological Examination	Scr V1	YYYY-MM-DD/ XX	Abnormal CS
			V1 (Day 0)	YYYY-MM-DD/ XX	Normal
			V3/Week4	YYYY-MM-DD/ XX	Normal
			V5/Week8	YYYY-MM-DD/ XX	Normal
			...	...	...
...	...	...	...	...	...

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Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
CS = Clinically Significant. NCS = Not Clinically Significant.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
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Listing 16.2.9.7 Physician Global Assessment of Psoriasis Severity
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Visit	Date/ Study Day	Result	Change from Baseline	Treatment Success
XXX/XX/XXXXX	14/F/A/NHL	Scr V1	YYYY-MM-DD/ XX	3 - Moderate		
		Scr V2	YYYY-MM-DD/ XX	3 - Moderate		
		V1 (Day 0)	YYYY-MM-DD/ XX	3 - Moderate @		
		V2/Week2	YYYY-MM-DD/ XX	2 - Mild	-1	
		V3/Week4		Not Done		
		...				
XXX/XX/XXXXX	15/M/W/HL	Scr V1	YYYY-MM-DD/ XX	3 - Moderate		
		Scr V2	YYYY-MM-DD/ XX	3 - Moderate @		
		V1 (Day 0)		Not Done		
		V3/Week4	YYYY-MM-DD/ XX	0 - Clear	-3	Yes
		V5/Week	YYYY-MM-DD/ XX	0 - Clear	-3	Yes
...		...				

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L = below lower reference limit. H = above upper reference limit.
@ indicates baseline assessment.
^ indicates reported visit is different from the analysis visit after windowing was performed.
Treatment success is defined as at least 2-point decrease from Baseline in the PGA on the trunk, limbs, and scalp.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
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Listing 16.2.9.8 Body Surface Area Involvement
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Parameter (Units)	Visit	Date/ Study Day	Result	Change from Baseline
XXX/XX/XXXXX	14/F/A/NHL	Scalp BSA psoriatic involvement (%)	Scr V1	YYYY-MM-DD/ XX	XX.X	
			Scr V2	YYYY-MM-DD/ XX	XX.X	
			V1 (Day 0)	YYYY-MM-DD/ XX	XX.X @	
			V3/Week4	YYYY-MM-DD/ XX	XX.X	XX.X
			V5/Week8		Not Done	
			...			
		Neck, Trunk and/or Limbs BSA psoriatic involvement (%)	Scr V1	YYYY-MM-DD/ XX	XX.X	
			Scr V2	YYYY-MM-DD/ XX	XX.X @	
			V1 (Day 0)		Not Done	
			V3/Week4	YYYY-MM-DD/ XX	XX.X	XX.X
			V5/Week8	YYYY-MM-DD/ XX	XX.X	XX.X
		...	...	...	...	...
...			...			

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Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
BSA=Body Surface Area.
@ indicates baseline assessment.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.9.9 Psoriasis Treatment Convenience Scale
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Visit	Date/ Study Day	Parameter/Question	Score/Answer
XXX/XX/XXXXX	14/F/A/NHL	V2/Week 2	YYYY-MM-DD/ XX	PTCS Total Score	XX
				1. How easy was the treatment to apply to the skin?	X
				2. How greasy was the treatment when applying it to the skin?	X
				3. How moisturized did your skin feel after applying the treatment?	Not Done
		...		...	...
		V3/Week4	YYYY-MM-DD/ XX	PTCS Total Score	XX
				1. How easy was the treatment to apply to the skin?	X
				2. How greasy was the treatment when applying it to the skin?	X
				3. How moisturized did your skin feel after applying the treatment?	Not Done
				...	...
		V5/Week8	YYYY-MM-DD/ XX	PTCS Total Score	XX
				1. How easy was the treatment to apply to the skin?	X
				2. How greasy was the treatment when applying it to the skin?	X
				3. How moisturized did your skin feel after applying the treatment?	Not Done
				...	...
		...	...	...	...

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Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
PTCS=Psoriasis Treatment Convenience Scale. Question 1: From 1 = Very difficult to 10 = Very easy. Question 2: From 1 = Very greasy to 10 = Not greasy. Question 3: From 1 = Not moisturized to 10 = Very moisturized. Question 4: From 1 = Very greasy to 10 = Not greasy. Question 5: From 1 = Very disturbing to 10 = Not disturbing. Question 6: From 1 = Not satisfied to 10 = Very satisfied.
PTCS total score is the sum of the scores on questions 1 to 5.
^ indicates reported visit is different from the analysis visit after windowing was performed.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.9.10 Pharmacokinetic Concentrations
All Enrolled subjects
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Country/Site ID/ Subject ID	Age(Years) / Sex/Race/ Ethnicity	Analyte	Visit	Time Point	Date, Time of Sample/ Study Day/ Relative Time (hours)	Date, Time of Last Administration of Study Drug/ Study Day	Result	Reason if Not Done
XXX/XX/XXXXX	14/F/A/NHL	Betamethasone 17P plasma concentration (pg/mL)	Scr V2				XX.X	
			V2/Week2	Pre-Dose	YYYY-MM-DD HH:MM/ XX	YYYY-MM-DD HH:MM/ XX	XX.X	
			V3/Week4	Pre-Dose	YYYY-MM-DD HH:MM/ XX (-X.XX)	YYYY-MM-DD HH:MM/ XX	XX.X	
				1h Post-Dose	YYYY-MM-DD HH:MM/ XX (X.XX)	YYYY-MM-DD HH:MM/ XX	XX.X	
				3h Post-Dose	YYYY-MM-DD HH:MM/ XX (X.XX)	YYYY-MM-DD HH:MM/ XX	XX.X	
				5h Post-Dose	YYYY-MM-DD HH:MM/ XX (X.XX)	YYYY-MM-DD HH:MM/ XX	XX.X	
			V5/Week8		YYYY-MM-DD HH:MM/ XX	YYYY-MM-DD HH:MM/ XX	XX.X	
		BDP plasma concentration (pg/mL)	Scr V2				XX.X	
			V2/Week2	Pre-Dose	YYYY-MM-DD HH:MM/ XX	YYYY-MM-DD HH:MM/ XX	XX.X	
			V3/Week4	Pre-Dose	YYYY-MM-DD HH:MM/ XX (-X.XX)	YYYY-MM-DD HH:MM/ XX	XX.X	
				1h Post-Dose	YYYY-MM-DD HH:MM/ XX (X.XX)	YYYY-MM-DD HH:MM/ XX	XX.X	
				3h Post-Dose	YYYY-MM-DD HH:MM/ XX (X.XX)	YYYY-MM-DD HH:MM/ XX	XX.X	
				5h Post-Dose	YYYY-MM-DD HH:MM/ XX (X.XX)	YYYY-MM-DD HH:MM/ XX	XX.X	
			V5/Week8		YYYY-MM-DD HH:MM/ XX	YYYY-MM-DD HH:MM/ XX	XX.X	
		...	...	...	...	...	...	

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BDP=Betamethasone dipropionate; BLQ=Below Limit of Quantification.

Path to the program code, date and time of output/ Datasets used

MC2 Therapeutics
MC2-01-C6
Listing 16.2.9.11 Pharmacokinetic Parameters
PK population
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Country/Site ID/ Subject ID	Age(Years)/ Sex/Race/ Ethnicity	Analyte	Parameter (Units)	Result	Reason Not Estimated
XXX/XX/XXXXX	14/F/A/NHL	BDP	Cmax (pg/mL)	XX.X	
			Tmax (h)	X.XX	
			AUC0-5 (h*pg/mL)	NE	XXXXXXXXXXXX XXXXXXX
			AUC0-t (h*pg/mL)	NE	XXXXXXXXXXXX XXXXXXX
		Betamethasone 17-propionate	Cmax (pg/mL)	XX.X	
			Tmax (h)	X.XX	
			AUC0-5 (h*pg/mL)	XX.X	
			AUC0-t (h*pg/mL)	XX.X	
		...	...	...	

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Race: A=Asian, B=Black or African American, W=White, O=Other; Ethnicity: HL=Hispanic or Latino, NHL=Not Hispanic or Latino.
BDP=Betamethasone dipropionate, NE=Not Estimated.

Path to the program code, date and time of output/ Datasets used