A Double-Blind, Randomized, Parallel-Group Study to Evaluate the Efficacy, Safety and Tolerability of Fixed Dose Combination GSP 301 Nasal Spray Compared With Placebo Nasal Spray in Pediatric Subjects (Aged 6 to Under 12 Years) With Seasonal Allergic Rhinitis (SAR)

Identifiers NCT03463031

Date of Document 06 December 2018

STATISTICAL ANALYSIS PLAN
PHASE III

VERSION: FINAL
DATE OF PLAN:

06-DEC-2018

BASED ON:

GSP 301-305 Protocol Version 3.0, 18-July-2018

STUDY DRUG:

Fixed Dose Combination of Olopatadine Hydrochloride and Mometasone Furoate, GSP 301 Nasal Spray (NS)

PROTOCOL NUMBER:

GSP 301-305

STUDY TITLE:

A Double-Blind, Randomized, Parallel-Group Study to Evaluate the Efficacy, Safety and Tolerability of Fixed Dose Combination GSP 301 Nasal Spray Compared with Placebo Nasal Spray in Pediatric Subjects (Aged 6 to Under 12 Years) with Seasonal Allergic Rhinitis (SAR)

SPONSOR:

Glenmark Specialty S.A.
Avenue Léopold-Robert 37
2300 La Chaux-de-Fonds
Switzerland

This study is being conducted in compliance with good clinical practice, including the archiving of essential documents.

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07DEC2018
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TECHNICAL SUMMARY REPORT (TSR)

Name of Sponsor/Company: Glenmark Specialty S.A.	
Name of Study Drug: GSP 301 NS - Fixed dose combination of olopatadine hydrochloride and mometasone furoate	
Title of Study: A Double-Blind, Randomized, Parallel-Group Study to Evaluate the Efficacy, Safety and Tolerability of Fixed Dose Combination GSP 301 Nasal Spray Compared with Placebo Nasal Spray in Pediatric Subjects (Aged 6 to Under 12 Years) with Seasonal Allergic Rhinitis (SAR)	
IND no: 123164	**EudraCT no:** Not applicable
Indication: Seasonal allergic rhinitis (SAR)	
Investigators: Study Center(s): Approximately 40 sites in the United States	
Studied period: Subject participation may be 22 days up to 27 days with 7 to 10 days of a screening/run-in period and a 14-day treatment period, with allowable window periods for the study visits.	**Phase of development:** Phase III
Objectives: *Primary:* To compare the efficacy of GSP 301 Nasal Spray (NS) with GSP 301 placebo NS over 14 days of study treatment in pediatric subjects (aged ≥6 to <12 years) with SAR. *Secondary:* To assess the safety and tolerability of each treatment over 14 days of study treatment in pediatric subjects (aged ≥6 to <12 years) with SAR.	
Study population: Male and non-pregnant female subjects aged ≥6 to <12 years with documented clinical history of SAR (for at least 2 years preceding the Screening Visit) with exacerbations (clinical evidence of active symptoms) during the spring or fall allergy seasons for the relevant seasonal allergen (eg, tree/grass pollen or ragweed pollen).	
Study design/ Methodology: This is a phase 3, double-blind, randomized, parallel-group, placebo-controlled, multicenter study to compare the efficacy and safety of GSP 301 NS with placebo NS in pediatric subjects (aged ≥6 to <12 years) with SAR. The subject participation may be 22 days up to 27 days with 7 to 10 days of a screening/placebo run-in period and 14 days of treatment period, with allowable window periods for the study visits. Enrollment will complete when subjects have been randomized to treatment.	

Number of Subjects (planned and analyzed):

A total of approximately 450 subjects (225 subjects per treatment group) are planned to be randomized to treatment during this study.

Diagnosis and main criteria for inclusion (see protocol section 7):

The subject population will be Pediatric Subjects (Aged 6 to Under 12 Years) who exhibit symptoms of SAR during the spring or fall allergy season, as applicable.

Inclusion Criteria

Subjects eligible for enrolment in the study must meet all of the following criteria:

1. Male or non-pregnant female subjects aged ≥6 to <12 years, at the Screening Visit (Visit 1).
2. Signed informed consent/assent form (subject and parent/caregiver/legal guardian), which meets all criteria of the current Food and Drug Administration/local regulations.
3. Documented clinical history of SAR (for at least 2 years preceding the Screening Visit [Visit 1]) with exacerbations (clinical evidence of active symptoms) during the study season for the relevant seasonal allergen (eg, tree/grass pollen or ragweed pollen). SAR must have been of sufficient severity to have required treatment (either continuous or intermittent) in the past, and in the Investigator's judgment, is expected to require treatment throughout the study period.
4. Demonstrated sensitivity to at least 1 seasonal allergen (eg, tree/grass pollen or ragweed pollen) known to induce SAR through a documented positive skin prick test (wheal diameter at least 5 mm greater than the negative control) to a relevant seasonal allergen. Documentation of a positive result within 12 months prior to the Screening Visit (Visit 1) is acceptable. The subject's positive allergen must be consistent with the medical history of SAR. Additionally, the subject is expected to be adequately exposed to the SAR allergen that he/she has tested positive for the entire duration of the study.
5. A 12-hour reflective Total Nasal Symptom Score (rTNSS) value of ≥6 (out of a possible 12) for the morning (AM) assessment at the Screening Visit (Visit 1).
6. General good health and free of any disease or concomitant treatment that could interfere with the interpretation of study results, as determined by the Investigator.
7. Able to demonstrate the correct NS application technique (with the help of parents/guardians/caregivers, if needed) at the Screening Visit (Visit 1).
8. Willing and able to comply with all aspects of the protocol (with the help of parents/guardians/caregivers, if needed).

Exclusion Criteria

Subjects meeting any of the following criteria must not be enrolled in the study:

1. Eligible females of childbearing potential who are known to be sexually active or pregnant, will be excluded and referred for appropriate evaluation. If a girl has reached puberty and achieved menarche (as determined by the Investigator), parents/guardians/caregivers will be consulted to obtain consent for pregnancy testing and permission to counsel the subject followed by counselling the subject by the Investigator regarding the possible unknown risks associated with study medication during pregnancy. Urine pregnancy test must be negative at the Screening Visit (Visit 1). Male subjects who are known to be sexually active will also be excluded and referred appropriately.
2. Plans to travel outside the known pollen area for the investigational site for 24 hours or longer during the last 7 days of the screening/run-in period.
3. Plans to travel outside the known pollen area for the investigational site for 2 or more consecutive days OR 3 or more days in total between the Randomization Visit (Visit 2) and the Final Treatment Visit (Visit 4).

4. History of significant (based on Investigator's judgement) atopic dermatitis or rhinitis medicamentosa (within 60 days prior to the Screening Visit [Visit 1])
5. Treatment with any known strong cytochrome P450 (CYP)3A4 inducers (eg, carbamazepine, phenytoin, rifabutin, rifampin, pioglitazone etc.) or strong inhibitors (eg, azole antifungals, macrolide antibiotics) within 30 days prior to the Screening Visit (Visit 1), or during the study.
6. Non-vaccinated exposure to or active infection with chickenpox or measles within the 21 days preceding Screening Visit (Visit 1).
7. A known hypersensitivity to any corticosteroids or antihistamines or to either of the drug components of the Investigational Product or its excipients.
8. History of anaphylaxis and/or other severe local reaction(s) to skin testing.
9. Any history or current use of alcohol or drug dependence at the Screening Visit (Visit 1), as determined by the Investigator.
10. History of positive test for human immunodeficiency virus, Hepatitis B or Hepatitis C infection (parents/guardians/caregivers will be consulted to obtain consent).
11. History and evidence of acute or significant chronic sinusitis or chronic purulent post nasal drip at the Screening Visit (Visit 1).
12. Any of the following conditions (including but not limited to the following) that are judged by the Investigator to be clinically significant and/or to affect the subject's ability to participate in this study:
    - impaired hepatic function.
    - any systemic infection.
    - hematological, hepatic, renal, endocrine disorder (except for hypothyroidism).
    - gastrointestinal disease.
    - malignancy (excluding basal cell carcinoma).
    - current neuropsychological condition with or without drug therapy.
        - Subjects with history or current diagnosis of active Attention Deficit Hyperactivity Disorder (ADHD) can be included in the study if symptoms of ADHD are considered stable by the treating physician and such history is documented by the Investigator.
        - Subjects with history or current diagnosis of ADHD on medications are eligible for inclusion if they are on stable active drug therapy and have stable symptoms for at least 30 days before the screening visit as documented in the medical history by the Investigator. Subjects may not be withdrawn from ADHD treatment medications during screening and/or throughout the study. If ADHD treatment medications are planned to be withdrawn or withdrawn by the treating physician during the study, then the subject should be considered ineligible or early terminated, respectively.
    - cardiovascular disease (eg, uncontrolled hypertension).
    - respiratory disease other than mild asthma.
13. Any major surgery (as assessed by the Investigator) within 4 weeks before the Screening Visit (Visit 1).
14. A requirement for the chronic use of tricyclic anti-depressants.
15. Dependence (in the opinion of the Investigator) on nasal, oral, or ocular decongestants, nasal topical antihistamines, or nasal steroids.
16. Active pulmonary disorder or infection (including but not limited to bronchitis, pneumonia, or influenza), upper respiratory tract or sinus infection within the 14 days prior to the Screening Visit (Visit 1) or the development of respiratory infections during the placebo run-in period. Subjects with mild asthma (as

judged by the Investigator) are allowable on the condition that treatment is limited to inhaled short-acting beta agonists only (up to 8 puffs per day).

17. Use of antibiotic therapy for acute conditions within 14 days prior to Screening Visit (Visit 1). Low doses of antibiotics taken for prophylaxis are allowed if the therapy was started prior to the Screening Visit (Visit 1) and is expected to continue at the same stable dose throughout the clinical study duration.
18. Posterior subcapsular cataracts or glaucoma, or any other ocular disturbances or other listed related conditions (as applicable) including:
    - history of increased intraocular pressure.
    - history of retinal detachment surgery.
    - history of incisional eye surgery (other than unilateral cataract extraction or laser-assisted in situ keratomileusis).
    - history of penetrating ocular trauma, severe blunt ocular trauma.
    - evidence of uveitis, iritis, or other inflammatory eye disease during screening.
    - presence of ocular herpes simplex.
19. Known history of hypothalamic-pituitary-adrenal axis impairment.
20. Existence of any significant surgical or medical condition, or clinically significant physical finding (eg, significant nasal polyps or other clinically significant respiratory tract malformations/nasal structural abnormalities, significant nasal trauma [such as nasal piercing] or significant nasal septal deviation) which, in the opinion of the Investigator (or in consultation with the Sponsor's medical monitor/designee), significantly interferes with the absorption, distribution, metabolism or excretion of the study medication or significantly interferes with nasal air flow or interferes with the subject's ability to reliably complete the AR Assessment Diary.
21. Participation in any investigational non-biological drug clinical study in the 30 days or investigational biological drug in the 120 days preceding the Screening Visit (Visit 1) or planned participation in another investigational clinical study at any time during the current study.
22. Initiation of immunotherapy injections or immunosuppressive/immune-modulator medications within 60 days preceding the Screening Visit (Visit 1) and/or currently undergoing treatment with immunotherapy or immunosuppressive/immune-modulator medications. Topical pimecrolimus cream or tacrolimus ointment treatment if initiated at least 30 days prior to screening and maintained on stable dose is acceptable. A 180-day washout period is required following the last dose of sublingual immunotherapy (investigational or other) prior to the Screening Visit (Visit 1).
23. Use of topical corticosteroids in concentrations in excess of 1% hydrocortisone, or equivalent, within 30 days prior to the Screening Visit (Visit 1); use of a topical hydrocortisone or equivalent in any concentration covering greater than 20% of the body surface or the presence of an underlying condition (as judged by the Investigator) that can reasonably be expected to require treatment with such preparations over the clinical study duration.
24. Previous participation in another GSP 301 NS study as a randomized subject.
25. Clinical study participation by clinical investigator site employees and/or their immediate relatives.
26. Study participation by more than 1 subject from the same household at the same time. However, after the completion/discontinuation by 1 subject in the household, another subject from the same household may be screened.
27. Known to have failed to show symptom improvement with any approved/marketed monotherapy component of the GSP 301 NS (ie, NASONEX NS, PATANASE NS, or both) as judged by the Investigator.

Randomization Criteria (at the Randomization Visit (RV) – Visit 2):

1. Continued general good health and continued eligibility according to the inclusion and exclusion criteria.
2. Has not left the known pollen area for the investigative site for 24 hours or longer during the last 7 days of the placebo run-in period.
3. No adverse event (AE) that has altered eligibility according to the inclusion and exclusion criteria.
4. Minimum 12-hour subject-reported rTNSS of an average of 6, (out of a possible 12) during the last 4 days of the placebo run-in period (average of last 8 consecutive AM and PM assessments from the Day -4 PM assessment to the AM assessment on the day of randomization).
5. A 12-hour subject-reported reflective nasal congestion score of an average of 2 or greater during the last 4 days of the placebo run-in period (average of last 8 consecutive AM and PM assessments from Day -4 PM assessment to the AM assessment on the day of randomization).
6. Adequate symptom assessment diary compliance (with assistance from parent/guardian/caregiver, as needed) – inadequate compliance is defined as missing one or more of the entries on 2 or more assessment sessions (AM or PM) during the last 4 days of the placebo run-in period (during the last 8 consecutive AM and PM assessments from Day -4 PM assessment to the AM assessment on the day of randomization).
7. Adequate study medication compliance – each subject must have taken his/her single-blind placebo medication (with assistance from parent/guardian/caregiver, as needed) for at least 80% of the entire placebo run-in period as reported in the symptom assessment diary.
8. Absence of common cold, upper respiratory infections, otitis, lower respiratory infections or acute sinusitis for 14 days prior to the Randomization Visit (Visit 2).
9. No use of prohibited concomitant medications during the placebo run-in period.

Study-Specific Discontinuation/Withdrawal Criteria:

A subject (or parent/guardian, as applicable) may voluntarily discontinue study participation at any time after giving informed consent/assent and before the completion of the last visit of the study. Subjects may also be withdrawn from study drug treatment at the discretion of the Investigator or Sponsor for safety, noncompliance, or administrative reasons. The Investigator may also discontinue the subject's study participation at any time at his/her discretion and for any reason.

The reasons for subject withdrawal will be recorded and may include, but are not limited to:

1. Withdrawal of consent/assent by the subject (or parent/legal guardian, as applicable) to continue in the study. If consent is withdrawn, the subject will not receive any further investigational product (IP) or further study observation. Note that the subject may need to undergo additional tests or tapering of treatment to withdraw safely, as applicable.
2. Development of a serious or intolerable AE that necessitates discontinuation at the discretion of the Investigator (the AE section of the CRF/eCRF must be completed; AE includes serious adverse event (SAE) and death.
3. At the discretion of the Investigator, when he/she believes continued participation is not in the best interest of the subject.
4. At the discretion of the Investigator, when the subject does not adhere to the study procedures.
5. A protocol deviation that, in the opinion of the Sponsor and Investigator, warrants discontinuation from the study.

Lifestyle and/or Dietary Restrictions:

As defined in the inclusion and exclusion criteria, subjects are expected to follow lifestyle and dietary requirements.

Investigational product, dose and mode of administration: **Name of Investigational Product 1**: Fixed dose combination of olopatadine hydrochloride [redacted] µg and mometasone furoate [redacted] µg NS **Manufacturing License Name:** GSP 301-[redacted] NS **Dosage Form:** Spray, metered (Nasal Spray) **Dose:** [redacted] in each nostril **Dosage Frequency:** [redacted] **Mode of Administration:** Intranasal
Placebo therapy, dosage and mode of administration: **Name:** GSP 301 Placebo NS **Manufacturing License Name:** GSP 301 Placebo NS **Dosage Form:** Spray, metered (Nasal Spray) **Dosage:** [redacted] in each nostril **Dosage Frequency:** [redacted] **Mode of Administration:** Intranasal
Duration of treatment: Fourteen (14) days.

Criteria for evaluation (see protocol section 13):

Study Endpoint(s)

Primary Endpoint

- Change from baseline in average AM and PM subject-reported 12-hour reflective Total Nasal Symptom Score (rTNSS) over the 14-day treatment period.

Secondary Endpoints:

In order of clinical importance (high to low), the secondary endpoints are as follows:

- Change from baseline in average AM and PM subject-reported 12-hour instantaneous Total Nasal Symptom Score (iTNSS) over the 14-day treatment period.
- Change from baseline in the overall Pediatric Rhinoconjunctivitis Quality of Life Questionnaire (PRQLQ) score on Day 15 (Visit 4) between treatment groups.
- Change from baseline in average AM and PM subject-reported 12-hour reflective Total Ocular Symptom Score (rTOSS) over the 14-day treatment period.

Other Efficacy Endpoints:

Nasal symptoms:

- Change from baseline in AM subject-reported rTNSS over the 14-day treatment period.
- Change from baseline in AM subject-reported iTNSS over the 14-day treatment period.
- Change from baseline in PM subject-reported rTNSS over the 14-day treatment period.
- Change from baseline in PM subject-reported iTNSS over the 14-day treatment period.
- Change from baseline in subject-reported reflective individual nasal symptoms over the 14-day treatment period (AM, PM, and average of AM and PM).
- Change from baseline in subject-reported instantaneous individual nasal symptoms over the 14-day treatment period (AM, PM, and average of AM and PM).
- Change from baseline in average AM and PM subject-reported rTNSS and iTNSS for each day.
- Change from baseline in AM subject-reported rTNSS and iTNSS for each day.
- Change from baseline in PM subject-reported rTNSS and iTNSS for each day.

Ocular symptoms:

- Change from baseline in average AM and PM subject-reported instantaneous Total Ocular Symptom Score (iTOSS) over the 14-day treatment period.
- Change from baseline in AM subject-reported rTOSS over the 14-day treatment period.
- Change from baseline in AM subject-reported iTOSS over the 14-day treatment period.
- Change from baseline in PM subject-reported rTOSS over the 14-day treatment period.
- Change from baseline in PM subject-reported iTOSS over the 14-day treatment period.
- Change from baseline in subject-reported reflective individual ocular symptoms over the 14-day treatment period (AM, PM, and average AM and PM).
- Change from baseline in subject-reported instantaneous individual ocular symptoms over the 14-day treatment period (AM, PM, and average AM and PM).
- Change from baseline in average of the AM and PM subject-reported rTOSS and iTOSS for each day.

- Change from baseline in AM subject-reported rTOSS and iTOSS for each day.
- Change from baseline in PM subject-reported rTOSS and iTOSS for each day.

Non-nasal symptoms will be assessed in a similar manner to the ocular symptoms above.

Physician assessed Nasal Symptom Score (PNSS):

- Change from baseline in PNSS and physician assessed individual nasal symptoms at Day 15 (Visit 4).

Pediatric Rhinoconjuntivitis Quality of Life Questionnaire (PRQLQ):

- Change from baseline in individual domains of the PRQLQ at Day 15.

Safety Endpoints

- AEs and SAEs.
- Vital signs.
- Physical examinations.
- Focused ears, nose, and throat (ENT)/Eye examinations.

Statistical methods:

Analysis Sets:

The Full Analysis Set (FAS) will consist of all subjects who have been randomized and received at least 1 dose of investigational product (IP) and have at least 1 post-baseline primary efficacy assessment. This will be the primary analysis set for efficacy analyses.

The Per Protocol Set (PPS) will consist of the subset of the FAS who do not meet criteria for PPS exclusion.

The Safety Analysis Set (SAS) will consist of all subjects who took at least 1 dose of study medication following randomization and will be used for all safety analyses.

Efficacy Analyses

The primary endpoint, change from baseline in average AM and PM subject-reported 12-hour rTNSS over a 14-day treatment period, will be evaluated using a mixed-effect repeated measures analysis of covariance (ANCOVA) model. The model will adjust for study treatment, site, baseline 12-hour rTNSS (linear, continuous covariate - defined as the average of the last 8 consecutive AM and PM assessments during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization) and study day as the within-subject effect, and site-by-treatment and baseline-by-treatment interactions. An unstructured variance-covariance matrix will be assumed as a start. Least square means of the treatment differences and associated 95% confidence intervals (CIs) and p-values will be presented. The primary analysis will be based on the FAS and a supportive analysis will be based on the PPS.

Analyses of the secondary and other endpoints will be performed using a similar method as described for the primary endpoint. Efficacy within pre-specified subgroups of clinical interest (eg, age, sex, race, and ethnicity) will be examined.

Primary and secondary efficacy endpoints will be analyzed using hierarchical testing in a fixed order. Treatment comparisons will begin with the primary endpoint versus placebo. If the resulting two-sided p-value is less than 0.05, then the next comparison of the secondary endpoint will be made, in the order of clinical importance. This process continues until either all comparisons of interest are made, or until the point at which the resulting two-sided p-value for a comparison of interest is greater than 0.05.

Safety Analyses

Descriptive statistics will be used to summarize AEs, vital signs, physical examination, focused ENT data and a comparison of the incidence rate of AEs between study drug groups will be presented.

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LIST OF TABLES

1. LIST OF ABBREVIATIONS

Table 1: List of Abbreviations

Abbreviation	Definition or Explanation
ADaM	Analysis Data Model
AE	Adverse event
AM	Morning (ante meridian, before noon)
ANCOVA	Analysis of covariance
AR	Allergic rhinitis
[redacted]	[redacted]
CDISC	Clinical Data Interchange Standards Consortium
CI	Confidence Interval
CRF	Case report form
CRO	Contract research organization
CSR	Clinical study report
DV	Discontinuation visit
eCRF	Electronic case report form
ENT	Ears, nose, and throat
FAS	Full Analysis Set
FDA	Food and Drug Administration (of the United States)
FDC	Fixed dose combination
GSP 301 NS	Fixed dose combination of olopatadine hydrochloride and mometasone furoate nasal spray
ICF	Informed consent form
ICH	International Conference on Harmonisation
IEC	Independent Ethics Committee
IP	Investigational Product
IRB	Institutional Review Board
iTNSS	Instantaneous Total Nasal Symptom Score

Abbreviation	Definition or Explanation
iTNNSS	Instantaneous Total Non-Nasal Symptom Score
iTOSS	Instantaneous Total Ocular Symptom Score
IVRS	Interactive Voice Response System
IWRS	Interactive Web Response System
J2R	Jump to Reference
LSM	Least squares mean
µg	microgram
MAR	Missing at random
MedDRA	Medical Dictionary for Regulatory Activities
MMRM	Mixed-effect Model Repeated Measures
MNAR	Missing not at random
NS	Nasal spray
OTC	Over-the-counter
PM	Evening
PNSS	Physician Assessed Nasal Symptom Score
PPS	Per protocol set
PRQLQ	Pediatric Rhinoconjunctivitis Quality of Life Questionnaire
PT	Preferred term
rTNSS	Reflective Total Nasal Symptom Score
rTNNSS	Reflective Total Non-Nasal Symptom Score
rTOSS	Reflective Total Ocular Symptom Score
RV	Randomization visit
SAE	Serious adverse events
SAP	Statistical analysis plan
SAR	Seasonal allergic rhinitis
SAS	Safety analysis set
SD	Standard deviation

SDTM	Study Data Tabulation Model
SOC	System organ class
SPT	Skin Prick Test
SV	Screening visit
TEAE	Treatment-emergent adverse event
TNSS	Total Nasal Symptom Score
TNNSS	Total Non-Nasal Symptom Score
TOSS	Total Ocular Symptom Score
TV	Treatment visit
US	United States
vs	Versus

2. INTRODUCTION

The purpose of this statistical analysis plan (SAP) is to provide details of the planned statistical methodology for the analysis of the study data. The SAP also outlines the statistical programming specifications for the tables, listings and figures to be included in the Clinical Study Report (CSR) for Protocol GSP 301-305.

This SAP describes the study endpoints, derived variables, anticipated data transformations and manipulations, and other details of the analyses not provided in the study protocol. This SAP therefore outlines in detail all other aspects pertaining to the planned analyses and presentations for this study.

The following documents were reviewed in preparation of this SAP:

Clinical Study Protocol (Study No. GSP 301-305)	08-JAN-2018	Version 1.0
Clinical Study Protocol Amendment 1 (Study No. GSP 301-305)	05-APR-2018	Version 2.0
GSP 301-305 Subject Case Report Forms	12-MAR-2018	Version 1.0

This SAP was developed in accordance with ICH E9 guideline. The document may evolve over time, for example, to reflect the requirements of protocol amendments or regulatory requests. However, the final SAP must be finalized, approved by the Sponsor, and placed on file before database is locked. Deviations from the final approved plan will be noted in the clinical study report. Further information can be found in the clinical study protocol.

The protocol states that the primary endpoint will be evaluated using a repeated measures analysis of covariance (ANCOVA) model. The terminology mixed-effect model repeated measures (MMRM) model will be applied throughout the SAP instead of repeated measures ANCOVA for precision.

3. STUDY OBJECTIVES AND ENDPOINTS

3.1. Study Objectives

3.1.1. Primary Objective

To compare the efficacy of GSP 301 NS (administered as [redacted]) with placebo NS over 14 days of study drug in pediatric subjects (aged ≥6 to <12 years) with SAR.

3.1.2. Secondary Objective

To assess the safety and tolerability over 14 days of study drug in pediatric subjects (aged ≥6 to <12 years) with SAR.

3.2. Study Endpoints

3.2.1. Primary Endpoint

- Change from baseline in average AM and PM subject-reported 12-hour reflective Total Nasal Symptom Score (rTNSS) over the 14-day treatment period.

3.2.2. Secondary Endpoints

In order of clinical importance (high to low), the secondary endpoints are as follows:

- Change from baseline in average AM and PM subject-reported 12-hour instantaneous Total Nasal Symptom Score (iTNSS) over the 14-day treatment period.
- Change from baseline in the overall Pediatric Rhinoconjunctivitis Quality of Life Questionnaire (PRQLQ) score on Day 15 (Visit 4) between treatment groups.
- Change from baseline in average AM and PM subject-reported 12-hour reflective Total Ocular Symptom Score (rTOSS) over the 14-day treatment period.

3.2.3. Other Efficacy Endpoints

Nasal symptoms:

- Change from baseline in AM subject-reported rTNSS over the 14-day treatment period.
- Change from baseline in AM subject-reported iTNSS over the 14-day treatment period.
- Change from baseline in PM subject-reported rTNSS over the 14-day treatment period.
- Change from baseline in PM subject-reported iTNSS over the 14-day treatment period.
- Change from baseline in subject-reported reflective individual nasal symptoms over the 14-day treatment period (AM, PM, and average of AM and PM).

- Change from baseline in subject-reported instantaneous individual nasal symptoms over the 14-day treatment period (AM, PM, and average of AM and PM).
- Change from baseline in average AM and PM subject-reported rTNSS and iTNSS for each day.
- Change from baseline in AM subject-reported rTNSS and iTNSS for each day.
- Change from baseline in PM subject-reported rTNSS and iTNSS for each day.

Ocular symptoms:

- Change from baseline in average AM and PM subject-reported instantaneous Total Ocular Symptom Score (iTOSS) over the 14-day treatment period.
- Change from baseline in AM subject-reported rTOSS over the 14-day treatment period.
- Change from baseline in AM subject-reported iTOSS over the 14-day treatment period.
- Change from baseline in PM subject-reported rTOSS over the 14-day treatment period.
- Change from baseline in PM subject-reported iTOSS over the 14-day treatment period.
- Change from baseline in average of the AM and PM subject-reported rTOSS and iTOSS for each day.
- Change from baseline in AM subject-reported rTOSS and iTOSS for each day.
- Change from baseline in PM subject-reported rTOSS and iTOSS for each day.

Please note that the individual ocular symptoms are part of the Non-nasal Symptoms. As such, summary tables will be produced and will be found for each of these individual symptoms only under the Non-nasal Symptoms title (will not repeat under TOSS).

Non-nasal symptoms:

- Change from baseline in average AM and PM subject-reported instantaneous Total Non-Nasal Symptom Score (iTNNSS) over the 14-day treatment period.
- Change from baseline in average AM and PM subject-reported reflective Total Non-Nasal Symptom Score (rTNNSS) over the 14-day treatment period.
- Change from baseline in AM subject-reported rTNNSS over the 14-day treatment period.
- Change from baseline in AM subject-reported iTNNSS over the 14-day treatment period.

- Change from baseline in PM subject-reported rTNNSS over the 14-day treatment period.
- Change from baseline in PM subject-reported iTNNSS over the 14-day treatment period.
- Change from baseline in subject-reported reflective individual non-nasal symptoms over the 14-day treatment period (AM, PM, and average AM and PM).
- Change from baseline in subject-reported instantaneous individual non-nasal symptoms over the 14-day treatment period (AM, PM, and average AM and PM).
- Change from baseline in average of the AM and PM subject-reported rTNNSS and iTNNSS for each day.
- Change from baseline in AM subject-reported rTNNSS and iTNNSS for each day.
- Change from baseline in PM subject-reported rTNNSS and iTNNSS for each day.

Physician assessed Nasal Symptom Score (PNSS):

- Change from baseline in PNSS and physician assessed individual nasal symptoms at Day 15 (Visit 4).

Pediatric Rhinoconjuntivitis Quality of Life Questionnaire (PRQLQ):

- Change from baseline in individual domains of the PRQLQ at Day 15.

3.2.4. Safety Endpoints

- AEs and serious adverse events (SAEs).
- Vital signs.
- Physical examinations.
- Focused ears, nose, and throat (ENT)/Eye examinations.

3.2.5. Appropriateness of Measurements

The change in the rTNSS as a primary endpoint and the treatment duration of 14 days is per the FDA guidance, "Allergic Rhinitis: Developing Drug Products for Treatment – Guidance for Industry (Draft Guidance)"[1], as well as similar previously published studies.

The safety assessments to be performed in this study, including assessment of AEs, vital signs, physical examination are standard evaluations to ensure subject safety.

4. STUDY DESIGN

4.1. Summary of Study Design

This is a randomized, double-blind, parallel-group, placebo-controlled comparative study to evaluate the efficacy and safety of GSP 301 NS administered as [redacted] compared with GSP 301 placebo NS at the same dose and in the same vehicle in subjects with seasonal allergic rhinitis (SAR). Subjects will be enrolled during the spring or fall allergy seasons and will be randomized to treatment in a 1:1 ratio to the following two treatment groups, at multiple study sites:

- GSP 301 NS ([redacted] µg olopatadine hydrochloride/[redacted] µg mometasone furoate administered as [redacted])
- GSP 301 placebo NS

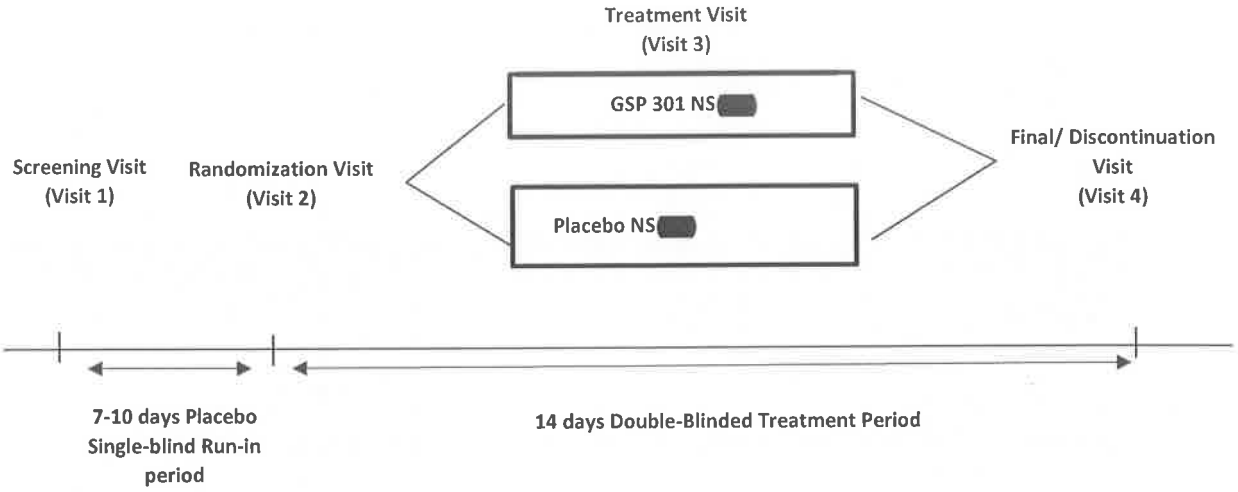
The placebo used in the study are formulated in the same vehicle as GSP 301 NS and all the NS bottles are identical in appearance. Thus, other than the active component of each treatment, there are no other differences in the formulation or the bottle of each treatment.

Pollen counts will be obtained each weekday, and when possible, each weekend day at each investigational site, either by study staff or by a community counting station located within approximately 30 miles of the study site. Three (3) consecutive days of moderate pollen counts will be accepted as the start to that pollen's given allergy season. Pollen counts will be entered as part of the data entry in the CRFs/eCRFs or other methods as provided by the Sponsor or designee.

This study consists of 4 visits to the study site (Figure 1). After the initial Screening Visit (Visit 1), subjects who meet all study selection criteria will undergo a single blind, placebo, run-in period for 7 to 10 days. Following the completion of run-in period, eligible subjects meeting the randomization criteria will be enrolled and randomized to 1 of the 2 treatment groups. Randomized subjects will undergo a 2-week (14-day) treatment period to assess the efficacy and safety of the assigned treatment.

No scheduled post-treatment follow-up visit is planned for this study. However, if the subject is withdrawn because of an AE, the AE will be followed until the medical condition returns to baseline or is considered stable or chronic. If needed, additional unscheduled visits/telephone visits may be conducted at any time during the study to ensure subject safety or to perform other study-related procedures at the discretion of the Investigator or the Sponsor.

Figure 1: Study Design Schematic



4.2. Definition of Study Drugs

Name of Investigational Product: FDC of olopatadine hydrochloride [redacted] µg and mometasone furoate [redacted] µg NS (GSP 301 NS)
License Name: GSP 301 [redacted] NS
Dosage Form: NS
Dosage: [redacted] in each nostril
Dosage Frequency: [redacted] for 14 days
Mode of Administration: Intranasal

Reference Product: GSP 301 placebo NS
License Name: GSP 301 placebo NS
Dosage Form: NS
Dosage: [redacted] in each nostril
Dosage Frequency: [redacted] for 14 days
Mode of Administration: Intranasal

GSP 301 placebo NS is the reference product with pH 3.7 and will be referred to throughout this document as "placebo NS".

The study medication will be dispensed at the study site after adequate training using a placebo NS bottle.

4.3. Sample Size Considerations

4.3.1. Sample Size Justifications

A total sample size of 450 randomized subjects (225 subjects per treatment group) has been selected for this study.

The primary goal of the analysis of the primary endpoint will be to assess the superiority of GSP 301 NS versus (vs) GSP 301 placebo NS.

A sample size of 382 evaluable subjects, allocated 1:1, will provide 90% power to detect a between-group mean difference (GSP 301 NS vs placebo NS) of 1.0 in the absolute change from baseline in average AM and PM subject-reported 12-hour rTNSS over a 14-day treatment period (assuming a two-sided alpha of 5%). A standard deviation of 3.0 in the change from baseline in 12-hour rTNSS over a 14-day treatment period has been assumed. Assuming a drop-out rate of 15%, a total of approximately 450 subjects are planned to be randomized (225 subjects in each treatment group). Depending on the actual drop-out rate, the sponsor may decide to randomize high or lower number of subjects in order to meet the required sample size of 382 evaluable subjects.

4.4. Randomization

Subjects will be assigned to 1 of the 2 treatment groups in a 1:1 ratio based on a computer-generated randomization scheme that will be reviewed and approved by a statistician. The randomization will be performed centrally using IVRS/IWRS. The randomization scheme and treatment allocation for each subject will be included in the final clinical study report (CSR) for this study.

This study is designed as a double-blind study. The blinding will be maintained by packing the active products and placebo in identical bottles and outer cartons. Double-blind kits containing the IP will be supplied to the sites and will be dispensed to subjects using IVRS/IWRS.

4.5. Clinical Assessments

4.5.1. Subject-Reported Nasal and Non-Nasal Symptoms

Nasal Symptoms

The primary efficacy measure in this study is the subject-reported TNSS. The TNSS is defined as the sum of the subject-reported symptom scores for four nasal symptoms: rhinorrhea (runny nose), nasal congestion, nasal itching, and sneezing. The subject will assess and report his/her nasal symptoms twice (in morning [AM assessment] and evening [PM assessment]) on each day of the placebo run-in and double-blind treatment periods prior to administering the study treatment. If a nasal symptom score is missing, then the TNSS will be set to missing.

The subject will be asked to assess both reflective (i.e. an evaluation of symptom severity over the past 12 hours prior to the recording of the score) and instantaneous nasal symptoms (i.e evaluation of the symptom severity just before taking study medication [within 10 minutes]).

Each of the following symptoms will be assessed.

Nasal Symptoms	
1. Nasal Congestion	2. Rhinorrhea
3. Nasal Itching	4. Sneezing

Each of the above symptoms will be rated on a 4-point scale as follows:

	Grade	Description
0	Absent	No Sign/Symptoms evident
1	Mild	Sign/Symptoms clearly present but minimal awareness; easily tolerated
2	Moderate	Definite awareness of sign/symptoms which is bothersome but tolerable
3	Severe	Sign/symptoms is hard to tolerate; causes interference with activities of daily living and or sleeping

Non-Nasal Symptoms

The efficacy measures in this study will also include the subject-reported Total Non-nasal Symptom Score. The Total Non-nasal Symptom Score is defined as the sum of the subject reported non-nasal symptom scores for four non-nasal symptoms: itching/burning eyes, tearing/watering eyes, redness of eyes, and itching of ears or palate. The subject will assess and report his/her non-nasal symptoms twice (in morning [AM assessment] and evening [PM assessment]) on each day of the placebo run-in and treatment periods prior to administering the study treatment. If a non-nasal symptom score is missing, then the total non-nasal symptom score will be set to missing.

The subject will be asked to assess both reflective (i.e., an evaluation of symptom severity over the past 12 hours prior to the recording of the score) and instantaneous (evaluation of the symptom severity just before taking study medication [within 10 minutes]).

Each of the following symptoms will be assessed.

Non-Nasal Symptoms	
1. Itching/ Burning Eyes	2. Tearing/ Watering Eyes
3. Redness of Eyes	4. Itching of Ears or Palate

Each of the above symptoms will be rated on a 4-point scale as follows:

	Grade	Description
0	Absent	No Sign/Symptoms evident
1	Mild	Sign/Symptoms clearly present but minimal awareness; easily tolerated
2	Moderate	Definite awareness of sign/symptoms which is bothersome but tolerable
3	Severe	Sign/symptoms is hard to tolerate; causes interference with activities of daily living and or sleeping

The Total Ocular Symptom Score (TOSS) will be calculated using the 3 eye-related non-nasal symptoms - itching/burning eyes, tearing/watering eyes, and redness of eyes. If an eye-related non-nasal symptom score is missing, then the TOSS will be set to missing.

4.5.2. Pediatric Rhinoconjunctivitis Quality-Of-Life Questionnaire (PRQLQ)

The PRQLQ used in this study is a validated, disease-specific, quality-of-life questionnaire developed to measure the physical, emotional, and social impairments that are experienced by children (age ≥6 to <12 years) with rhinoconjunctivitis.[3] The PRQLQ has 23 questions in 5

domains (nose symptoms, eye symptoms, practical problems, activity limitation and other symptoms). Subjects will be asked to recall their experiences during the previous week and to give their responses on a 7-point scale.

PRQLQ scores will be summarized by domains. A domain average score is calculated as the sum of the scores in that domain divided by the number of items in that domain; all items in the domain must be valid in order to calculate the corresponding average score. A domain average score will be set to missing if there is a missing item score in that domain.

The overall average PRQLQ score is calculated as the sum of the scores in all domains divided by the total number of items in the five domains; all items in the 5 domains must be valid in order to calculate the corresponding overall average score. If a domain score is missing, then the overall average PRQLQ score will be set to missing.

4.5.3. Physician Assessed Nasal Symptom Score (PNSS)

The Physician-Assessed Total Nasal Symptom Score (PNSS) will be derived from the intensity of the following nasal symptoms associated with AR - rhinorrhea (runny nose), nasal congestion, nasal itching, and sneezing.[4] Physicians will assess severity of the above symptoms for subject-reported nasal symptoms. The severity grading is a 4-point scale similar to other assessments (0-absent, 1-mild, 2-moderate, 3-severe). The PNSS will be based on questioning of the subjects (overall feeling since last visit) and on the ENT examination and other observations by the physician. If a nasal symptom is missing, then the PNSS will be set to missing.

5. PLANNED ANALYSES

5.1. Interim Analyses

There is no interim analysis planned in this study.

5.2. Final Analyses

All planned analyses will be carried out once the clinical database lock (DBL) has taken place. Once this has been achieved, unblinding will occur and the analyses will be performed.

6. GENERAL CONSIDERATIONS FOR DATA ANALYSES AND HANDLING

6.1. General Summary Table and Individual Subject Data Listing Considerations

In general, listings will be sorted and presented by treatment and subject number. Subject number when broken down consists of the Site Number and Subject Number. Randomization number will be included in listing of demographic data. Study visits will be labeled as Screening, Baseline, Day 8 and Day 15.

The following treatment labels will be used for all tables, figures and listings in the order below:

Placebo NS
GSP 301 NS

6.2. General Post Text Summary Table and Individual Subject Data Listing Format Considerations

Tables, Listings and Figures are numbered following the ICH structure. No gaps are to be in the table, figure and listing output numbering (e.g. 14.1.1, 14.1.2, 14.1.3). Table headers, variables names and footnotes will be modified as needed following data analyses. Additional Tables, Listings and Figures will be generated, as needed, following the data analysis (post-hoc).

6.3. Data Management

Data from the study will be managed by the Sponsor's Clinical Research Operations group or designee. A copy of the study results will be made available to the Clinical Investigator for review.

All data will be directly recorded on the CRFs/eCRFs. The Investigator will allow representatives of the Sponsor, regulatory agencies, and their designees to inspect all study documents (including, but not limited to, consent forms, IP accountability forms, IRB/IEC approvals) and pertinent hospital or clinic records for confirmation of data throughout and after completion of the study. Monitoring visits will be conducted as needed during the course of the study. A complete review of source documentation of key efficacy and safety data will be conducted at each monitoring visit for verification that all information recorded in the CRF/eCRF accurately reflects the data recorded in the subject's source documents.

All data verification, using hospital or clinic records, will be performed respecting subject confidentiality and will be carried out in accordance with SOPs.

All subject data generated during the study will be recorded and transcribed into a database. The Principal Investigator must approve the CRF/eCRF to confirm eligibility. The final authorization of the CRF/eCRF data is the Investigator Signature Form. This form must be approved by the Principal Investigator to signify that he/she has reviewed the CRF/eCRF, including all laboratory and safety assessments, and that all of the data therein is complete and accurate.

The data will be reviewed to ensure that the forms were completed properly.

Datasets will be prepared using headings from Clinical Data Interchange Consortium (CDISC) Study Data Tabulation Model (SDTM) implementation for human clinical trials and ADaM (Analysis Dataset Model).

All descriptive and inferential statistical analyses will be performed using SAS® statistical software Version 9.4, unless otherwise noted.

6.4. Data Presentation Conventions

Few important highlights as well as other important specifications are included here:

- The following conventions are applied to all data presentations and summaries:
  - ***Descriptive statistics***

    Minimum, Maximum: the same number of decimal places as the raw data

    Arithmetic mean, Standard Deviation (SD), Median: 1 more decimal place than the raw data.

    Descriptive statistics will be presented aligned by decimal point.
  - ***Categorical Variables***

    The number and percentage of the responses are presented in the form xxx (xx.x)

    Percentages: 1 decimal place

    No display of percentage in case that number of subject is zero unless otherwise stated
  - ***P-values***

    3 decimal places

    If the p-value is less than 0.001 then it will be presented as <0.001. If the rounded result is a value of 1.000, it will be displayed as >0.999
  - ***Confidence Interval (CI) limits***

    The same decimal places as the estimate (in the case of mean, 1 more decimal place than the raw data, and in the case of percentage, 1 decimal place)
- A table, figure, listing is to be generated for any required item where no data is available or reported. This will ensure to the health authorities that the tables, figures, listings and narratives are accounted for.
  - Generate a table or listing which states "No Data Available" or "No Data Reported"
  - Print a one-line message indicating there was no report data available: "NO DATA AVAILABLE FOR THIS REPORT"

6.5. Analysis Populations

6.5.1. Run-In Set

The Run-In Analysis Set will consist of subjects enrolled in placebo run-in period (between the subjects signing informed consent and administration of the first dose of the randomized study medication) and will be used for presenting run-in period AEs, concomitant medication and protocol deviations.

6.5.2. Full Analysis Set (FAS)

The FAS will consist of all subjects who are randomized and received at least one dose of investigational product and have at least one post-baseline primary efficacy assessment. If a subject is randomized in the study more than one time, it will be decided at the Blind Data Review Meeting (BDRM) on a case by case basis if the subject should be included in FAS. Full analysis set will be the primary analysis set for efficacy analyses.

6.5.3. Per Protocol Set (PPS)

The PPS will consist of the subset of the FAS who do not meet criteria for PPS exclusion. These criteria are to capture relevant non-adherence to the protocol (defined as a 'major deviation', especially those that affect interpretation of the primary endpoint). The PPS will be a secondary analysis set for the primary and secondary efficacy endpoints, except for PRQLQ which will be performed only on FAS. The PPS will be used to assess the robustness of the results from the statistical tests based on the FAS.

Major deviations will lead to the exclusion of a subject from the PPS. Major protocol deviations will be identified during the Blinded Data Review Meeting (BDRM) before database lock. Major protocol deviations *may* include:

- Subjects who had their blinded randomization code broken.
- Subjects with overall treatment compliance <75% or >125%.
- Subjects who used prohibited medications (prior and/or concomitant) that may have significant influence on efficacy.
- Subjects who did not satisfy the inclusion/exclusion that may have significant influence on efficacy.
- Subjects not treated with the treatment assigned at randomization, but wrongly treated in another treatment group.

6.5.4. Safety Analysis Set (SAS)

The Safety Analysis Set (SAS) will consist of all subjects who are randomized and receive at least one dose of study medication following randomization and will be used for all safety analyses.

6.6. Baseline Definition

Unless otherwise specified, the following general principles apply for determining the baseline for daily diary variables and for variables collected during scheduled visits:

Primary endpoint parameter rTNSS

The baseline will be defined as the average of the last 8 consecutive AM and PM assessments during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization. At least 6 out of 8 reading scores should be available in order to calculate baseline score.

Secondary and other 12-hour average AM and PM endpoint parameters

The same method will be used to determine the baseline for secondary and other 12-hour average AM and PM efficacy endpoint parameters:

- average AM and PM rTNSS, iTNSS, and corresponding AM and PM individual symptoms
- average AM and PM rTOSS; average AM and PM iTOSS
- average AM and PM rTNNSS, average AM and PM iTNNSS and corresponding individual symptoms

Other endpoints for AM or PM nasal/non-nasal symptoms

The baseline score will be defined as the average of the last 4 consecutive AM or PM assessments (respectively for either AM or PM corresponding endpoint) during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization. At least 3 out of 4 reading scores should be available in order to calculate baseline score.

Safety endpoints

Unless otherwise specified, 'baseline' for safety analysis will be defined as the last available assessment prior to the first dose of study drug following randomization.

PRQLQ and PNSS

Baseline is defined as the score at the Randomization Visit (Day 1; Visit 2).

6.7. Derived and Transformed Data

6.7.1. Baseline Age

Age is the subject's age in years calculated based on the informed consent date and subject's date of birth.

If the month and day of informed consent is on or after the month and day of birth:

Age = year of informed consent – year of birth

If the month and day of informed consent is before the month and day of birth:

Age = year of informed consent – year of birth – 1

6.7.2. Study Day

If the date of interest occurs on or after the randomization date:

Study day = date of interest – randomization date + 1

If the date of interest occurs before the randomization date:

Study day = date of interest – randomization date

There is no study day 0.

6.7.3. Change from Baseline

Change from baseline in average AM and PM 12-hour rTNSS over a 14-day treatment period

- For mixed-effect model repeated measures (MMRM) model, this will be derived by calculating a mean score for each subject, based on the post-dose PM of the dosing day and AM assessment of next day for each day (ie Day 1 measurement = Average of the PM assessment on Day 1 and AM assessment of Day 2 and so on).
- For Analysis of Covariance (ANCOVA) model, the overall mean change from baseline over the 14 day period includes assessment from Day 1 PM assessment through Day 15 in the morning.

The same derivation method will be applied to endpoint change from baseline in average AM and PM 12-hour for iTNSS, rTOSS, iTOSS, rTNNSS, iTNNSS, individual reflective/ instantaneous nasal/non-nasal symptom scores.

For all other endpoints, change from baseline is calculated as the difference between the post-baseline result and the baseline result.

Percent change is calculated as (change from baseline / baseline result * 100).

6.7.4. Visit Windows

Subject participation may be 22 days up to 27 days with 7 to 10 days of a screening/run-in period and a 14-day treatment period, with allowable window periods for the study visits. The following visit windows are permitted: ±2 days for the Treatment Visit (Visit 3) and +2 days for the Final Visit/Discontinuation Visit (Visit 4). However, only data up to Day 15 AM is to be included in the efficacy analysis of subject-reported nasal and non-nasal symptoms.

Table 2: Visit Windows (Days)

Visit	Relative Target Day	Visit Window
Visit 1 (Screening)	-7	-10 – -7
Visit 2 (Randomization)	1	1
Visit 3 (Treatment)	8	6 – 10
Visit 4 (Final/Discontinuation)	15	15 – 17

6.7.5. Unscheduled Visits

An unscheduled visit (or telephone follow-up) may be performed at any time during the study at the subject's request or as deemed necessary by the Investigator. The date and reason for the unscheduled visit will be recorded on the CRF/eCRF as well as any other data obtained (eg, AEs, concomitant medications/treatments, and results from procedures or tests).

Data collected at unscheduled visits will be included in the listings, but not in the summary tables.

6.8. Handling of Missing Data

6.8.1. Missing Efficacy Endpoints

- Change from baseline in average AM and PM 12-hour rTNSS over a 14-day treatment period: For mixed-effect model repeated measures (MMRM) model if an AM or PM measurement is missing then the non-missing AM or PM measurement is used as the mean response for that day. If both the AM and PM measurement is missing then the mean response for that day will be missing.

  The same methodology will be applied to endpoints of change from baseline in average AM and PM 12-hour iTNSS, rTOSS, iTOSS, rTNNSS, iTNNSS, individual reflective/ instantaneous nasal/non-nasal symptom scores.

- If either the baseline or the post-baseline result is missing, the change from baseline and percent change are also set to missing.

6.8.2. Missing Start and Stop Dates for Prior and Concomitant Medication

- See section 9.4.

6.8.3. Missing Start and Stop Dates for Adverse Events

- See section 9.2.

7. STUDY POPULATION

The study population analyses will be based on the safety analysis set, unless otherwise specified. Table 3 provides an overview of the planned study population analyses.

Table 3: Overview of Planned Study Population Analyses

Display Type	Data Displays Generated		
	Table	Figure	Listing
Subject disposition			
Total screened	Y[1]		
Treated with study medication during run-in period	Y[1]		
Randomized	Y[2]		
Study completion/withdrawal	Y[2]		Y
Reason for early termination	Y[2]		Y
Protocol Deviations			
Protocol deviations during randomized treatment period	Y[2]		Y
Protocol deviations during run-in period	Y[2]		Y
Protocol deviations during pre-run-in period	Y[1]		Y
Major protocol deviations	Y[2]		Y[4]
Subjects included in /excluded from analysis populations			
Summary of subjects in analysis population	Y[2]		
Subjects excluded from each analysis populations			Y
Subjects who withdrew due to inclusion/exclusion criteria with criteria number and description			Y
Demographic and Baseline Characteristics			
Demographic Characteristics	Y[3]		Y
Skin Prick Test/Allergy Testing			Y
Medical History			Y
Exposure and Treatment and Diary Compliance			
Exposure during randomized treatment period	Y[2]		Y
Treatment Compliance during randomized treatment period	Y[2]		Y
Diary Compliance			Y
Concomitant Medications			
Prior Medications			Y
Concomitant Medications during randomized treatment period			Y
Concomitant Medications during run-in period			Y
Pollen Count and Rain Data			
Pollen and rain count listing by site			Y

NOTES :

- Y = Yes display generated
- [1]: Data from clinic or database
- [2]: Display will be based on the SAS

Display Type	Data Displays Generated		
	Table	Figure	Listing

- [3]: Display will be based on the SAS population and repeated for the FAS and PPS populations
- [4]: Major protocol deviations will be included in the listings of all protocol deviations.

7.1. Subjects Disposition

The subject accountability and disposition information will be summarized by study treatment group. The number of subjects screened, treated with study medication during the run-in period, randomized, treated with study medication following randomization, and the number of subjects in each analysis set will be tabulated. In addition, completion status and primary reason for withdrawal will be summarized by study treatment group.

7.2. Protocol Deviations

Important protocol deviations (PDs) will be listed and summarized by study treatment group, separately for pre-run-in, run-in and randomized treatment periods. Major deviations will lead to patients being excluded from the per-protocol analysis set as defined in Section 6.5.3. Major protocol deviations will be listed and discussed in the CSR.

7.3. Demographic and Baseline Characteristics

Subject demographic information will be collected at the Screening Visit (Visit 1). Demographic information includes age sex, race/ethnicity, will be summarized by treatment group separately for the SAS, FAS, and PPS analysis set. Other baseline characteristics including allergen test will be displayed in listing.

Continuous variables such as age will be summarized using descriptive statistics (number of subjects, mean, standard deviation, median, minimum and maximum). Categorical variables such as sex and race will be summarized using frequencies and percentage.

All data will be listed by treatment and subject.

7.4. Listing of Subject Inclusion and Exclusion Criteria

All patients who failed any inclusion/exclusion criteria will be listed along with details of the failed criteria.

Failed inclusion/exclusion data will be listed by treatment and subject.

7.5. Medical History and Medical Conditions Present at Entry

All relevant medical and surgical history and current medical conditions will be recorded at the Screening Visit (Visit 1).

Medical history data will be listed by treatment and subject.

7.6. Prior Medication History and Medications Present at Entry

At Visit 1 subjects will be questioned about prior medication history and medications present at entry. Prior medications are defined as medications that started and ended before the first administration of the study medication.

All prior medications taken will be listed by treatment and subject.

7.7. Baseline Physical Examination

Physical examinations (comprehensive) will be performed at the Screening Visit (Visit 1).

Descriptive statistics (frequency and percentage) will be used to summarize physical examination results by body system, treatment group and visit. In addition, the number of subjects with values of potential clinical significance determined by the investigator will be tabulated.

All physical examination data will be listed by treatment and subject.

7.8. Baseline Vital Signs

The subject's baseline vital signs will be recorded (pulse rates, sitting systolic and diastolic blood pressure, height and weight) at Randomization Visit (Visit 2). Descriptive statistics (number of subjects, mean, standard deviation, median, minimum and maximum) will be used to summarize vital sign results by treatment group and visit.

Values outside the respective normal range and values deemed as clinically significant by the Investigator will be listed.

The number of subjects with values of potential clinical significance determined by the investigator will be tabulated by treatment group and visit.

7.9. Baseline Focused ENT/Eye examination

The subject's baseline focused ENT/Eye examinations will be performed at Randomization Visit (Visit 2). Descriptive statistics (frequency and percentage) will be used to summarize ENT/Eye examination results by treatment. In addition, the number of subjects with values of potential clinical significance determined by the investigator will be tabulated.

All ENT/Eye examination data will be listed by treatment and subject.

7.10. Baseline Efficacy Evaluations

Descriptive statistics (number of subjects, mean, standard deviation, median, minimum and maximum) will be summarized by treatment group for the following:

- Baseline average (AM/PM), AM and PM subject-reported rTNSS, iTNSS, rTOSS, iTOSS, rTNNSS and iTNNSS.

- Baseline average (AM/PM), AM and PM reflective individual nasal symptoms, instantaneous individual nasal symptoms, reflective individual non-nasal symptoms and instantaneous individual non-nasal symptoms.
- PRQLQ, PNSS.
- Individual PRQLQ scores and individual PNSS symptom scores.

8. EFFICACY

The primary efficacy analysis of the primary efficacy endpoint will be performed on both the FAS (primary) and the PPS (supportive).

Table 4: Overview of Efficacy Analysis of the Primary Endpoint

	Stats Analysis		Summary		Individual
	T	F	T	F	L
Primary Endpoint: Change from Baseline in Average AM and PM 12-hour rTNSS over a 14-day Treatment Period					
Primary analysis method: (MMRM Approach)					
rTNSS – MMRM– FAS	Y	Y	Y		Y
rTNSS – MMRM – PPS	Y	Y	Y		Y

NOTES :

- T = Table, F = Figure, L = Listing, Y = Yes display generated.
- Stats Analysis = Represents TF related to any formal statistical analyses (i.e. modeling) conducted.
- Summary = Represents TF related to summaries (i.e. descriptive statistics) of the baseline, post-treatment and change from baseline for the primary efficacy analyses method.
- Individual = Represents L related to any displays of individual subject observed raw data as well as post-baseline and change from baseline presented on the SAS dataset.

8.1. General Considerations

All tests will be 2-sided and at 5% level of significance unless otherwise stated.

In addition to the analyses described below, all variables will be summarized descriptively, as appropriate.

The primary goal of the analysis of the primary endpoint will be to assess the superiority of GSP 301 NS vs placebo NS treatment comparisons for the primary endpoint rTNSS.

The primary analysis will use the FAS and a supportive analysis will be based on the PPS. The interpretation of results from statistical tests will be based on the FAS. The PPS will be used to assess the robustness of the results from the statistical tests based on the FAS.

Unless otherwise stated, 'treatment' refers to treatment group as randomized, rather than based on the actual treatment received.

8.2. Statement of the Null and Alternate Hypotheses

The primary endpoint is the change from baseline in average AM and PM subject-reported 12-hour rTNSS over the 14-day treatment period.

A significance test will be made for the primary endpoint in order to assess for superiority of GSP 301 NS versus placebo NS. Demonstration of superiority for this treatment comparison will be based on a hypothesis testing approach, whereby the null hypothesis is that there is no difference between treatment groups and the alternative hypothesis is that there is a difference between the treatment groups.

A 2-sided 5% risk associated with incorrectly rejecting the null hypothesis (significance level) is considered acceptable for this study.

8.3. Subgroup Analyses

The following subgroups of clinical interest will also be summarized for the FAS only, by treatment group and by day, for rTNSS: age group (6-<9, 9-<12), gender (female/male), race (American Indian or Alaska Native, Asian, Black/African American, Other and White) and ethnicity (Hispanic or Latino and Not Hispanic or Latino). iTNSS, rTOSS and PRQLQ will be analyzed only for the age subgroups (6-<9, 9-<12).

Descriptive statistics (number of subjects, mean, standard deviation, median, minimum and maximum) will be provided for baseline, post treatment and change from baseline.

Also, the MMRM analysis of rTNSS will be repeated for each of the age subgroups (6-<9, 9-<12).

Further subgroup analyses might be performed on an ad-hoc basis if deemed necessary.

8.4. Multiple Comparisons and Multiplicity

Treatment comparisons will begin with the primary endpoint. If the resulting two-sided p-value is less than 0.05, then the next comparison of the secondary endpoint will be made, in the order of clinical importance, as outlined below.

- Change from baseline in average AM and PM subject-reported 12-hour instantaneous Total Nasal Symptom Score (iTNSS) over the 14-day treatment period.
- Change from baseline in the overall Pediatric Rhinoconjunctivitis Quality of Life Questionnaire (PRQLQ) score on Day 15 (Visit 4) between treatment groups.
- Change from baseline in average AM and PM subject-reported 12-hour reflective Total Ocular Symptom Score (rTOSS) over the 14-day treatment period.

The testing procedure will continue until either all comparisons of interest are made, or until the point at which the resulting two-sided p-value is greater than 0.05. Once one of the tests is not significant, the testing will no longer be performed for the remainder of the endpoints.

Note: p-values for all treatment comparisons will still be displayed in the outputs of interest. The hierarchical testing will be applied when interpreting the analysis in the CSR.

No multiplicity adjustments will be made.

8.5. Analysis of the Primary Efficacy Endpoint

8.5.1. Primary Efficacy Analysis

The primary endpoint, change from baseline in average AM and PM subject-reported 12-hour rTNSS over a 14-day treatment period, will be evaluated using a mixed-effect repeated measures (MMRM) model. The model will adjust for study treatment, site, baseline 12-hour rTNSS and study day as the within-subject effect, with the assumption that any missing data is missing at random (MAR).

The interactions of site-by-treatment and baseline-by-treatment will be investigated separately using two independent models and will only be included in the final model if they are statistically significant at the alpha=5% level. In order to determine the interaction/s to be included in the final model, the following model-fitting process will be followed:

1. The main-effects model containing study treatment, site, baseline 12-hour rTNSS and study day will be fitted first:
    a. Unstructured covariance will initially be assumed.
    b. If the model does not converge using the unstructured covariance structure, the autoregressive (order 1) AR(1) structure will be used.
    c. If the AR(1) structure also does not converge, other covariance structures deemed appropriate to fit the data will be used.
2. Two independent models will be fitted using the covariance structure of the model that converged in step 1: one model containing the site-by-treatment interaction and the other model containing the baseline-by-treatment interaction. If the interaction term is significant, it will be included in the final model. If convergence is not obtained after adding both of the interaction terms (if both are significant), the more significant interaction term will be kept in the model. Any interaction term that make model not converge will not be added to the final model.

The statements of a SAS® PROC MIXED analysis would be (if the interactions of treatment*baseline and treatment*site are not statistically significant):

```
PROC MIXED;
CLASS subject treatment site day;
MODEL change = treatment site baseline day;
REPEATED day / SUBJECT = subject TYPE=UN;
LSMEANS treatment / CL DIFF E ;
ODS OUTPUT LSMEANS=lsmeans ;
ODS OUTPUT DIFFS=diffs ;
RUN ;
QUIT ;
```

The adjusted means for each treatment and the estimated treatment differences for the treatment comparisons will be presented together with 95% confidence intervals for the differences and p-

values for the treatment comparisons. The adjusted means and estimated treatment differences for the treatment comparisons will also be plotted, with corresponding 95% confidence intervals.

Descriptive statistics (number of subjects, mean, standard deviation, median, minimum and maximum) will be provided for baseline, post treatment and change from baseline by treatment group and day.

8.6. Analysis of the Secondary Efficacy Endpoints

The secondary endpoints will be analyzed in the following order of importance (high to low):

- Change from baseline in average AM and PM subject-reported 12-hour instantaneous Total Nasal Symptom Score (iTNSS) over the 14-day treatment period.
- Change from baseline in the overall Pediatric Rhinoconjunctivitis Quality of Life Questionnaire (PRQLQ) score on Day 15 (Visit 4) between treatment groups.
- Change from baseline in average AM and PM subject-reported 12-hour reflective Total Ocular Symptom Score (rTOSS) over the 14-day treatment period.

Table 5 provides an overview of the planned secondary efficacy analyses.

Table 5: Overview of Planned Secondary Efficacy

	Stats Analysis		Summary		Individual
	T	F	T	F	L
Change from Baseline in Average AM and PM 12-hour iTNSS over a 14-day Treatment Period (MMRM Approach)					
iTNSS – MMRM – FAS	Y	Y	Y		Y
iTNSS – MMRM – PPS	Y	Y	Y		
Change from Baseline in PRQLQ on Day 15 (ANCOVA model)					
PRQLQ – ANCOVA – FAS	Y	Y	Y		Y
Change from Baseline in Average AM and PM 12-hour rTOSS over a 14-day Treatment Period (MMRM Approach)					
rTOSS – MMRM - FAS	Y	Y	Y		Y
rTOSS – MMRM - PPS	Y	Y	Y		

NOTES :

- T = Table, F = Figure, L = Listing, Y = Yes display generated.
- Stats Analysis = Represents TF related to any formal statistical analyses (i.e. modeling) conducted.
- Summary = Represents TF related to summaries (i.e. descriptive statistics) of the baseline, post-treatment and change from baseline for the primary efficacy analyses method.

- Individual = Represents L related to any displays of individual subject observed raw data as well as post-baseline and change from baseline presented on the SAS dataset.

8.6.1. Analysis of Change from Baseline in iTNSS and rTOSS

The analysis of change from baseline in iTNSS and rTOSS will use both the FAS (primary) and the PPS (supportive).

Similar to the primary analysis for the primary endpoint in section 8.5.1 above, the secondary endpoints (iTNSS and rTOSS) will be evaluated using a MMRM model, adjusting for covariates that include treatment, site, baseline and study day as the within-subject effect. The interactions of site-by-treatment and baseline-by-treatment will be investigated separately in the model and will only be included in final model if they are statistically significant at the alpha=5% level. An unstructured (UN) covariance will be assumed. If the model does not converge using the unstructured covariance structure, the autoregressive (order 1) AR(1) structure will be used. If this also does not converge other covariance structures deemed appropriate to fit the data will be used. The SAS® code will be similar to the primary endpoint.

The adjusted means for each treatment and the estimated treatment differences for the treatment comparisons will be presented together with 95% confidence intervals for the differences and p-values for the treatment comparisons. The adjusted means and estimated treatment differences for the treatment comparisons will also be plotted, with corresponding 95% confidence intervals.

Descriptive statistics (number of subjects, mean, standard deviation, median, minimum and maximum) will be provided for baseline, post treatment and change from baseline by treatment group and day.

8.6.2. Analysis of Change from Baseline in the Overall PRQLQ on Day 15

The change from baseline in the overall PRQLQ at Day 15 (Visit 4) will be analyzed for the FAS using an ANCOVA model adjusting for study treatment, site, and baseline PRQLQ (linear, continuous covariate). The interactions of site-by-treatment and baseline PRQLQ-by-treatment group will be investigated separately in the ANCOVA model and will only be included in the final model if they are statistically significant at the alpha=5% level. Baseline is defined as the PRQLQ score at Day 1 (Visit 2). For subjects who withdrew early from the study the PRQLQ score at their discontinuation visit will be used, regardless of what actual study day this visit occurred on.

The statements of a SAS® PROC MIXED analysis would be:

```
proc mixed;
class treatment site;
model change = treatment site baseline;
lsmeans treatment / cl diff;
ods output lsmeans=lsmeans;
ods output diffs=diffs ;
run; quit;
```

The adjusted means for each treatment and the estimated treatment differences for the treatment comparisons will be presented together with 95% confidence intervals for the differences and p-values for the treatment comparisons. The adjusted means and estimated treatment differences for the treatment comparisons will also be plotted, with corresponding 95% confidence intervals.

Descriptive statistics (number of subjects, mean, standard deviation, median, minimum and maximum) will be provided for baseline, post treatment and change from baseline by treatment group.

8.7. Efficacy Analyses of Other Endpoints of Interest

The analysis on endpoints including nasal symptoms, non-nasal symptoms, individual domains of PRQLQ and PNSS will be based on the FAS. Outputs based on the PPS will be produced only on an as needed basis for these endpoints, depending on the results from the primary and secondary endpoints.

Similar methods as described for the primary endpoint above will be applied, for the other endpoints nasal symptoms, ocular symptoms and non-nasal symptoms as listed in Section 3.2.3. Similar to the primary analysis for the primary endpoint in section 8.5.1 above, these other endpoints (nasal symptoms, non-nasal symptoms and ocular symptoms) will be evaluated using a MMRM model, adjusting for covariates treatment, site, baseline and study day as the within-subject effect. The interaction term day-by-treatment will also be included in the MMRM model for the by-day analysis for rTNSS and iTNSS. The individual symptom analysis will be conducted by including a 'by individual symptom' statement to the proc mixed model. An unstructured (UN) covariance will be assumed. If the model does not converge using the UN covariance structure, the autoregressive-order 1 (AR(1)) structure will be used. If this also does not converge other covariance structures deemed appropriate to fit the data will be used. The SAS® code will be similar to the primary endpoint. If there is no convergence for the MMRM model with day-by-treatment term, ANCOVA model will be used to present the by-day estimates for rTNSS and iTNSS.

Similar to the analysis for the secondary endpoint in Section 8.6.2 above, the other endpoints overall PNSS and individual domains PNSS, PRQLQ will be evaluated using an analysis of covariance (ANCOVA) model adjusting for covariates that include treatment, site and baseline. The individual domain analysis will be conducted by including a 'by individual domain' statement to the proc mixed model.

The adjusted means for each treatment and the estimated treatment differences for the treatment comparisons will be presented together with 95% confidence intervals for the differences and p-values for the treatment comparisons. For some of the endpoints the adjusted means and estimated treatment differences for the treatment comparisons will also be plotted, with corresponding 95% confidence intervals. For the by-day analysis, the above will be presented for each day. For the individual symptom/domain analysis, the above will be presented for each symptom/domain.

Descriptive statistics (number of subjects, mean, standard deviation, median, minimum and maximum) will be provided for baseline, post treatment and change from baseline by treatment group (and by day for certain endpoints) for each endpoint detailed above.

8.8. Summary of Reasons for Efficacy Non-Evaluability/Exclusion from Efficacy Analyses

The reasons for excluding subjects from the PPS will be listed by treatment and subject.

9. SAFETY AND TOLERABILITY

9.1. Overall Summary of Tolerability

The safety analyses will be based on the SAS, unless otherwise specified. If a subject is randomized in the study more than one time, it will be decided at the Blind Data Review Meeting (BDRM) or after unblinding, on a case by case basis if the subject is counted in the numerator of any specific safety analysis.

Table 6 provides an overview of the planned analyses.

Table 6: Overview of Planned Safety Analyses

Display Type	Data Displays Generated		
	Table	Figure	Listing
Adverse Events			
Overview	Y[2]		
Treatment Emergent AEs	Y[1][2]		Y
Treatment Emergent AEs Severity	Y[2]		Y
Treatment-Related Emergent AEs	Y[2]		Y
Placebo Run-In Period AEs	Y[2]		Y
Pre-run-in period AEs			Y
AEs Leading to Withdrawal			Y
SAEs	Y[2]		Y
Treatment Emergent SAEs	Y[2]		Y
Treatment Emergent SAEs Severity	Y[2]		Y
Treatment-Related Emergent SAEs	Y[2]		
Laboratory			
Pregnancy Test Results			Y
Other			
Vital Signs	Y[3] [2]		Y
Physical Examination	Y[4] [2]		Y
Focused ENT Examination	Y[5] [2]		Y

NOTES :

- Y = Yes display generated.
- [1]: Display will also be produced by SOC, severity, and by relationship to study medication
- [2]: Display will be based on safety analysis set
- [3]: Display will be produced separately for overall summary (inc. change from baseline), for potentially clinically significant results, and shift tables
- [4]: Display will be produced separately for overall summary
- [5]: Display will be produced separately for overall summary and for potentially clinically significant results

9.2. Adverse Event Preferred Term and Body/Organ System Summary Tables

9.2.1. Summaries of Adverse Event Incidence Rates for All Subjects

Adverse events will be coded using Medical Dictionary for Regulatory Activities (MedDRA) version 21.0.

All AEs will be displayed in listings.

Any AE that occurs during the placebo run-in period will be summarized separately from the AEs occurring during the randomized treatment period. Any AE that occurs pre-run-in (between the subjects signing informed consent and administration of the first dose of the run-in study medication) will be listed. Adverse events occurring after the first dose of the randomized study medication will be defined as treatment-emergent adverse events (TEAEs).

A comparison of the incidence rate of AEs between study treatment groups will be presented overall, occurring in greater or equal to 1%, 2%, 3%, as well as AEs occurring in the study treatment arm in higher frequency than in placebo arm. Incidence rate is determined by the number of subjects with AEs divided by the total duration (day) of treatment across all subjects in given treatment group, multiplied by 100.

Summaries of the number of subjects with TEAEs and the number of TEAEs experienced will be presented by treatment. The number of subjects and the number of TEAEs will be presented using frequency counts and percentages, overall and by system organ class (SOC) and preferred term (PT). The percentages will be calculated as the number of subjects with TEAEs divided by the number of subjects in each treatment in the safety analysis set. Tables of the number and percentage of subjects and the number of TEAEs by intensity and by relationship to study medication will also be presented. If severity of an event is missing, then set AE severity as "Severe". If relationship to study treatment is missing, then set relationship as "Related". Similar tables will be created for treatment related emergent AEs (TREAEs). Events will be assigned to the study treatment administered prior to the start of the TEAE. Events that occurred during discharge and final follow-up will be assigned to the study treatment administered prior to the start of the event.

9.2.2. Missing and Partial AE Dates

Due diligence will be done to obtain accurate AE information. If all planned methods to obtain accurate AE information have failed, missing and partial AE onset and end dates will be imputed. Imputed dates will be flagged in the individual supportive subject listings. Unless otherwise specified, the following conventions will be used:

Missing and Partial AE onset dates

- If onset date is completely missing, then onset date is set to date of first dose
- If onset year is present and
    - month and day are missing:
        - If onset year = year of first dose, then set onset date to date of first dose

- If onset year < year of first dose, then set onset month and day to December 31st.
- If onset year > year of first dose, then set onset month and day to January 1st

- month is missing:
  - If onset year = year of first dose, then set onset date to date of first dose
  - If onset year < year of first dose, then set onset month to December
  - If onset year > year of first dose, then set onset month to January

- If onset month and year are present and day is missing:
  - If onset year = year of first dose and
    - onset month = month of first dose then set onset date to date of first dose
    - onset month < month of first dose then set onset date to last day of month
    - onset month > month of first dose then set onset date to 1st day of month
  - If onset year < year of first dose then set onset date to last day of month
  - If onset year > year of first dose then set onset date to 1st day of month
- For all other cases, set onset date to date of first dose

Missing and Partial AE end dates

- If end date is completely missing, end date is not imputed and the AE is flagged as "ongoing"
- If year is present and
  - month and day are missing
    - If year = year of last dose, then set end date to the date of last dose
    - If year < year of last dose, then set end month and day to December 31st
    - If year > year of last dose, then set end month and day to January 1st
  - month is missing
    - If year = year of last dose, then set end date to date of last dose
    - If year < year of last dose, then set end month to December
    - If year > year of last dose, then set end month to January
- If month and year are present and day is missing:
  - If year = year of last dose and
    - month = month of last dose then set day to day of last dose
    - month < month of last dose then set day to last day of month

- month > month of last dose then set day to 1st day of month
- If year < year of last dose, then set end date to last day of the month
- If year > year of last dose, then set end date to 1st day of month

- For all other cases, set end date to date of last dose

9.2.3. Summaries of Adverse Incidence Rates for Serious Adverse Events (SAE), adverse events leading to discontinuation, and treatment-related emergent adverse events

The number and percentage of TEAEs, SAEs, AEs leading to discontinuation, treatment-related emergent AEs and treatment-related emergent SAEs will be summarized by SOC, PT, and treatment group. The percentages will be calculated as the number of subjects with AEs divided by the number of subjects in each treatment in the safety analysis set. Tables of the number and percentage of subjects and the number of AEs by intensity and by relationship to study medication will also be presented.

Any withdrawals will be listed and summarized by reason for withdrawal, treatment and by any other relevant categorical information.

9.3. Total Duration of Therapy, treatment Compliance and diary compliance

The number of subjects exposed to each study treatment will be summarized.

The number of days on treatment and the number of days on study (including run-in period and treatment periods) will be summarized by study treatment.

Treatment compliance will be calculated (the total number of doses actually taken / total number of doses expected*100). For subjects who have completed the study:

			Compliance Criteria	
Study Period	Duration	Scheduled Doses	Not more than 125% (doses)	Not less than 75% (doses)
Randomized Treatment	14 Days	28	35	21

For subjects who are early terminated, treatment compliance will be determined from their duration on treatment, up to the time they are considered completed or early terminated. If a patient is on randomized treatment for more than 14 days, use 14 as denominator to determine treatment compliance. Subjects taking fewer than 75% or more than 125% of the required doses will be considered non-compliant with dosing.

In addition, treatment compliance will be classified into four categories (<75%, >=75% - <=100%, >100% - =<125%, >125%). Treatment compliance will be summarized by category and study treatment.

Diary compliance (number of diary entry missed by visit) will only be presented in the listing.

9.4. Concomitant and Other Medications

At Visit 1 subjects will be questioned about current concomitant medication use. At Visit 2, Visit 3 and Visit 4 subjects will be questioned about ongoing or new concomitant medication use.

Concomitant medications are defined as medications either ongoing or ended on or after the first dose of study medication. All concomitant medications taken since screening until the end of the study will be listed by treatment and subject. If the end date and 'ongoing' are missing, then the medication will be considered as concomitant medication. Medication taken after last randomized treatment will be identified and flagged in the listing.

9.4.1. Missing and Partial Concomitant and Other Medication Start and Stop Dates

For the purpose of inclusion in prior and/or concomitant medication tables, incomplete medication start and stop dates will be imputed as follows:

- If year and month are present and day is missing, then set day to first day of month for start date, and set day to last day of month for end date
- If year and day are present and month is missing, then set month to January for start date, and set month to December for end date
- If year is present and month and day are missing, then set month and day to January 1 for start date, and set month and day to December 31 for end date
- Completely missing date will not be imputed

The partial dates will be provided as such in the subject data listings (with the imputed dates).

9.5. Pregnancy Test

All females of child bearing potential will have a urine pregnancy test at Visits 1, 2 and final Visit 4.

Pregnancy test results will be listed by treatment and subject.

9.6. Vital Signs

The subject's post-baseline vital signs will be recorded (pulse rates, sitting systolic and diastolic blood pressure) at Visits 3 and 4. Height and weight will also be recorded at Visit 4. Descriptive statistics (number of subjects, mean, standard deviation, median, minimum and maximum) will be used to summarize vital sign results and changes from baseline by treatment group and visit.

Values outside the respective normal range and values deemed as clinically significant by the Investigator will be listed. Normal ranges for pulse rate, systolic BP and diastolic BP are listed in Table 7.

Table 7: Normal ranges of vital signs [6,7]

Vital Sign	Abnormal Criteria
Pulse Rate (Beats/min)	Pulse rate: 6-11 years and Result is <60 or >95
Systolic BP (mmHG)	Systolic BP: 6-9 years and Result is <95 or >110 Systolic BP: 10-11 years and Result is <100 or >119
Diastolic BP(mmHG)	Diastolic BP: 6-9 years and Result is <60 or >73 Diastolic BP: 10-11 years and Result is <65 or >76

The number of subjects with values of potential clinical significance determined by the investigator will be tabulated by treatment group and visit.

All vital sign data will be listed by treatment and subject.

9.7. Physical Examination

Post-baseline physical examinations (comprehensive) will be performed at the Final Visit (Visit 4).

Descriptive statistics (frequency and percentage) will be used to summarize physical examination results by body system, treatment group and visit. In addition, the number of subjects with values of potential clinical significance determined by the investigator will be tabulated.

All physical examination data will be listed by treatment and subject.

9.8. Focused ENT/Eye examination

Post-baseline focused ENT/Eye examinations will be performed at Visits 3 and 4.

Descriptive statistics (frequency and percentage) will be used to summarize ENT/Eye examination results by treatment group and visit. In addition, the number of subjects with values of potential clinical significance determined by the investigator will be tabulated.

The focused ENT exam reviews the following 9 symptoms: Nasal irritation, Epistaxis, Mucosal Edema, Nasal Discharge, Mucosal Erythema, Crusting of Mucosa, Throat Irritation, Candidiasis, Post Nasal Drip. A severity grade of "None" is collected on the CRF and considered as a normal value; more severe grades are considered as abnormal value.

For eye examination, results of both left and right eye are considered. The overall evaluation for each subject is determined by the more severe result from either one of the eyes.

All ENT/Eye examination data will be listed by treatment and subject.

9.9. Study Termination Status

A subject may voluntarily discontinue study participation at any time after giving informed consent and before the completion of the last visit of the study. The Investigator may also discontinue the subject's study participation at any time at his/her discretion and for any reason.

The reasons for subject withdrawal will be recorded and may include, but are not limited to:

1. Withdrawal of consent by the subject to continue in the study.
2. Development of a serious or intolerable AE that necessitates discontinuation at the discretion of the Investigator (AE section of the case report form/electronic case report form [CRF/eCRF] must be completed; includes serious adverse event [SAE], death).
3. At the discretion of the Investigator, when he/she believes continued participation is not in the best interest of the subject.
4. At the discretion of the Investigator, when the subject does not adhere to the study procedures.
5. A protocol deviation that, in the opinion of the Sponsor and the Investigator, warrants discontinuation from the study.

On leaving the study, either at the scheduled end of treatment and subsequent follow-up, or following early withdrawal from the study, or at such time when the patient is considered to be lost to follow-up, the date and reason for leaving the study will be recorded.

If there are multiple reasons for early withdrawal/discontinuation, the worst-case scenario should be chosen. Early discontinuation data will be listed by treatment and subject. Early discontinuations due to Inclusion/Exclusion (I/E) criteria violation, in SAS subjects, will be summarized by treatment and I/E criteria.

10. CHANGES IN ANALYSES FROM THE PROTOCOL

None.

11. REFERENCES

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6. Kliegman, RM, Stanton BMD, Geme JS, Schor NF. Nelson Textbook of Pediatrics, 20th Edition. Philadelphia, PA: Elsevier.
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Section 14.3 Safety Evaluation Data

14.3.2 Adverse event

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Section 16.2 – Efficacy

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Table 14.1.1 Summary of Subject Disposition (All Subjects)

Subjects	Number (%) of subjects		
	Placebo NS (N=xxx)	GSP 301 NS (N=xxx)	Total (N=xxx)
Total screened			xxx
Screen failures			xxx
Pre-run-in Period			xxx
Run-in period			xxx
Randomization failures			xxx
Randomized	xxx	xxx	xxx
Terminated early	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Completed study	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Early termination reason			
Withdrawal by subject	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Investigator / Sponsor Decision	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Death	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Randomization Failure	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Lost to follow up	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Non-compliance with Study Procedures	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Screen Failure	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Adverse event	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Protocol deviation	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Pregnancy	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Others	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.1.1, 16.2.1.2
N = Total number of randomized subjects in each treatment group. Percentages are based on N.
Program: xxxx.sas Executed: DDMMMYYYY HH:MM

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Programming Note:

(1) Percentages for all categories should be based on the number of randomized subjects.

(2) If the column width is not wide enough for the text, do NOT break/truncate the word. Wrap the text around and align with the first text/sentence (i.e. When wrapping, do not allow words to split and indent under the above first letter). This apply to ALL tables/Listings.

Table 14.1.2.1 Summary of Protocol Deviations during Pre-run-in Period (All Enrolled Subjects)

	Number (%) of subjects
	Total (N=xxx)
Number of subjects with at least 1 protocol deviation	xxx (xx.x)
Total deviations	xxx
Exclusion criteria	xxx (xx.x)
Inclusion criteria	xxx (xx.x)
Informed consent	xxx (xx.x)

Source: Listing 16.2.2.1

N=Number of subjects screened; percentages are based on N.

The same subject may have had more than 1 protocol deviation.

Program: xxxx.sas Executed: DDMMMYYYY HH:MM Page X of Y

Programming Notes: Need to verify protocol deviations (from the CRF) occurring during this period - before receiving Run-in treatment

Table 14.1.2.2 Summary of Protocol Deviations during Placebo Run-In Period (Run-in Set)

	Number (%) of subjects
	Total (N=xxx)
Number of subjects with at least 1 protocol deviation	xxx (xx.x)
Total deviations	xxx
Exclusion criteria	xxx (xx.x)
Inclusion criteria	xxx (xx.x)
Informed consent	xxx (xx.x)
Did not Satisfy Inclusion/Exclusion That May Have Significant Influence on Efficacy (Major PD) [a]	xxx (xx.x)
Other deviations	xxx (xx.x)

Source: Listing 16.2.2.1

Run-in Set: Subjects enrolled in placebo run-in period (between the subjects signing informed consent and administration of the first dose of the randomized study medication) and will be used for presenting run-in period AEs, concomitant medication and protocol deviations.

N=Number of subjects in the run-in population; percentages are based on N.

The same subject may have had more than 1 protocol deviation.

[a] Major PDs occurring in the Run-in period, that contribute to the PP exclusions

Program: xxxx.sas Executed: DDMMMYYYY HH:MM

Programming Notes: Need to verify protocol deviations (from the CRF) occurring during this period - run-in period.

Table 14.1.2.3 Summary of Protocol Deviations during Randomized Treatment Period (Safety Analysis Set)

	Number (%) of subjects		
	Placebo NS (N=xxx)	GSP 301 NS (N=xxx)	Total (N=xxx)
Number of subjects with at least 1 protocol deviation	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Total deviations	xxx	xxx	xxx
Concomitant medication	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Exclusion criteria	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Inclusion criteria	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Informed consent	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Study treatment compliance	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Study treatment randomization	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Investigator record keeping source docs	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Study treatment administration/dispense	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Visit scheduling	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Did not Satisfy Inclusion/Exclusion That May Have Significant Influence on Efficacy	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Not Treated with Treatment Assigned at Randomization, but Wrongly Treated in Another Treatment Group	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Other Major Deviations	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.2.1

N=Number of subjects in SAS; percentages are based on N.

The same subject may have had more than 1 protocol deviation.

Program: xxxx.sas Executed: DDMMMYYYY HH:MM

Programming Notes:

1. *Need to verify protocol deviations (from the CRF) occurring during this period - randomized period.*
2. *If a category above has no data in any of the columns, do not display. New categories might be added at BDRM review.*

Table 14.1.2.4 Summary of Major Protocol Deviations (Safety Analysis Set)

	Number (%) of subjects		
	Placebo NS (N=xxx)	GSP 301 NS (N=xxx)	Total (N=xxx)
Number of subjects with at least 1 protocol deviation	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Total deviations	xxx	xxx	xxx
Concomitant medication	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Exclusion criteria	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Inclusion criteria	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Informed consent	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Study treatment compliance	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Study treatment randomization	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Investigator record keeping source docs	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Study treatment administration/dispense	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Visit scheduling	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Did not Satisfy Inclusion/Exclusion That May Have Significant Influence on Efficacy	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Not Treated with Treatment Assigned at Randomization, but Wrongly Treated in Another Treatment Group	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Other Major Deviations	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.2.1

N=Number of subjects in SAS; percentages are based on N.

The same subject may have had more than 1 major protocol deviation.

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Programming Notes:

1. Need to verify protocol deviations (all "Major" from the BDRM spreadsheet) regardless of the study period for the SAS subjects.

2. If a category above has no data in any of the columns, do not display. New categories might be added at BDRM review.

Table 14.1.3.1 Summary of Analysis Populations

	Number (%) of subjects		
	Placebo NS (N=xxx)	GSP 301 NS (N=xxx)	Total (N=xxx)
Run-in Set			xxx
Randomized	xxx	xxx	xxx
Not treated as randomized	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Did not receive any study medication [a] following randomization	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Safety analysis set	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Full analysis set	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Randomized but excluded from FAS	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Did not receive at least one dose of study medication	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Did not have at least one post-baseline primary efficacy Assessment	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Randomized twice in the same study [b]	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Per protocol set	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Randomized but excluded from PP due to major protocol deviation	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.1.1, 16.2.3.1, 16.2.3.2

N=Number of subjects randomized; percentages are based on N.

Study medication refers to any study drug taken during the treatment phase of the study
[a] Subject who did not receive a study medication is excluded from safety analysis set.
[b] <will insert footnote case by case, this line might not be necessary>.

Table 14.1.4.1 Summary of Demographic Data (Run-in Set)

Demographic characteristic	Statistics	Total (N=xxx)
Age (years)	n (%)	xx (xx.x)
	Mean (SD)	xx.x (xx.xx)
	Median	xx.x
	Min, Max	xx,xx
Age Group (years) n (%)	6 - < 9	xxx (xx.x)
	9 - <12	xxx (xx.x)
	Other	xxx (xx.x)
	Total	xxx (xx.x)
Sex n (%)	Male	xxx (xx.x)
	Female	xxx (xx.x)
	Total	xxx (xx.x)
Race n (%)	White	xxx (xx.x)
	African American	xxx (xx.x)
	Asian	xxx (xx.x)
	American Indian or Alaska Native	xxx (xx.x)
	Native Hawaiian or Other Pacific Islander	xxx (xx.x)
	Other	xxx (xx.x)
	Unknown	xxx (xx.x)
	Total	xxx (xx.x)
Ethnicity n (%)	Hispanic or Latino	xxx (xx.x)
	Not Hispanic or Latino	xxx (xx.x)
	Total	xxx (xx.x)

Source: Listing 16.2.4.1

Run-in Set: Subjects enrolled in placebo run-in period (between the subjects signing informed consent and administration of the first dose of the randomized study medication) and will be used for presenting run-in period AEs, concomitant medication and protocol deviations.

For subject with multiple races, the subject will be counted in each race category.

SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the treatment Run-in Set group; n= number of subjects with data available; percentages are based on N.

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Table 14.1.4.2 Summary of Demographic Data (Safety Analysis Set)

Demographic characteristic	Statistics	Placebo NS (N=xxx)	GSP 301 NS (N=xxx)	Total (N=xxx)
Age (years)	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx,xx	xx,xx	xx,xx
Age Group (years) n (%)	6 - < 9	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	9 - <12	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Other	xxx (xx.x)		
	Total	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Sex n (%)	Male	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Female	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Total	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Race n (%)	White	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	African American	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Asian	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	American Indian or Alaska Native	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Native Hawaiian or Other Pacific Islander	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Other	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Unknown	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Total	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Ethnicity n (%)	Hispanic or Latino	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Not Hispanic or Latino	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Total	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.4.1

For subject with multiple races, the subject will be counted in each race category.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in SAS in the treatment group; n= number of subjects with data available; percentages are based on N.

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Table 14.1.4.3 Summary of Demographic Data (Full Analysis Set)
Repeat table 14.1.4.1 for Full Analysis Set.

Table 14.1.4.4 Summary of Demographic Data (Per Protocol Set)
Repeat table 14.1.4.1 for Per Protocol Set.

Table 14.2.1.1 Summary of Average AM and PM rTNSS by Day (Full Analysis Set)

		Average AM and PM rTNSS by Day				Change from Baseline			
Treatment Group	Day	n	Mean (SD)	Median	Min, Max	n	Mean (SD)	Median	Min, Max
Placebo NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
GSP 301 NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)

Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization. Day 1 is derived as the average of Day 1 PM and Day 2 AM assessments, and so on for the rest of the treatment.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Table 14.2.1.2 Summary of Repeated Measures Analysis Results of Average AM and PM rTNSS over the 14-day Treatment Period (Full Analysis Set)

Overall 14-day treatment period

Treatment Group Comparison (GSP 301 NS vs. Placebo NS)	n		LS Mean (SE)		Comparison between GSP 301 NS vs. Placebo NS			
	Placebo NS	GSP 301 NS	Placebo NS	GSP 301 NS	LS Mean Difference	SE of LS Mean Difference	95% CI	P-value
GSP 301 NS vs. Placebo NS	xxx	xxx	xxx.x (xx.xx)	xxx.x (xx.xx)	xxx.x	xxx.xx	(xxx.x, xxx.x)	x.xxx

Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization. Day 1 is derived as the average of Day 1 PM and Day 2 AM assessments and so on for the rest of the treatment period.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: Mixed-effect repeated measures model with change from baseline as the dependent variable, treatment group and site as fixed effects, baseline score as covariate and study day as the within-subject effect.

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Programming Notes:

1. *Repeat the analysis for Days 1 to 14, replacing "Overall 14-day treatment period" with "Day 1", "Day 2", as is appropriate*
2. *Based on the results of the independent modeling for interactions, add the following footnotes:*
   a. *If only treatment*site interaction is significant, footnote: "Site by treatment interaction is included in the model for the Overall 14-day analysis".*
   b. *If only baseline*treatment interaction is significant, footnote: "Baseline score by treatment interaction is included in the model for the Overall 14-day analysis".*
   c. *If both interactions are significant, footnote: "Site by treatment and baseline score by treatment interactions are included in the model for the Overall 14-day analysis".*

Table 14.2.1.3 Summary of Average AM and PM rTNSS by Day (Per Protocol Set)
Source: Listing 16.2.6.3
Repeat Table 14.2.1.1 for per protocol set.

Table 14.2.1.4 Summary of Repeated Measures Analysis Results of Average AM and PM rTNSS over the 14-day Treatment Period (Per Protocol Set)
Source: Listing 16.2.6.3
Repeat Table 14.2.1.2 for per protocol set.

Table 14.2.1.5 Subgroup Analyses (Age Group): Summary of Average AM and PM rTNSS by Day (Full Analysis Set)

Age Group 6 - <9

		Average AM and PM rTNSS by Day				Change from Baseline			
Treatment Group	Day	n	Mean (SD)	Median	Min, Max	n	Mean (SD)	Median	Min, Max
Placebo NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
GSP 301 NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)

Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization. Day 1 is derived as the average of Day 1 PM and Day 2 AM assessments and so on for the rest of the treatment period.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Repeat for Age Group 9-<12.

Table 14.2.1.6 Subgroup Analyses (Age Group): Summary of Repeated Measures Analysis Results of Average AM and PM rTNSS over the 14-day Treatment Period (Full Analysis Set)

Age Group: 6-<9

Overall 14-day treatment period

Treatment Group Comparison (GSP 301 NS vs. Placebo NS)	n		LS Mean (SE)		Comparison between GSP 301 NS vs. Placebo NS			
	Placebo NS	GSP 301 NS	Placebo NS	GSP 301 NS	LS Mean Difference	SE of LS Mean Difference	95% CI	P-value
GSP 301 NS vs. Placebo NS	xxx	xxx	xxx.x (xx.xx)	xxx.x (xx.xx)	xxx.x	xxx.xx	(xxx.x, xxx.x)	x.xxx

Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization. Day 1 is derived as the average of Day 1 PM and Day 2 AM assessments and so on for the rest of the treatment period.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: Mixed-effect repeated measures model with change from baseline as the dependent variable, treatment group and site as fixed effects, baseline score as covariate and study day as the within-subject effect.

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Programming Notes:

1. *Repeat the analysis for Days 1 to 14, replacing "Overall 14-day treatment period" with "Day 1", "Day 2", as is appropriate*
2. *Based on the results of the independent modeling for interactions, add the following footnotes:*
   a. *If only treatment*site interaction is significant, footnote: "Site by treatment interaction is included in the model for the Overall 14-day analysis".*
   b. *If only baseline*treatment interaction is significant, footnote: "Baseline score by treatment interaction is included in the model for the Overall 14-day analysis".*
   c. *If both interactions are significant, footnote: "Site by treatment and baseline score by treatment interactions are included in the model for the Overall 14-day analysis".*
3. *Repeat the analysis for Age Group 9-<12.*

Table 14.2.1.7 Subgroup Analyses (Sex): Summary of Average AM and PM rTNSS by Day (Full Analysis Set)

Sex: Male

		Average AM and PM rTNSS by Day				Change from Baseline			
Treatment Group	Day	n	Mean (SD)	Median	Min, Max	n	Mean (SD)	Median	Min, Max
Placebo NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
GSP 301 NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)

Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization. Day 1 is derived as the average of Day 1 PM and Day 2 AM assessments and so on for the rest of the treatment period.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Repeat for Sex: Female.

Table 14.2.1.8 Subgroup Analyses (Race): Summary of Average AM and PM rTNSS by Day (Full Analysis Set)

Race: White

		Average AM and PM rTNSS by Day				Change from Baseline			
Treatment Group	Day	n	Mean (SD)	Median	Min, Max	n	Mean (SD)	Median	Min, Max
Placebo NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
GSP 301 NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)

Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization. Day 1 is derived as the average of Day 1 PM and Day 2 AM assessments and so on for the rest of the treatment period.
For subject with multiple races, the subject will be included in each race subgroup analysis.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Repeat for each race: White, African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other.

Table 14.2.1.9 Subgroup Analyses (Ethnicity): Summary of Average AM and PM rTNSS by Day (Full Analysis Set)

Ethnicity: Hispanic or Latino

		Average AM and PM rTNSS by Day				Change from Baseline			
Treatment Group	Day	n	Mean (SD)	Median	Min, Max	n	Mean (SD)	Median	Min, Max
Placebo NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
GSP 301 NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)

Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization. Day 1 is derived as the average of Day 1 PM and Day 2 AM assessments and so on for the rest of the treatment period.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Repeat for Not Hispanic or Latino

Table 14.2.2.1.1 Summary of Average AM and PM iTNSS by Day (Full Analysis Set)
Source: Listing 16.2.6.4
Repeat table 14.2.1.1 for iTNSS, replace spanner label < rTNSS by Day> with <iTNSS by Day>

Table 14.2.2.1.2 Summary of Repeated Measures Analysis Results of Average AM and PM iTNSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.4
Repeat table 14.2.1.2 for iTNSS

Table 14.2.2.1.3 Summary of Average AM and PM iTNSS by Day (Per Protocol Set)
Source: Listing 16.2.6.4
Repeat table 14.2.1.3 for iTNSS, replace spanner label < rTNSS by Day> with <iTNSS by Day>

Table 14.2.2.1.4 Summary of Repeated Measures Analysis Results of Average AM and PM iTNSS over the 14-day Treatment Period (Per Protocol Set)
Source: Listing 16.2.6.4
Repeat table 14.2.1.4 for iTNSS

Table 14.2.2.1.5 Subgroup Analyses (Age Group): Summary of Average AM and PM iTNSS by Day (Full Analysis Set)
Source: Listing 16.2.6.4
Repeat table 14.2.1.5 for iTNSS, replace spanner label < rTNSS by Day> with <iTNSS by Day>

Table 14.2.2.2.1 Summary of Average AM and PM rTOSS by Day (Full Analysis Set)
Source: Listing 16.2.6.9
Repeat table 14.2.1.1 for rTOSS, replace spanner label < rTNSS by Day> with <rTOSS by Day>

Table 14.2.2.2.2 Summary of Repeated Measures Analysis Results of Average AM and PM rTOSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.9
Repeat table 14.2.1.2 for rTOSS

Table 14.2.2.2.3 Summary of Average AM and PM rTOSS by Day (Per Protocol Set)
Source: Listing 16.2.6.9
Repeat table 14.2.1.3 for rTOSS, replace spanner label < rTNSS by Day> with <rTOSS by Day>

Table 14.2.2.2.4 Summary of Repeated Measures Analysis Results of Average AM and PM rTOSS over the 14-day Treatment Period (Per Protocol Set)
Source: Listing 16.2.6.9
Repeat table 14.2.1.4 for rTOSS

Table 14.2.2.2.5 Subgroup Analyses (Age Group): Summary of Average AM and PM rTOSS by Day (Full Analysis Set)
Source: Listing 16.2.6.9
Repeat table 14.2.1.5 for rTOSS, replace spanner label < rTNSS by Day> with <rTOSS by Day>

Table 14.2.2.3.1 Summary of the Overall PRQLQ Score and Individual Domains on Day 15 (Full Analysis Set)

PRQLQ Domain		Statistics	Placebo NS (N=xxx)	GSP 301 NS (N=xxx)	Total (N=xxx)
Overall PRQLQ	Baseline	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
		Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
		Median	xx.x	xx.x	xx.x
		Min, Max	xx,xx	xx,xx	xx,xx
	Day 15	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
		Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
		Median	xx.x	xx.x	xx.x
		Min, Max	xx,xx	xx,xx	xx,xx
	Change from Baseline to Day 15	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
		Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
		Median	xx.x	xx.x	xx.x
		Min, Max	xx,xx	xx,xx	xx,xx
PRQLQ Domain					
Activity Limitations					
Practical Problems					
Nose Symptoms					
Eye Symptoms					
Other Symptoms					

Source: Listing 16.2.6.11
Baseline is defined as the time point "pre-dosing" at the Randomization Visit (Visit 2). Day 15 includes Visit 4 for all subjects, including those terminating early, regardless of what actual study day this visit occurred on.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Programming Note: Repeat the summary for each domain as listed in the table

Table 14.2.2.3.2 Summary of ANCOVA Analysis Results of the Overall PRQLQ Score and Individual Domains on Day 15 (Full Analysis Set)

Overall PRQLQ

Treatment Group Comparison (GSP 301 NS vs. Placebo NS)	n		LS Mean (SE)		Comparison between GSP 301 NS and Placebo NS			
	Placebo NS	GSP 301 NS	Placebo NS	GSP 301 NS	LS Mean Difference	SE of LS Mean Difference	95% CI	P-value
GSP 301 NS vs. Placebo NS	xxx	xxx	xxx.x (xx.xx)	xxx.x (xx.xx)	xxx.x	xxx.xx	(xxx.x, xxx.x)	x.xxx

Source: Listing 16.2.6.11
Baseline is defined as the time point "pre-dosing" at the Randomization Visit (Visit 2). Day 15 includes Visit 4 for all subjects, including those terminating early, regardless of what actual study day this visit occurred on.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: analysis of covariance (ANCOVA) with change from baseline as dependent variable, treatment group and site as fixed effect and baseline as covariate.
Individual statistical analysis models were made separately for each of the PRQLQ domains.

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Programming Note:

1. *Repeat the analysis for each domain listed in table 14.2.2.3.1, replacing "Overall PRQLQ" with the domain name as is appropriate*
2. *Based on the results of the independent modeling for interactions, add the following footnotes:*
    a. *If only treatment*site interaction is significant, footnote: "Site by treatment interaction is included in the model for the Overall PRQLQ analysis".*
    b. *If only baseline*treatment interaction is significant, footnote: "Baseline score by treatment interaction is included in the model for the Overall PRQLQ analysis".*
    c. *If both interactions are significant, footnote: "Site by treatment and baseline score by treatment interactions are included in the model for the Overall PRQLQ analysis".*

Table 14.2.2.3.3 Subgroup Analysis (Age Group): Summary of the Overall PRQLQ Score and Individual Domains on Day 15 (Full Analysis Set)

Age Group: 6-<9

PRQLQ Domain		Statistics	Placebo NS (N=xxx)	GSP 301 NS (N=xxx)	Total (N=xxx)
Overall PRQLQ	Baseline	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
		Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
		Median	xx.x	xx.x	xx.x
		Min, Max	xx,xx	xx,xx	xx,xx
	Day 15	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
		Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
		Median	xx.x	xx.x	xx.x
		Min, Max	xx,xx	xx,xx	xx,xx
	Change from Baseline to Day 15	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
		Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
		Median	xx.x	xx.x	xx.x
		Min, Max	xx,xx	xx,xx	xx,xx

Source: Listing 16.2.6.11
Baseline is defined as the time point "pre-dosing" at the Randomization Visit (Visit 2). Day 15 includes Visit 4 for all subjects, including those terminating early, regardless of what actual study day this visit occurred on.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Programming Note: Repeat the summary for age group 9-<12.

Table 14.2.3.1.1 Summary of AM rTNSS by Day (Full Analysis Set)

		Average AM rTNSS by Day				Change from Baseline			
Treatment Group	Day	n	Mean (SD)	Median	Min, Max	n	Mean (SD)	Median	Min, Max
Placebo NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	15	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
GSP 301 NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	15	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)

Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 4 consecutive AM values prior to randomization, during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Table 14.2.3.1.2 Summary of Repeated Measures Analysis Results of AM rTNSS over the 14-day Treatment Period (Full Analysis Set)

Overall 14-day treatment period

Treatment Group Comparison (GSP 301 NS vs. Placebo NS)	n		LS Mean (SE)		Comparison between GSP 301 NS and Placebo NS			
	Placebo NS	GSP 301 NS	Placebo NS	GSP 301 NS	LS Mean Difference	SE of LS Mean Difference	95% CI	P-value
GSP 301 NS vs. Placebo NS	xxx	xxx	xxx.x (xx.xx)	xxx.x (xx.xx)	xxx.x	xxx.xx	(xxx.x, xxx.x)	x.xxx

Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 4 consecutive AM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: Mixed-effect repeated measures model with change from baseline as the dependent variable, treatment group and site as fixed effects, baseline score as covariate and study day as the within-subject effect.
Day is an unordered categorical variable and Treatment by Day interaction is fitted in the model for the Day 2 to Day 15 analyses.

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Programming Notes: Repeat the analysis for Days 2 to 15, replacing "Overall 14-day treatment period" with "Day 2", "Day 3", as is appropriate

Table 14.2.3.2.1 Summary of PM rTNSS by Day (Full Analysis Set)

Repeat table 14.2.3.1.1 for PM rTNSS; replace spanner label <Average AM rTNSS by Day> with <Average PM rTNSS by Day>, Days will go from 1 to 14.

Change footnote to:
Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 4 consecutive PM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the treatment group; n= number of subjects with data available

Table 14.2.3.2.2 Summary of Repeated Measures Analysis Results of PM rTNSS over the 14-day Treatment Period (Full Analysis Set)

Repeat table 14.2.3.1.2 for PM rTNSS

Change footnote to:
Source: Listing 16.2.6.3
Baseline score is derived as the mean of the last 4 consecutive PM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: Mixed-effect repeated measures model with change from baseline as the dependent variable, treatment group and site as fixed effects, baseline score as covariate and study day as the within-subject effect.
Day is an unordered categorical variable and Treatment by Day interaction is fitted in the model for the Day 1 to Day 14 analyses.
Programming Notes: Repeat the analysis for Days 1 to 14, replacing "Overall 14-day treatment period" with "Day 1", "Day 2", as is appropriate

Table 14.2.3.3.1 Summary of AM iTNSS by Day (Full Analysis Set)
Repeat table 14.2.3.1.1 for iTNSS, replace spanner label < rTNSS by Day> with <iTNSS by Day>

Change footnote to:
Source: Listing 16.2.6.4
Baseline score is derived as the mean of the last 4 consecutive AM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

Table 14.2.3.3.2 Summary of Repeated Measures Analysis Results of AM iTNSS over the 14-day Treatment Period (Full Analysis Set)

Repeat table 14.2.3.1.2 for iTNSS, replace spanner label < rTNSS by Day> with <iTNSS by Day>

Change footnote to:
Source: Listing 16.2.6.4
Baseline score is derived as the mean of the last 4 consecutive AM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: Mixed-effect repeated measures model with change from baseline as the dependent variable, treatment group and site as fixed effects, baseline score as covariate and study day as the within-subject effect.
Day is an unordered categorical variable and Treatment by Day interaction is fitted in the model for the Day 2 to Day 15 analyses.

Table 14.2.3.4.1 Summary of PM iTNSS by Day (Full Analysis Set)
Source: Listing 16.2.6.4
Repeat table 14.2.3.2.1 for iTNSS, replace spanner label < rTNSS by Day> with <iTNSS by Day>

Change footnote to:
Baseline score is derived as the mean of the last 4 consecutive PM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

Table 14.2.3.4.2 Summary of Repeated Measures Analysis Results of PM iTNSS over the 14-day Treatment Period (Full Analysis Set)

Repeat table 14.2.3.2.2 for iTNSS, replace spanner label < rTNSS by Day> with <iTNSS by Day>

Change footnote to:
Source: Listing 16.2.6.4
Baseline score is derived as the mean of the last 4 consecutive PM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: Mixed-effect repeated measures model with change from baseline as the dependent variable, treatment group and site as fixed effects, baseline score as covariate and study day as the within-subject effect.
Day is an unordered categorical variable and Treatment by Day interaction is fitted in the model for the Day 1 to Day 14 analyses.

Table 14.2.3.5.1 Summary of Average AM and PM Reflective Individual Nasal Symptoms by Day (Full Analysis Set)

Symptom: Nasal Congestion

		Average AM and PM score by Day				Change from Baseline			
Treatment Group	Day	n	Mean (SD)	Median	Min, Max	n	Mean (SD)	Median	Min, Max
Placebo NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
GSP 301 NS (N = xxx)	Baseline	xx	xx.x (xx. x)	xx.x	(xx,xx)				
	1	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	2	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	3	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)
	...								
	14	xx	xx.x (xx. x)	xx.x	(xx,xx)	xx	xx.x (xx. x)	xx.x	(xx,xx)

Source: Listing 16.2.6.1
Baseline score is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization. Day 1 is derived as the average of Day 1 PM and Day 2 AM assessments and so on for the rest of the treatment period.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Programming Note: Repeat table for each symptom; Nasal congestion, Rhinorrhea, Nasal Itching, Sneezing

Table 14.2.3.5.2 Summary of Repeated Measures Analysis Results of Average AM and PM Reflective Individual Nasal Symptoms over the 14-day Treatment Period (Full Analysis Set)

Symptom: Nasal Congestion

Treatment Group Comparison (GSP 301 NS vs. Placebo NS)	n		LS Mean (SE)		Comparison between GSP 301 NS and Placebo NS			
	Placebo NS	GSP 301 NS	Placebo NS	GSP 301 NS	LS Mean Difference	SE of LS Mean Difference	95% CI	P-value
GSP 301 NS vs. Placebo NS	xxx	xxx	xxx.x (xx.xx)	xxx.x (xx.xx)	xxx.x	xxx.xx	(xxx.x, xxx.x)	x.xxx

Source: Listing 16.2.6.1
Baseline score is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization. Day 1 is derived as the average of Day 1 PM and Day 2 AM assessments and so on for the rest of the treatment period.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: Mixed-effect repeated measures model with change from baseline as the dependent variable, treatment group and site as fixed effects, baseline score as covariate and study day as the within-subject effect.

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Programming Notes: Overall 14-day treatment period only, repeat table for each symptom; Nasal congestion, Rhinorrhea, Nasal Itching, Sneezing

Table 14.2.3.6.1 Summary of AM Reflective Individual Nasal Symptoms by Day (Full Analysis Set)
Repeat table 14.2.3.5.1 for AM rTNSS; replace spanner label < Average AM and PM score by Day> with <AM score by Day>

Change footnote to:
Source: Listing 16.2.6.1
Baseline score is derived as the mean of the last 4 consecutive AM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the treatment group; n= number of subjects with data available

Table 14.2.3.6.2 Summary of Repeated Measures Analysis Results of AM Reflective Individual Nasal Symptoms over the 14-day Treatment Period (Full Analysis Set)
Repeat table 14.2.3.5.2 for AM rTNSS

Change footnote to:
Source: Listing 16.2.6.1
Baseline score is derived as the mean of the last 4 consecutive AM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: Mixed-effect repeated measures model with change from baseline as the dependent variable, treatment group and site as fixed effects, baseline score as covariate and study day as the within-subject effect.

Table 14.2.3.7.1 Summary of PM Reflective Individual Nasal Symptoms by Day (Full Analysis Set)
Repeat table 14.2.3.5.1 for PM rTNSS; replace spanner label < Average AM and PM score by Day> with <PM score by Day>

Change footnote to:
Source: Listing 16.2.6.1
Baseline score is derived as the mean of the last 4 consecutive PM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the treatment group; n= number of subjects with data available

Table 14.2.3.7.2 Summary of Repeated Measures Analysis Results of PM Reflective Individual Nasal Symptoms over the 14-day Treatment Period (Full Analysis Set)
Repeat table 14.2.3.5.2 for PM rTNSS

Change footnote to:
Source: Listing 16.2.6.1
Baseline score is derived as the mean of the last 4 consecutive PM values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
n= number of subjects with data available LS = least squares; SE = standard error

Statistical Analysis model: Mixed-effect repeated measures model with change from baseline as the dependent variable, treatment group and site as fixed effects, baseline score as covariate and study day as the within-subject effect.

Table 14.2.3.8.1 Summary of Average AM and PM Instantaneous Individual Nasal Symptoms by Day (Full Analysis Set)
Source: Listing 16.2.6.2
Repeat table 14.2.3.5.1 for Instantaneous Individual Nasal Symptoms including itching/burning eyes, tearing/watering eyes

Table 14.2.3.8.2 Summary of Repeated Measures Analysis Results of Average AM and PM Instantaneous Individual Nasal Symptoms over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.2
Repeat table 14.2.3.5.2 for Instantaneous Individual Nasal Symptoms

Table 14.2.3.9.1 Summary of AM Instantaneous Individual Nasal Symptoms by Day (Full Analysis Set)
Source: Listing 16.2.6.2
Repeat table 14.2.3.6.1 for Instantaneous Individual Nasal Symptoms

Table 14.2.3.9.2 Summary of Repeated Measures Analysis Results of AM Instantaneous Individual Nasal Symptoms over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.2
Repeat table 14.2.3.6.2 for Instantaneous Individual Nasal Symptoms

Table 14.2.3.10.1 Summary of PM Instantaneous Individual Nasal Symptoms by Day (Full Analysis Set)
Source: Listing 16.2.6.2
Repeat table 14.2.3.7.1 for Instantaneous Individual Nasal Symptoms

Table 14.2.3.10.2 Summary of Repeated Measures Analysis Results of PM Instantaneous Individual Nasal Symptoms over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.2
Repeat table 14.2.3.57.2 for Instantaneous Individual Nasal Symptoms

Table 14.2.3.11.1 Summary of Average AM and PM iTOSS by Day (Full Analysis Set)
Source: Listing 16.2.6.10
Repeat table 14.2.2.1.1 for iTOSS, replace spanner label < iTNSS by Day> with <iTOSS by Day >

Table 14.2.3.11.2 Summary of Repeated Measures Analysis Results of Average AM and PM iTOSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.10
Repeat table 14.2.2.1.2 for iTOSS

Table 14.2.3.12.1 Summary of AM rTOSS by Day (Full Analysis Set)
Source: Listing 16.2.6.9
Repeat table 14.2.3.1.1 for AM rTOSS; replace spanner label <rTNSS by Day> with <rTOSS by Day>

Table 14.2.3.12.2 Summary of Repeated Measures Analysis Results of AM rTOSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.9
Repeat table 14.2.3.1.2 for AM rTOSS

Table 14.2.3.13 1 Summary of PM rTOSS by Day (Full Analysis Set)
Source: Listing 16.2.6.9
Repeat table 14.2.3.1.1 for PM rTOSS; replace spanner label <Average AM rTNSS by Day> with < Average PM rTOSS by Day>

Table 14.2.3.13 2 Summary of Repeated Measures Analysis Results of PM rTOSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.9
Repeat table 14.2.3.1.2 for PM rTOSS

Table 14.2.3.14.1 Summary of AM iTOSS by Day (Full Analysis Set)
Source: Listing 16.2.6.10
Repeat table 14.2.3.1.1 for AM iTOSS; replace spanner label <rTNSS by Day> with <iTOSS by Day>

Table 14.2.3.14.2 Summary of Repeated Measures Analysis Results of AM iTOSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.10
Repeat table 14.2.3.1.2 for AM iTOSS

Table 14.2.3.15.1 Summary of PM iTOSS by Day (Full Analysis Set)
Source: Listing 16.2.6.10
Repeat table 14.2.3.1.1 for PM iTOSS; replace spanner label <Average AM rTNSS by Day> with <Average PM iTOSS by Day>

Table 14.2.3.15.2 Summary of Repeated Measures Analysis Results of PM iTOSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.10
Repeat table 14.2.3.1.2 for PM iTOSS

Table 14.2.3.16.1 Summary of Average AM and PM rTNNSS by Day (Full Analysis Set)
Source: Listing 16.2.6.7
Repeat table 14.2.2.1.1 for rTNNSS, replace spanner label < iTNSS by Day> with <rTNNSS by Day >

Table 14.2.3.16.2 Summary of Repeated Measures Analysis Results of Average AM and PM rTNNSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.7
Repeat table 14.2.2.1.2 for rTNNSS

Table 14.2.3.17.1 Summary of Average AM and PM iTNNSS by Day (Full Analysis Set)
Source: Listing 16.2.6.8
Repeat table 14.2.2.1.1 for iTNNSS, replace spanner label < iTNSS by Day> with <iTNNSS by Day >

Table 14.2.3.17.2 Summary of Repeated Measures Analysis Results of Average AM and PM iTNNSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.8
Repeat table 14.2.2.1.2 for iTNNSS

Table 14.2.3.18.1 Summary of AM rTNNSS by Day (Full Analysis Set)
Source: Listing 16.2.6.7
Repeat table 14.2.3.1.1 for AM rTNNSS; replace spanner label <rTNSS by Day> with <rTNNSS by Day>

Table 14.2.3.18.2 Summary of Repeated Measures Analysis Results of AM rTNNSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.7
Repeat table 14.2.3.1.2 for AM rTNNSS

Table 14.2.3.19.1 Summary of PM rTNNSS by Day (Full Analysis Set)
Source: Listing 16.2.6.7

Repeat table 14.2.3.1.1 for PM rTNNSS; replace spanner label <Average AM rTNSS by Day> with < Average PM rTNNSS by Day>

Table 14.2.3.19.2 Summary of Repeated Measures Analysis Results of PM rTNNSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.7
Repeat table 14.2.3.1.2 for PM rTNNSS

Table 14.2.3.20.1 Summary of AM iTNNSS by Day (Full Analysis Set)
Source: Listing 16.2.6.8
Repeat table 14.2.3.1.1 for AM iTNNSS; replace spanner label <rTNSS by Day> with <iTNNSS by Day>

Table 14.2.3.20.2 Summary of Repeated Measures Analysis Results of AM iTNNSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.8
Repeat table 14.2.3.1.2 for AM iTNNSS

Table 14.2.3.21.1 Summary of PM iTNNSS by Day (Full Analysis Set)
Source: Listing 16.2.6.8
Repeat table 14.2.3.1.1 for PM iTNNSS; replace spanner label <Average AM rTNSS by Day> with < Average PM iTNNSS by Day>

Table 14.2.3.21.2 Summary of Repeated Measures Analysis Results of PM iTNNSS over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.8
Repeat table 14.2.3.1.2 for PM iTNNSS

Table 14.2.3.22.1 Summary of Average AM and PM Reflective Individual Non-nasal symptoms by Day (Full Analysis Set)
Source: Listing 16.2.6.5
Repeat table 14.2.3.5.1 for Reflective Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.22.2 Summary of Repeated Measures Analysis Results of Average AM and PM Reflective Individual Non-nasal symptoms over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.5
Repeat table 14.2.3.5.2 for Reflective Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.23.1 Summary of AM Reflective Individual Non-nasal symptoms by Day (Full Analysis Set)
Source: Listing 16.2.6.5
Repeat table 14.2.3.6.1 for Reflective Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.23.2 Summary of Repeated Measures Analysis Results of AM Reflective Individual Non-nasal symptoms over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.5
Repeat table 14.2.3.6.2 for Reflective Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.24.1 Summary of PM Reflective Individual Non-nasal symptoms by Day (Full Analysis Set)
Source: Listing 16.2.6.5
Repeat table 14.2.3.7.1 for Reflective Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.24.2 Summary of Repeated Measures Analysis Results of PM Reflective Individual Non-nasal symptoms over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.5
Repeat table 14.2.3.7.2 for Reflective Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.25.1 Summary of Average AM and PM instantaneous Individual Non-nasal symptoms by Day (Full Analysis Set)
Source: Listing 16.2.6.6
Repeat table 14.2.3.5.1 for instantaneous Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.25.2 Summary of Repeated Measures Analysis Results of Average AM and PM instantaneous Individual Non-nasal symptoms over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.6
Repeat table 14.2.3.5.2 for instantaneous Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.26.1 Summary of AM instantaneous Individual Non-nasal symptoms by Day (Full Analysis Set)
Source: Listing 16.2.6.6
Repeat table 14.2.3.6.1 for instantaneous Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.26.2 Summary of Repeated Measures Analysis Results of AM instantaneous Individual Non-nasal symptoms over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.6
Repeat table 14.2.3.6.2 for instantaneous Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.27.1 Summary of PM instantaneous Individual Non-nasal symptoms by Day (Full Analysis Set)
Source: Listing 16.2.6.6

Repeat table 14.2.3.7.1 for instantaneous Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.27.2 Summary of Repeated Measures Analysis Results of PM instantaneous Individual Non-nasal symptoms over the 14-day Treatment Period (Full Analysis Set)
Source: Listing 16.2.6.6

Repeat table 14.2.3.7.2 for instantaneous Individual Non-nasal symptoms including itching/burning eyes, tearing/watering eyes, redness of eyes and Itching of Ears or Palate

Table 14.2.3.28.1 Summary of Physician Assessed Nasal Symptoms Score (PNSS) and Individual Assessments at Day 15 (Full Analysis Set)

Symptom		Statistics	Placebo NS (N=xxx)	GSP 301 NS (N=xxx)	Total (N=xxx)
Overall PNSS Score	Baseline	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
		Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
		Median	xx.x	xx.x	xx.x
		Min, Max	xx,xx	xx,xx	xx,xx
	Day 15	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
		Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
		Median	xx.x	xx.x	xx.x
		Min, Max	xx,xx	xx,xx	xx,xx
	Change from Baseline to Day 15	n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)
		Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
		Median	xx.x	xx.x	xx.x
		Min, Max	xx,xx	xx,xx	xx,xx
Individual Symptoms:					
Rhinorrhea					
Nasal Congestion					
Nasal Itching					
Sneezing					

Source: Listing 16.2.6.12
Baseline is defined as the time point "pre-dosing" at the Randomization Visit (Visit 2).
Day 15 includes Visit 4 for all subjects, including those terminating early, regardless of what actual study day this visit occurred on.
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the FAS treatment group; n= number of subjects with data available

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Programming Note: Repeat the summary for each symptom as listed in the table

Table 14.2.3.28.2 Summary of ANCOVA Analysis Results of Physician Assessment of Nasal Symptoms Score (PNSS) and individual assessments at Day 15 (Full Analysis Set)

Overall PNSS

Treatment Group Comparison (GSP 301 NS vs. Placebo NS)	n		LS Mean (SE)		Comparison between GSP 301 NS and Placebo NS			
	Placebo NS	GSP 301 NS	Placebo NS	GSP 301 NS	LS Mean Difference	SE of LS Mean Difference	95% CI	P-value
GSP 301 NS vs. Placebo NS	xxx	xxx	xxx.x (xx.xx)	xxx.x (xx.xx)	xxx.x	xxx.xx	(xxx.x, xxx.x)	x.xxx

Source: Listing 16.2.6.12
Baseline is defined as the time point "pre-dosing" at the Randomization Visit (Visit 2). Day 15 includes Visit 4 for all subjects, including those terminating early, regardless of what actual study day this visit occurred on.
n= number of subjects with data available LS = least squares; SE = standard error
Statistical Analysis model: analysis of covariance (ANCOVA) with change from baseline as dependent variable, treatment group and site as fixed effect and baseline as covariate.
Individual statistical analysis models were made separately for each of the PNSS individual symptoms.

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Programming Note: Repeat the analysis for each symptom listed in table 14.2.3.28.1, replacing "Overall PNSS" with the symptom as is appropriate

Table 14.3.1.1 Overall Summary of Treatment Emergent Adverse Event (TEAE) (Safety Analysis Set)

	Placebo NS (N=xxx) n (%)	GSP 301 NS (N=xxx) n (%)
Number of subjects with any treatment-emergent adverse event[a]	xxx (xx.x)	xxx (xx.x)
Any related treatment-emergent adverse event		
Any treatment-emergent severe adverse event	xxx (xx.x)	xxx (xx.x)
Any treatment-emergent moderate adverse event	xxx (xx.x)	xxx (xx.x)
Any treatment-emergent mild adverse event	xxx (xx.x)	xxx (xx.x)
Any treatment-emergent SAE leading to death	xxx (xx.x)	xxx (xx.x)
Any treatment-emergent SAE (including events leading to death)	xxx (xx.x)	xxx (xx.x)
Any treatment-emergent adverse event leading to study discontinuation	xxx (xx.x)	xxx (xx.x)
Number of treatment-emergent adverse events [b]	xxx	xxx
Severity		
Mild	xxx (xx.x)	xxx (xx.x)
Moderate	xxx (xx.x)	xxx (xx.x)
Severe	xxx (xx.x)	xxx (xx.x)
Relationship		
Related	xxx (xx.x)	xxx (xx.x)
Not Related	xxx (xx.x)	xxx (xx.x)
TEAE leading to study discontinuation	xxx (xx.x)	xxx (xx.x)
TEAEs leading to death	xxx (xx.x)	xxx (xx.x)
Treatment-emergent SAEs (including events leading to death)	xxx (xx.x)	xxx (xx.x)
Related treatment-emergent SAEs	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.7.1

[a] Subjects with multiple events in the same category are counted only once in that category. Subjects with events in more than 1 category are counted once in each of those categories. Percentages are based on total number of subjects in the safety set within each treatment group.

[b] Percentages in the succeeding categories are based on the number of treatment-emergent adverse events.

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Table 14.3.1.2 Summary of Treatment-Emergent Adverse Events (Safety Analysis Set)

System Organ Class Preferred Term	Placebo NS (N=xxx)		GSP 301 NS (N=xxx)	
	Number (%) of subjects[a]	Event Rate[b]	Number (%) of subjects[a]	Event Rate[b]
Number of treatment-emergent adverse events	xxx		xxx	
Number of subjects with any treatment-emergent adverse event	xxx (xx.x)	x.xx	xxx (xx.x)	x.xx
System Organ Class # 1	xxx (xx.x)	x.xx	xxx (xx.x)	x.xx
Preferred Term # 1	xxx (xx.x)	x.xx	xxx (xx.x)	x.xx
Preferred Term # 2	xxx (xx.x)	x.xx	xxx (xx.x)	x.xx
...				
System Organ Class # 2	xxx (xx.x)	x.xx	xxx (xx.x)	x.xx
Preferred Term # 1	xxx (xx.x)	x.xx	xxx (xx.x)	x.xx
Preferred Term # 2	xxx (xx.x)	x.xx	xxx (xx.x)	x.xx
...				

Source: Listing 16.2.7.1

N= Number of subjects in SAS treatment arm; percentages are based on N.
[a] Number (%) of subjects with AEs, sorted on international order for system organ class and alphabetically for preferred term.
[b] Number of subjects with AEs divided by the total duration (day) of treatment across all subjects in given treatment group, multiplied by 100.
The total number of TEAEs counts all treatment-emergent AEs for subjects. At each level of subject summarization, a subject is counted once if the subject reported one or more events.
Adverse Events were coded using MedDRA, Version 21.0.

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Programming Note: For event rate, the denominator is total duration in days of treatment for all subjects in the treatment group.

Table 14.3.1.3 Summary of Treatment-Related Emergent Adverse Events (Safety Analysis Set)
Source: Listing 16.2.7.1
Repeat table 14.3.1.2 for treatment-related adverse events

Table 14.3.1.4 Summary of Treatment-Emergent Adverse Events Leading to Discontinuation (Safety Analysis Set)
Source: Listing 16.2.7.4
Repeat table 14.3.1.2 for TEAEs leading to discontinuation

Table 14.3.1.5 Summary of Treatment-Emergent Adverse Events by Severity (Safety Analysis Set)

System Organ Class Preferred Term Severity	Placebo NS (N=xxx) n (%)	GSP 301 NS (N=xxx) n (%)
Number of treatment-emergent adverse events	xxx	xxx
Mild	xxx	xxx
Moderate	xxx	xxx
Severe	xxx	xxx
Number of subjects with any treatment-emergent adverse event	xxx (xx.x)	xxx (xx.x)
Mild	xxx (xx.x)	xxx (xx.x)
Moderate	xxx (xx.x)	xxx (xx.x)
Severe	xxx (xx.x)	xxx (xx.x)
System Organ Class # 1	xxx (xx.x)	xxx (xx.x)
Mild	xxx (xx.x)	xxx (xx.x)
Moderate	xxx (xx.x)	xxx (xx.x)
severe	xxx (xx.x)	xxx (xx.x)
Preferred Term # 1	xxx (xx.x)	xxx (xx.x)
Mild	xxx (xx.x)	xxx (xx.x)
...		

Source: Listing 16.2.7.1

N= Number of subjects in SAS treatment arm, percentages are based on N.
The total number of TEAEs counts all treatment-emergent AEs for subjects. At each level of subject summarization, a subject is counted once for the most severe event if the subject reported one or more events.
If the severity of an adverse event is missing, the AE is reported as "Severe".
Adverse Events were coded using MedDRA, Version 21.0.

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Table 14.3.1. 6 Summary of Treatment-Emergent Adverse Events by Relationship to Study Treatment (Safety Analysis Set)

System Organ Class Preferred Term Relationship	Placebo NS (N=xxx) n (%)	GSP 301 NS (N=xxx) n (%)
Number of treatment-emergent adverse events	xxx	xxx
Not Related	xxx	xxx
Related	xxx	xxx
Number of subjects with any treatment-emergent adverse event	xxx (xx.x)	xxx (xx.x)
Not Related	xxx (xx.x)	xxx (xx.x)
Related	xxx (xx.x)	xxx (xx.x)
System Organ Class # 1	xxx (xx.x)	xxx (xx.x)
Not Related	xxx (xx.x)	xxx (xx.x)
Related	xxx (xx.x)	xxx (xx.x)
Preferred Term # 1	xxx (xx.x)	xxx (xx.x)
Not Related	xxx (xx.x)	xxx (xx.x)
Related	xxx (xx.x)	xxx (xx.x)
...		

Source: Listing 16.2.7.1

N= Number of subjects in SAS treatment arm, percentages are based on N.
The total number of TEAEs counts all treatment-emergent AEs for subjects. At each level of subject summarization, a subject is counted once for the event with the closest relationship if the subject reported one or more events.
If the relationship of an adverse event is missing, the AE is reported as "Related".
Adverse Events were coded using MedDRA, Version 21.0.

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Table 14.3.1. 7 Summary of Treatment-Emergent Serious Adverse Events (Safety Analysis Set)
Source: Listing 16.2.7.5
Repeat table 14.3.1.2 for treatment-emergent serious adverse events

Table 14.3.1. 8 Summary of Treatment- Emergent Related Serious Adverse Events (Safety Analysis Set)
Source: Listing 16.2.7.5
Repeat table 14.3.1.2 for treatment-related emergent serious adverse events

Table 14.3.1.9 Summary of Treatment-Emergent Serious Adverse Events by Severity (Safety Analysis Set)
Source: Listing 16.2.7.5
Repeat table 14.3.1.5 for treatment-related emergent serious adverse events

Table 14.3.1. 10 Summary of Treatment-Related Emergent Adverse Events (TEAE) Leading to Discontinuation of the Study (Safety Analysis Set)
Source: Listing 16.2.7.4
Repeat table 14.3.1.2 for treatment-related emergent adverse events leading to discontinuation of the study

Table 14.3.1. 11 Summary of Treatment-Emergent Adverse Events with frequency >= 1% (Safety Analysis Set)
Source: Listing 16.2.7.1
Repeat table 14.3.1.2 for Treatment-Emergent Adverse Events with frequency >= 1%

Table 14.3.1. 12 Summary of Treatment-Emergent Adverse Events with frequency >= 2% (Safety Analysis Set)
Source: Listing 16.2.7.1
Repeat table 14.3.1.2 for Treatment-Emergent Adverse Events with frequency >= 2%

Table 14.3.1. 13 Summary of Treatment-Emergent Adverse Events with frequency >= 3% (Safety Analysis Set)
Source: Listing 16.2.7.1
Repeat table 14.3.1.2 for Treatment-Emergent Adverse Events with frequency >= 3%

Table 14.3.1. 14 Summary of Treatment-Emergent Adverse Events with frequency higher in GSP 301 NS group than in Placebo NS group (Safety Analysis Set)
Source: Listing 16.2.7.1, 16.2.7.2, 16.2.7.3
Repeat table 14.3.1.2 for Treatment-Emergent Adverse Events with frequency higher in GSP 301 NS group than in Placebo NS group

Programming note: for table 14.3.1.11, 14.3.1.12, 14.3.1.13 and 14.3.1.14, frequency for each event is determined by No of subjects that has that event divided by number of subject in the treatment group.

Table 14.3.1. 15 Overall Summary of Adverse Events during Placebo Run-in Period (Run-in Set)
Source: Listing 16.2.7.2

Repeat table 14.3.1.1 for adverse events that occurred in the placebo run-in period, overall column only

Table 14.3.1. 16 Overall Summary of Adverse Events Pre-run-in (All Subjects)
Source: Listing 16.2.7.3
Repeat table 14.3.1.1 for adverse events that occurred in the Pre-run-in Period, overall column only

Table 14.3.2.1.1 Summary of Vital Signs (Safety Analysis Set)

Parameter: Systolic Blood Pressure (mmHg)

	Placebo NS (N=xxx)		GSP 301 NS (N=xxx)	
Visit	Actual Value	Change from Baseline[a]	Actual Value	Change from Baseline[a]
Screening				
n (%)	xx (xx)		xx (xx)	
Mean (SD)	xx.x (xx.xx)		xx.x (xx.xx)	
Median	xx.x		xx.x	
Min, Max	xx, xx		xx, xx	
Baseline				
n (%)	xx (xx)		xx (xx)	
Mean (SD)	xx.x (xx.xx)		xx.x (xx.xx)	
Median	xx.x		xx.x	
Min, Max	xx, xx		xx, xx	
Day 8				
n (%)	xx (xx)	xx (xx)	xx (xx)	xx (xx)
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx	xx, xx
Repeat Day 8 for Day 15/Early Termination				

Source: Listing 16.2.8.5

SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the SAS treatment group; n= number of subjects with data available, percentages are based on N.

Baseline is defined as the value collected at Randomization Visit 2.

[a] Change from baseline: post-baseline value – baseline value. For the change from baseline, only subjects with a value at both baseline visit final/ discontinuation visit are included.

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Programming Note: Repeat table for all VS parameters: diastolic blood pressure (mmHg), pulse rate (BEATS/MIN), height (cm) and weight (kg). Note that height and weight are only collected at baseline and Day 15/Early Termination.

Table 14.3.2.1.2 Summary of Potentially Clinically Significant Vital Signs (Safety Analysis Set)

Parameter: Systolic Blood Pressure (mmHg)

			Number (%) of subjects			
Treatment Group	Visit	n	Normal	Abnormal	Abnormal, NCS	Abnormal, CS
Placebo NS (N=xxx)	Screening	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Baseline	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 8	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 15/Early Termination	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
GSP 301 NS (N=xxx)	Screening	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Baseline	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 8	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 15/Early Termination	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.8.5

N= Number of subjects in SAS treatment arm; n= Number of subjects that has test for each visit; percentages are based on n.

Baseline is defined as the value collected at Randomization Visit 2.

CS = Clinically Significant; NCS = Not clinically significant

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Programming Note: Vital Sign parameters Systolic blood pressure (mmHg), diastolic blood pressure (mmHg) and pulse rate (BEATS/MIN) will be displayed.

Table 14.3.2.2.1 Summary of Physical Examination (Safety Analysis Set)

General Appearance

Treatment Group	Visit	n	Number (%) of subjects			
			Normal	Abnormal	Abnormal, NCS	Abnormal, CS
Placebo NS (N=xxx)	Baseline	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 15/Early Termination	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
GSP 301 NS (N=xxx)	Baseline	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 15/Early Termination	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.8.2

N= Number of subjects in SAS treatment arm; n= Number of subjects that has test for each visit; percentages are based on n.

Baseline is defined as the value collected at Screening Visit 1.
CS = Clinically Significant; NCS = Not clinically significant

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Programming Note: Repeat table for all PEs: Neck, head and eyes, cardiovascular system, respiratory system, Musculoskeletal System, Skin, Gastrointestinal System, Genitourinary System, Neurological Examination

Table 14.3.2.3.1 Summary of Focused ENT Examination (Safety Analysis Set)

ENT Examination: Nasal Irritation [a]

Visit	Result	Number (%) of subjects	
		Placebo NS (N=xxx)	GSP 301 NS (N=xxx)
Screening	None	xxx (xx.x)	xxx (xx.x)
	Grade 1A	xxx (xx.x)	xxx (xx.x)
	Grade 1B	xxx (xx.x)	xxx (xx.x)
	Grade 2	xxx (xx.x)	xxx (xx.x)
	Grade 3	xxx (xx.x)	xxx (xx.x)
	Grade 4	xxx (xx.x)	xxx (xx.x)
Repeat for Baseline, Day 8, Day 15/Early Termination			

Source: Listing 16.2.8.3

N= Number of subjects in SAS treatment arm; percentages are based on N.

Baseline is defined as the value collected at Randomization Visit 2.

[a] Grade 1A and Grade 1B =Mild; Grade 2=Moderate; Grade 3 and Grade 4=Severe

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Programming Note: Repeat table for all ENT examinations follow the value from CRF: Epistaxis, Mucosal Edema, Nasal Discharge, Mucosal Erythema, Crusting of Mucosa, Throat Irritation, Candidiasis and Post Nasal Drip

Table 14.3.2.3.2 Summary of Potentially Clinical Significant Focused ENT Examination (Safety Analysis Set)

ENT Examination: Nasal Irritation

Treatment Group	Visit	n	Number (%) of subjects			
			Normal	Abnormal	Abnormal, NCS	Abnormal, CS
Placebo NS (N=xxx)	Screening	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Baseline	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 8	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 15/Early Termination	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
GSP 301 NS (N=xxx)	Screening	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Baseline	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 8	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 15/Early Termination	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.8.3

N= Number of subjects in SAS treatment arm; n= Number of subjects that has test for each visit; percentages are based on N.

Baseline is defined as the value collected at Randomization Visit 2.
CS = Clinically Significant; NCS = Not clinically significant

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Programming Note: Repeat table for Epistaxis, Mucosal Edema, Nasal Discharge, Mucosal Erythema, Crusting of Mucosa, Throat Irritation, Candidiasis and Post Nasal Drip

Table 14.3.2.4.1 Summary of Potentially Clinical Significant Eye Examination (Safety Analysis Set)

Treatment Group	Visit	n	Number (%) of subjects			
			Normal	Abnormal	Abnormal, NCS	Abnormal, CS
Placebo NS (N=xxx)	Screening	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Baseline	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 8	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 15/Early Termination	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
GSP 301 NS (N=xxx)	Screening	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Baseline	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 8	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
	Day 15/Early Termination	xx	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.8.4

N= Number of subjects in SAS treatment arm; n= Number of subjects that has test for each visit; percentages are based on N.

Baseline is defined as the value collected at Randomization Visit 2.
CS = Clinically Significant; NCS = Not clinically significant

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Table 14.3.2.5.1 Summary of Extent of Exposure during the Randomized Treatment Period (Safety Analysis Set)

	Statistics	Placebo NS (N=xxx)	GSP 301 NS (N=xxx)
Number of Subjects Exposed to Study Treatment n (%)		xx (xx.x)	xx (xx.x)
Number of Days on Randomized Treatment	n (%)	xx (xx.x)	xx (xx.x)
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x
	Min, Max	xx,xx	xx,xx
Number of Days in the Study [a]	n (%)	xx (xx.x)	xx (xx.x)
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x
	Min, Max	xx,xx	xx,xx
Randomized Treatment Compliance	< 75%	xxx (xx.x)	xxx (xx.x)
	>= 75% - <= 100%	xxx (xx.x)	xxx (xx.x)
	> 100% - < =125%	xxx (xx.x)	xxx (xx.x)
	> 125%	xxx (xx.x)	xxx (xx.x)

Source: Listing 16.2.5.3
SD = Standard Deviation; Max=maximum; Min=minimum; N= number of subjects in the SAS treatment group; n= number of subjects with data available; percentages are based on N.
[a] Number of days on study = End of Study Date - Enrollment Date (Screening Visit) +1
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Listing 16.2.1.1 Listing of Eligibility

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Met all criteria for enrollment?	Inclusion Criteria Not Met	Exclusion Criteria Not Met	Met all criteria for randomi-zation?	Rand Criteria Not Met	Randomization Number
305-000-0001	30/F/W	Yes					
xxx-xxx-xxx	xx/x/xx	No	IN01, IN21	EX02			
...							
xxx-xxx-xxx	xx/x/xx	Yes			No	RC01	
...							
...							

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.1.2 Listing of Discontinued Subjects (All Subjects)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Date of Last Dose Taken (Study Day)	Date of Early Termination/ Withdrawal (Study Day)	Reason for Early termination/ Withdrawal
305-000-0001	30/F/W	dd-mm-yyyy(day)	dd-mm-yyyy(day)	Screen Failure
xxx-xxx-xxx	xx/x/xx	dd-mm-yyyy(day)	dd-mm-yyyy(day)	Adverse Event
...				
xxx-xxx-xxx	xx/x/xx	dd-mm-yyyy(day)	dd-mm-yyyy(day)	xxxxxxxxxxx
...				
xxx-xxx-xxx	xx/x/xx	dd-mm-yyyy(day)	dd-mm-yyyy(day)	xxxxxxxxxxx
...				
xxx-xxx-xxx	xx/x/xx	dd-mm-yyyy(day)	dd-mm-yyyy(day)	xxxxxxxxxxx
...				

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.2.1 Listing of Protocol Deviations (All Subjects)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Date of Collection (Study Day)	Period	Protocol deviation term	Major [a]
305-000-0001	30/F/W	dd-mm-yyyy(day)	Treatment	xxxxxxxxxxxxxxxxxxxxx	Yes
		dd-mm-yyyy(day)	Run-In	xxxxxxxxxxxxxxxxxxxxx	No

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other
[a] Subject with major protocol deviation will be exclude from per protocol set.

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.3.1 Listing of Subjects Excluded from the Full Analysis Set (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/Sex/Race	Reason for Exclusion
305-000-0001	30/F/W	Did not have any post-evaluation treatment
305-000-0002	XX/X/X	

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.3.2 Listing of Subjects Excluded from the Per Protocol Set (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/Sex/Race	Reason for Exclusion
305-000-0001	30/F/W	Did not receive treatment
305-000-0002	XX/X/X	

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.4.1 Listing of Demographics (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Randomization number	Age	Sex	Race	Ethnicity	Height (cm)	Weight (kg)	BMI (kg/m2)
305-000-0001	xxxxx	xx	Male	Black/ African American	Not Hispanic or Latino	xx.x	xx.x	xx.x
xxx-xxx-xxx			Female	White	Not Hispanic or Latino			
...								
xxx-xxx-xxx								
...								
xxx-xxx-xxx								
...								
xxx-xxx-xxx								
...								

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.4.2 Listing of Medical History (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	System organ class/ MedDRA preferred term	Description of condition	Start Date/ End Date	Start Day/ End Day	Ongoing at Time of Visit (Screening)
305-000-0001	30/F/W	xxxxxxxxxxxxxxxx/ xxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxx	dd-mm-yyyy / dd-mm-yyyy	xx/xx	No
xxx-xxx-xxx	XX/X/X			dd-mm-yyyy / ---	xx/--	Yes
...						
xxx-xxx-xxx						
...						
xxx-xxx-xxx						
...						
xxx-xxx-xxx						
...						

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other
Medical History terms were coded using MedDRA, Version 21.0.

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.4.3 Listing of Prior and Concomitant Medications (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age (yrs)/ Sex/ Race	Drug Class/ Preferred Term/ Medication Reported	Flag	Start Date (Day)/ Stop Date (Day)	Ongoing	During Run-in Period	During Randomized Treatment Period	Start after Last Study treatment [a]	Dose(Unit)/ Route/ Freq	Indication
305-000-0001	30/ F/ W	XXXXXXXXXXXXX XX/ XXXXXXXXXXXXX XX/ XXXXXXXXXXXXX XX	P/C	dd-mm-yyyy(day) / dd-mm-yyyy(day)	No	Y/N	Y/N	Y/N	xxx (xx)/ Xxx xx	XXXX
...		XXXXXXXXXXXXX XX/ XXXXXXXXXXXXX XX/ XXXXXXXXXXXXX XX	P/C	dd-mm-yyyy(day) / ---	Yes					

xxx-xxx-xxx

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other
Flag: P=Prior medication, C=Concomitant medication; Freq=Frequency
Prior and concomitant medications were coded with the WHO Drug dictionary dated September 2017. Prior medications are medication ended before first randomized treatment. Concomitant medications are medication that are ongoing or ended after first randomized treatment.
Prior medication Day = presented date – first dose date + 1
[a] Start after last randomized treatment.

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Programming Note: Sort by Treatment, Subject ID, Start Date/Time, and alphabetically by Drug Class, Preferred Term, and Medication Reported.

Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.4.4 Listing of Skin Prick Test/Allergy Testing (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Visit/Test Date (Day)	Object of Observation	Skin Response Test Name	Result (Unit)	Was Allergy testing performed for this visit or within past 12 months?
305-000-0001	30/F/W	Screening/dd-mm-yyyy (Day)	Grass	Positive Control	xx.xx (xx)	Yes
...						

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other
Allergen Testing was performed at Screening Visit (Visit 1) or within the past 12 months

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.4.5 Listing of Pollen Counts and Rainfall by Site (Safety Analysis Set)

Site name	Collection Date	Type of Allergen	Sub-Category of Type of Allergen	Pollen Count	Did it rain today?	Amount of Rain
401-XXXXXXXXXXXXXXXXXXXXXXXX	dd-mm-yyyy	Weed	XXXXXXXXXX	xxx	Yes	xx.x
	dd-mm-yyyy	Grass	XXXXXXXXXX	xxx	No	
402-XXXXXXXXXXXXXXXXXXXXXXX	dd-mm-yyyy	XXXX	XXXXXXXXXX			
		XXXX	XXXXXXXXXX			

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Listing 16.2.4.6 Listing of Subject Visits (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Informed Consent	Screening (Visit 1)	Randomization (Visit 2)	Treatment (Visit 3)	Final/ Discontinuation (Visit 4)
305-000-0001	30/F/W	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy
xxx-xxx-xxx	xx/x/x	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy
...						

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.5.1 Listing of Drug Accountability (Safety Analysis Set)

Treatment Group: Placebo NS

				Dispensed			Returned	
Subject Number	Age(yrs)/ Sex/Race	Date/time of first study treatment	Visit Name	Kit Number	Date	No. of bottles	Date	No. of bottles
305-000-0001	30/F/W	dd-mm-yyyy(hh:mm)	Screening	xxxxx	dd-mm-yyyy	xx		
			Randomization	xxxxx	dd-mm-yyyy	xx	dd-mm-yyyy	xx
			Treatment	xxxxx	dd-mm-yyyy	xx	dd-mm-yyyy	xx
			Final/Discontinuation				dd-mm-yyyy	xx
...								
xxx-xxx-xxx								
...								
xxx-xxx-xxx								
...								
xxx-xxx-xxx								
...								

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other

Program: xxxx.sas Executed: DDMMMYYYY HH:MM Page X of Y

Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.5.2 Listing of Treatment and Dairy Compliance (Safety Analysis Set)

Treatment Group: Placebo NS

				Treatment Compliance		Diary Compliance	
Subject Number	Age(yrs)/ Sex/Race	Date/time of first study treatment	Visit Name	Subject missed any dose	Number of doses missed	Subject missed any entry	Number of entries missed
305-000-0001	30/F/W	dd-mm-yyyy(hh:mm)	Treatment	No		No	
			Final/Discontinuation	Yes	1	Yes	2
...							
xxx-xxx-xxx							
...							
xxx-xxx-xxx							
...							
xxx-xxx-xxx							
...							

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other

Program: xxxx.sas Executed: DDMMMYYYY HH:MM Page X of Y

Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.5.3 Listing of Extent of Exposure (Safety Analysis Set)

Treatment Group: Placebo NS

		Treatment			Study		
Subject Number	Age(yrs)/ Sex/Race	First dose Date (Day) / time	Last dose Date (Day) / time	Exposure (days)	Informed Consent date (day)	Completion / discontinuation date (day)	Days in the Study
305-000-0001	30/F/W	dd-mm-yyyy(xx) / hh: mm	dd-mm-yyyy(xx) / hh: mm	xx	dd-mm-yyyy(xx)	dd-mm-yyyy(xx)	xx
xxx-xxx-xxx							
...							
xxx-xxx-xxx							
...							
xxx-xxx-xxx							
...							
xxx-xxx-xxx							
...							

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other

Program: xxxx.sas Executed: DDMMMYYYY HH:MM Page X of Y

Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.1 Listing of AM and PM Allergic Rhinitis Symptom Evaluation (Reflective Nasal Symptom Scores) (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Day	Date	AM/ PM	Dosing Time	Assessment Time	Rhinorrhea	Nasal Congestion	Nasal Itching	Sneezing	rTNSS
305-000-0001		-7	dd-mm-yyyy	AM	hh:mm	hh:mm	0	1	0	0	1
	30/F/W			PM	hh:mm	hh:mm	1	1	0	0	2
		-6	dd-mm-yyyy	AM							
		...		PM							
		14	dd-mm-yyyy	XX							

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other
rTNSS = sum of four reflective nasal symptom scores (Rhinorrhea, Nasal Congestion, Nasal Itching, Sneezing)

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.2 Listing of AM and PM Allergic Rhinitis Symptom Evaluation (Instantaneous Nasal Symptom Scores) (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Day	Date	AM/ PM	Dosing Time	Assessment Time	Rhinorrhea	Nasal Congestion	Nasal Itching	Sneezing	iTNSS
305-000-0001	30/F/W	-7	dd-mm-yyyy	AM	hh:mm	hh:mm	0	1	0	0	1
				PM	hh:mm	hh:mm	1	1	0	0	2
		-6	dd-mm-yyyy	AM							
		...		PM							
		14	dd-mm-yyyy	XX							

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other
iTNSS = sum of four instantaneous nasal symptom scores (Rhinorrhea, Nasal Congestion, Nasal Itching, Sneezing)

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.3 Listing of Subject-reported AM, PM and average AM and PM rTNSS (Safety Analysis Set)

Treatment Group: Placebo NS

			Average AM and PM rTNSS			AM rTNSS			PM rTNSS		
Subject Number	Age(yrs)/ Sex/Race	Day	Baseline[a]	Result	CFB	Baseline[b]	Result	CFB	Baseline[b]	Result	CFB
305-000-0001	30/F/W	1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
		2		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		3		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		...									
		14		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x

rTNSS = sum of four reflective nasal symptom scores (Rhinorrhea, Nasal Congestion, Nasal Itching, Sneezing)
CFB = change from baseline.
[a] Baseline score of the average AM and PM rTNSS is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization.
[b] Baseline score of the AM (PM) rTNSS is derived as the mean of the last 4 consecutive AM (PM) values prior to randomization.

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.4 Listing of Subject-reported AM, PM and average AM and PM iTNSS (Safety Analysis Set)
Treatment Group: Placebo NS

			Average AM and PM iTNSS			AM iTNSS			PM iTNSS		
Subject Number	Age(yrs)/ Sex/Race	Day	Baseline[a]	Result	CFB	Baseline[b]	Result	CFB	Baseline[b]	Result	CFB
305-000-0001	30/F/W	1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
		2		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		3		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		...									
		14		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x

iTNSS = sum of four instantaneous nasal symptom scores (Rhinorrhea, Nasal Congestion, Nasal Itching, Sneezing)
CFB = change from baseline.
[a] Baseline score of the average AM and PM iTNSS is derived as the mean of the last 8 consecutive reading scores.
[b] Baseline score of the AM (PM) iTNSS is derived as the mean of the last 4 consecutive AM (PM) values prior to randomization.

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.5 Listing of AM and PM Reflective Non-Nasal Symptom Scores (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Day	Date	AM/ PM	Assessment Time	Itching/ Burning Eyes	Tearing/ Watering Eyes	Redness of Eyes	Itching of Ears or Palate	rTNNSS	rTOSS
305-000-0001	30/F/W	-7	dd-mm-yyyy	AM	hh:mm	0	1	0	1	2	1
				PM	hh:mm	1	1	0	0	2	2
		-6	dd-mm-yyyy	AM							
		...		PM							
		14	dd-mm-yyyy	XX							

rTNNSS = sum of four reflective non-nasal symptom scores (Itching/Burning Eyes, Tearing/Watering Eyes, Redness of Eyes, Itching of Ears or Palate)
rTOSS = sum of three reflective non-nasal symptom scores (Itching/Burning Eyes, Tearing/Watering Eyes, Redness of Eyes)

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.6 Listing of AM and PM Instantaneous Non-Nasal Symptom Scores (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Day	Date	AM/ PM	Assessment Time	Itching/ Burning Eyes	Tearing/ Watering Eyes	Redness of Eyes	Itching of Ears or Palate	iTNNSS	iTOSS
305-000-0001	30/F/W	-7	dd-mm-yyyy	AM	hh:mm	0	1	0	1	2	1
				PM	hh:mm	1	1	0	0	2	2
		-6	dd-mm-yyyy	AM							
		...		PM							
		14	dd-mm-yyyy	XX							

iTNNSS = sum of four instantaneous non-nasal symptom scores (Itching/Burning Eyes, Tearing/Watering Eyes, Redness of Eyes, Itching of Ears or Palate)
iTOSS = sum of three instantaneous non-nasal symptom scores (Itching/Burning Eyes, Tearing/Watering Eyes, Redness of Eyes)

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.7 Listing of Subject-reported AM, PM and average AM and PM rTNNSS (Safety Analysis Set)

Treatment Group: Placebo NS

			Average AM and PM rTNNSS			AM rTNNSS			PM rTNNSS		
Subject Number	Age(yrs)/ Sex/Race	Day	Baseline[a]	Result	CFB	Baseline[b]	Result	CFB	Baseline[b]	Result	CFB
305-000-0001	30/F/W	1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
		2		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		3		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		...									
		14		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x

rTNNSS = sum of four reflective non-nasal symptom scores (Itching/Burning Eyes, Tearing/Watering Eyes, Redness of Eyes, Itching of Ears or Palate).
CFB = change from baseline.
[a] Baseline score of the average AM and PM rTNNSS is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization.
[b] Baseline score of the AM (PM) rTNNSS is derived as the mean of the last 4 consecutive AM (PM) values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.8 Listing of Subject-reported AM, PM and average AM and PM iTNNSS (Safety Analysis Set)

Treatment Group: Placebo NS

			Average AM and PM iTNNSS			AM iTNNSS			PM iTNNSS		
Subject Number	Age(yrs)/ Sex/Race	Day	Baseline[a]	Result	CFB	Baseline[b]	Result	CFB	Baseline[b]	Result	CFB
305-000-0001	30/F/W	1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
		2		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		3		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		...									
		14		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x

iTNNSS = sum of four instantaneous non-nasal symptom scores (Itching/Burning Eyes, Tearing/Watering Eyes, Redness of Eyes, Itching of Ears or Palate).
CFB = change from baseline.
[a] Baseline score of the average AM and PM iTNNSS is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization.
[b] Baseline score of the AM (PM) iTNNSS is derived as the mean of the last 4 consecutive AM (PM) values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.
Program: xxxx.sas Executed: DDMMMYYYY HH:MM Page X of Y

Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.9 Listing of Subject-reported AM, PM and average AM and PM rTOSS (Safety Analysis Set)

Treatment Group: Placebo NS

			Average AM and PM rTOSS			AM rTOSS			PM rTOSS		
Subject Number	Age(yrs)/ Sex/Race	Day	Baseline[a]	Result	CFB	Baseline[b]	Result	CFB	Baseline[b]	Result	CFB
305-000-0001	30/F/W	1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
		2		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		3		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		...									
		14		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x

rTOSS = sum of three reflective ocular symptom scores (Itching/Burning Eyes, Tearing/Watering Eyes, Redness of Eyes).
CFB = change from baseline.
[a] Baseline score of the average AM and PM rTOSS is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization.
[b] Baseline score of the AM (PM) rTOSS is derived as the mean of the last 4 consecutive AM (PM) values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.10 Listing of Subject-reported AM, PM and average AM and PM iTOSS (Safety Analysis Set)

Treatment Group: Placebo NS

			Average AM and PM iTOSS			AM iTOSS			PM iTOSS		
Subject Number	Age(yrs)/ Sex/Race	Day	Baseline[a]	Result	CFB	Baseline[b]	Result	CFB	Baseline[b]	Result	CFB
305-000-0001	30/F/W	1	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
		2		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		3		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x
		...									
		14		xx.x	xx.x		xx.x	xx.x		xx.x	xx.x

iTOSS = sum of three reflective ocular symptom scores (Itching/Burning Eyes, Tearing/Watering Eyes, Redness of Eyes).
CFB = change from baseline.
[a] Baseline score of the average AM and PM iTOSS is derived as the mean of the last 8 consecutive reading scores including the AM assessment on the day of randomization.
[b] Baseline score of the AM (PM) iTOSS is derived as the mean of the last 4 consecutive AM (PM) values prior to randomization during the last 4 days of the run-in period from the Day -4 PM assessment to the AM assessment on the day of randomization.

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.11 Listing of Pediatric Rhinoconjunctivitis Quality of Life (PRQLQ) (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Visit	Date	NOSE Q1	NOSE Q2	NOSE Q3	NOSE Q4	EYE Q5	EYE Q6	EYE Q7	EYE Q8	PRACTICAL PROBLEMS Q9	PRACTICAL PROBLEMS Q10	PRACTICAL PROBLEMS Q11	PRACTICAL PROBLEMS Q12	PRACTICAL PROBLEMS Q20
305-000-0001	30/F/W	Randomization														
		Day 15														

Subject Number	Age(yrs)/ Sex/Race	Visit	Date	OTHER SYMPTOMS Q13	OTHER SYMPTOMS Q14	OTHER SYMPTOMS Q15	OTHER SYMPTOMS Q17	OTHER SYMPTOMS Q18	OTHER SYMPTOMS Q19	ACTIVITY LIMITATION Q16	ACTIVITY LIMITATION Q21	ACTIVITY LIMITATION Q22	ACTIVITY LIMITATION Q23
305-000-0001	30/F/W	Randomization											
		Day 15											

Baseline is defined as the time point "pre-dosing" at the Randomization Visit (Visit 2). Day 15 includes Visit 4 for all subjects, including those terminating early, regardless of what actual study day this visit occurred on.

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.6.12 Listing of Physician Assessed Nasal Symptom Scores (PNSS) (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Visit	Rhinorrhea	Nasal Congestion	Nasal Itching	Sneezing	PNSS	Change from Baseline
		Randomization	0	1	0	0	1	
305-000-0001	30/F/W	Day 15	1	1	0	0	2	1
		...						

Baseline is defined as the time point "pre-dosing" at the Randomization Visit (Visit 2)
PNSS = sum of four nasal symptom scores (Rhinorrhea, Nasal Congestion, Nasal Itching, Sneezing)

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.7.1 Listing of Treatment Emergent Adverse Events by Treatment During Randomized Treatment Period (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	System Organ Class/ Preferred Term [c]/ Verbatim Term	Start Date (Day)/ End Date (Day)/ Duration	Severity/ Relationship/ Action Taken with IP	Outcome / Additional Treatment Given	Cause Discontinuation/ Serious AE
305-000-0001	30/F/W	NERVOUS SYSTEM DISORDERS/ HEADACHE/ HEADACHE*	dd-mm-yyyy (Day)/ dd-mm-yyyy (Day)/ xx	Mild/ Not Related/ None	Recovered or Resolved with Sequelae/ No	No/ No

*=Treatment-emergent AE
Day = The presented date – First dose date + 1
Duration (Days = Stop date – Start date + 1)
Adverse Events were coded using MedDRA, Version 21.0

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.7.2 Listing of Adverse Events During Placebo Run-in Period (Run-in Set)
Repeat Listing 16.2.7.1 for Placebo run-in period for overall. Remove "Treatment group:xxx" on top of the table.

Listing 16.2.7.3 Listing of Adverse Events During Pre-run-in Period (All Subjects)
Repeat Listing 16.2.7.1 for Pre-run-in Period for overall. Remove "Treatment group:xxx" on top of the table.

Listing 16.2.7.4 Listing of Adverse Events Leading to Withdrawal (All Subjects)
Repeat Listing 16.2.7.1 for adverse events Leading to Withdrawal

Listing 16.2.7.5 Listing of Serious Adverse Event During Randomized Treatment Period (Safety Analysis Set)
Repeat Listing 16.2.7.1 for Serious Adverse events

Listing 16.2.7.6 Listing of Serious Adverse Event During Placebo Run-in Period (Run-in Set)
Repeat Listing 16.2.7.1 for Serious Adverse events during Placebo run-in period for overall. Remove "Treatment group:xxx" on top of the table.

Listing 16.2.7.7 Listing of Serious Adverse Event During Pre-run-in Period (All Subjects)
Repeat Listing 16.2.7.1 for Serious Adverse events during Pre-run-in Period for overall. Remove "Treatment group:xxx" on top of the table.

Listing 16.2.7.8 Listing of Death (All Subjects)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Date of Death (Day)	Cause of Death
305-000-0001	30/F/W	dd-mm-yyyy (Day)	xxxx

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.8.1 Listing of Pregnancy Test Results (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Visit	Was Urine Pregnancy Test Performed?	Date (Day)	Result	Reason Not done
305-000-0001	30/F/W	Screening	Yes	dd-mm-yyyy (Day)	Negative	
		Randomization Day 15	No			XXXXXXXXXXXXXXXXXXX
			Yes	dd-mm-yyyy (Day)	Negative	

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.8.2 Listing of Physical Examination (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Visit/ Exam Date(Day)	Assessment	Result	Clinical Significance	Abnormality Comment(s)
305-000-0001	30/F/W	Screening/ dd-mm-yyyy(day)	General Appearance	Abnormal	NCS	xxxxxxxx
			Neck	Normal		
			Head and Eyes	Normal		
			Cardiovascular System	Normal		
			Respiratory System	Normal		
			Musculoskeletal System	Normal		
			Skin	Normal		
			Gastrointestinal System	Normal		
			Genitourinary System	Normal		
			Neurological Examination	Normal		
			Other	Normal		
		<Repeat for Day 15>				
...						
xxx-xxx-xxx						

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other
Clinical Significance: CS = Clinically Significant; NCS = Not Clinically Significant

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.8.3 Listing of Focused ENT Examination (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Visit/Exam Date (Day)	Evaluation	Result	Clinical Significance
305-000-0001	30/F/W	Screening/ dd-mm-yyyy(day)	Nasal Irritation	Grade1B = Superficial mucosal erosion	NCS
			Epistaxis	Mild	NCS
			Mucosal Edema	None	NCS
			Nasal Discharge	Mild	NCS
			Mucosal Erythema	Mild	NCS
			Crusting of Mucosa	Mild	NCS
			Throat Irritation	Present	NCS
			Candidiasis	Absent	NCS
			Post Nasal Drip	Absent	NCS
		<Repeat for Randomization Day 8 Day 15>			
...					
xxx-xxx-xxx					

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other
Clinical Significance: CS = Clinically Significant; NCS = Not Clinically Significant

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.8.4 Listing of Eye Examination (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Age(yrs)/ Sex/Race	Visit/Exam Date (Day)	Side of Eye	Result	Description of Abnormality	Clinical Significance
305-000-0001	30/F/W	Screening/ dd-mm-yyyy(day) *<Repeat for Randomization Day 8 Day 15>*	Left	Normal	xxx	NCS
...						
xxx-xxx-xxx						

Sex: M=Male, F=Female; Race: W=White, BL=Black or African American, AS=Asian, AI=American Indian or Alaska Native, ML=Multiple, PI=Native Hawaiian or Other Pacific Islander, O=Other
Clinical Significance: CS = Clinically Significant; NCS = Not Clinically Significant

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Programming Note: Continue with treatment group GSP 301 NS.

Listing 16.2.8.5 Listing of Vital Signs (Safety Analysis Set)

Treatment Group: Placebo NS

Subject Number	Visit	Collection Date (Day)	Vital Sign Parameter	Position	Result	Units	Flag/ Clinical Significance
305-000-0001	Screening	dd-mm-yyyy (Day)	Systolic Blood Pressure	Sitting	xx.x	mmHg	Normal
			Diastolic Blood Pressure	Sitting	xx.x	mmHg	Ab; NCS
			Pulse Rate			BPM	Normal
			Height			cm	
			Weight			kg	
	Randomization	dd-mm-yyyy (Day)	Systolic Blood Pressure	Sitting	xx.x	mmHg	Normal
			Diastolic Blood Pressure	Sitting	xx.x	mmHg	Normal
			Pulse Rate			BPM	Normal
	Day 8						
	Day 15						

Flag: Ab;NCS=Abnormal;Not Clinically Significant, Ab;CS=Abnormal;Clinically Significant

Program: xxxx.sas Executed: DDMMMYYYY HH:MM