Official Title: A PHASE II, SINGLE-ARM, OPEN-LABEL STUDY TO EVALUATE THE EFFICACY, SAFETY, PHARMACOKINETICS AND PHARMACODYNAMICS OF IDASANUTLIN MONOTHERAPY IN PATIENTS WITH HYDROXYUREA-RESISTANT/INTOLERANT POLYCYTHEMIA VERA

NCT Number: NCT03287245

Document Date: DAP Version 0.3: 15-May-2020

NP39761 DATA ANALYSIS PLAN (DAP)

MODULE 2

Confidentiality Statement

Study title:	**A PHASE II, SINGLE-ARM, OPEN-LABEL STUDY TO EVALUATE THE EFFICACY, SAFETY, PHARMACOKINETICS AND PHARMACODYNAMICS OF IDASANUTLIN MONOTHERAPY IN PATIENTS WITH HYDROXYUREA-RESISTANT/INTOLERANT POLYCYTHEMIA VERA**
Protocol number:	**NP39761**

Author:

[redacted], [redacted] **Date**

Approver:

* [redacted] **Date**

*** The approver has ensured that key team members have been involved, contributed and reviewed the content of the List of Planned Outputs as described in the DAP Module 2 guideline.**

Table of Contents

1. SCOPE OF THE DOCUMENT

The Module 2 of the Data Analysis Plan (DAP) is an internal working document by which the study statistician communicates to SPA, documentation specialist, clinical scientist, and other functions as appropriate (e.g., patient-reported outcomes specialist, clinical pharmacologist) information related to overall scope of the planned analysis and details related to data handling rules and output design (output specifications). Provision of a separate List of Planned Outputs (LoPO) allows early and effective communication of analysis scope. The output specifications include sufficient detail to enable the study lead SPA to implement these analyses.

DAP Module 2 (M2) is designed to meet scientific objectives, promote the use of standards, and encourage efficient use of resources. Module 2 consists of two components:

- List of Planned Outputs (LoPO)
- Output Specifications document

The Output Specifications contain the data handling rules and output specifications. Output requirements may be split in batches to allow SPAs to start work on the report section by section. This will allow batches of outputs to be produced in parallel, thus reducing overall timelines and resources. Biostatisticians are accountable for DAP M2.

2. LIST OF PLANNED OUTPUTS (LOPO)

The list of planned outputs (LoPO) contains a full list of all outputs needed for the clinical study report (CSR). It outlines the scope of analysis with reference to standard templates where applicable and priority. It also serves as an initial communication venue to discuss with clinical scientist to ensure the scope of analysis meets the scientific needs.

3. FILTERS, POPULATIONS AND SUBGROUPS

Filter Category	Label of population or subgroup	Filter	Description
Main Populations	Safety-Evaluable Patients	SE	All patients who received at least one dose of the study treatment, whether prematurely withdrawn from the study or not, will be included in the safety analysis.
	Intent-to-Treat Patients	IT	All enrolled patients, regardless of previous ruxolitinib treatment
	Primary Efficacy Patients	PE	Ruxolitinib-naive patients both with splenomegaly by imaging or without splenomegaly who have Completed at least 32 weeks of treatment or withdrew prior to Week 32 due to NR or progressive disease.
	Early-Look Efficacy Patients	ELE	Patients who have completed at least 3 and/or 5 cycles

	PK Patients	PK	All patients who have received at least one dose of study treatment and who have data from at least one post-dose sample will be included in the PK analysis population. Patients will be excluded from the PK analysis population if they significantly violate the inclusion or exclusion criteria, deviate significantly from the protocol, or if data are unavailable or incomplete which may influence the PK analysis. Excluded cases will be documented together with the reason for exclusion. All decisions on exclusions from the analysis will be made prior to database closure.
	Pharmacodynamic Patients	PD	All patients who had at least one pre-dose and one post-dose pharmacodynamic assessment will be included and analyzed.
	Prior Rux exposed patients	RUX	
	Patients with splenomegally	SPLNML	All patients with splenomegaly
	Patients without splenomegally	WOSPLML	
	All Rux naïve	RUXNAIVE	
Sub-setting of data by patient characteristics – key subgroups only	Patients aged >= 65	AGEGE65	Patients aged 65 or more

Additional filters are used to subset data based on assessments, e.g. serious adverse events or assessments during treatment.

4. DATA HANDLING SPECIFICATIONS

4.1 Reporting periods

The following definitions are used to allocate data to study periods. The same definitions are used for all outputs, e.g. AEs, laboratory data, patient disposition, unless otherwise specified.

4.1.1 Study Day 1

Original study day 1 is defined as the day of the first study treatment dose.

4.1.2 Before therapy

All events/assessments that occur before study day 1 are considered to have occurred before therapy and have a negative study day. AEs occurring at study day 1 are assumed to have occurred after therapy started. For handling of laboratory assessment, see definition of baseline.

4.1.3 Baseline

Baseline assessment is the last valid assessment before or on study day 1. As defined in the protocol, for all laboratory assessments at study day 1, it is assumed that the assessment was done before the treatment intake. The baseline will be kept throughout the entire study, i.e. there will be no new baseline derived if the dose is increased or decreased.

Baseline assessments that are measured only once at screening or week 1 and are not affected by treatment should be considered irrespective of the study day (e.g. gender, height, PV history).

4.1.4 Study cycles

A treatment cycle starts on the day of the first administration of study treatment and ends the day before the start of the next cycle. For example, cycle 1 will start at the first valid cycle 1 study drug administration and will end at the start date of the first cycle 2 dose minus 1 day. The last cycle ends when the treatment period ends.

4.1.5 Treatment period

Treatment period is defined as the time between Cycle 1 Day 1 and date of the clinical cutoff **or** the date of withdrawal or end of study, whichever comes first.

4.1.6 Observation time

Observation time is the time between date of enrollment (according to IxRS) and the date of withdrawal, study completion or cutoff whichever comes first (=last date known to be alive).

4.1.7 Last known alive date

The last known alive date is derived from the latest of dates in the following CRF fields: AE start and end dates, response assessment dates, study drug exposure dates, lab assessment dates, vital signs assessment dates, ECG assessment dates, death date, enrollment date and date of informed consent.
As per STREAM standard rules only partial dates from tumor response are included. In this case missing day is replaced by 1st of the month if only month and year are given. Dates where month and/or year are missing are not imputed but excluded.

4.1.8 Study Drug Exposure Time

Study drug exposure time is defined as last study drug administration date minus first study drug administration date plus one day.

4.1.9 Visits

The visits according to schedule of assessment are labeled as 'Cycle x Day y' ('Cycle 1 Day 1', 'Cycle 2 Day 1' etc.). Assessments are assigned to visits using the visit labels in SDTMv. In general, all summary tables by visit include all scheduled assessments as per SoA.
In case of multiple assessments per visit with a scheduled visit label, the visit with worst values is taken into account, otherwise the last visit is taken into account.
Note, in the majority of the summaries no 'Cycle 1 Day 1' is displayed because this is labeled as baseline.

If a Visit becomes a baseline value, it is only displayed as baseline. E.g. if 'Cycle 1 Day 1' is the baseline, then only Baseline is displayed in the outputs, followed by the next visit. In listings the original SDTMv visit label is shown.

4.1.10 Calculation of Durations

All derivations of duration are initially done based on days and converted to weeks, months and years if needed using 7, 30.4375 and 365.25, respectively, as denominator, if not otherwise specified.

4.2 Data cut rules

The rules and definitions for analysis data cut will be applied according to the Roche Global Data Standards.
Fixed-cutoff will be used: the clinical cutoff date is based on a study milestone and is the same date for all subjects. Data collected on or before the clinical cutoff date will be included.

For the detailed data cut specifications including a variable level overview, please refer to DAP M3 Common Derivation Rules.

4.3 Handling of missing and incomplete data

Laboratory values with either a '<' or '>' included in the lab result will have the inequality symbol removed and 0.001 will be either subtracted (when '<' is included) or added (when '>' is included) to the numeric value of the result for the purpose of summarizing (the original value will be displayed in listings). For example, laboratory values given as " <7" or ">7" are treated as follows:

Recorded data value	When reported as numerical value	When reported in a listing
<7	6.999	<7
>7	7.001	>7

Each AE is assigned to a time period, i.e. pre-treatment, during treatment (Section 3.1.3).
In listings AEs with partial dates will be shown by having a missing study day.

Incomplete onset dates for AEs will be handled as follows:

- in case the day is missing, it is replaced by the 1st of the month, unless a trial treatment exists within that month (not necessarily first treatment) then set to the date of that treatment
- in case the day and month are missing, they are replaced by 1st of January, unless the first trial treatment exists within that year then set to the date of that treatment
- in case imputation leads to the AE occurring before treatment, the onset date will be set to the treatment start date
- resolution dates are checked to ensure imputed onset dates do not become later than the resolution date

Partial study drug administration dates will not be imputed. A valid study drug administration record is one with a complete begin date and a >0 actual dose. Only valid records should be used for all analyses where information of study drug administration is used.

4.4 General Guidelines for naming conventions and output appearance

In summary tables, N represents the total number of patients in each population. 'n' represents the number of patients with non-missing information for a certain parameter. Calculation of percentages is based on the number of patients with non-missing information.
For numeric variables the following summary statistics are calculated: mean, standard error of mean (SEM), standard deviation, median, minimum - maximum and n. The precision for calculated values is 1 decimal place, unless otherwise specified in the table shell.
For categorical variables, the number of patients per category, percentage of patients in the category (with 1 decimal place unless otherwise specified) and the number of patients with non-missing information are displayed.

Listings will be sorted by site and patient ID. If assessments of a patient do not fit on one page, it will be indicated by repeating the patient identification plus along with the wording '(….patient continuing)' on the next page. Multiple assessments (assessments over time) will be sorted by study day. If both study day and date of assessment are presented, the sequence is always the same: date followed by study day.

Summary tables should be in portrait format if possible.

Output header should indicate the interim protocol number and analysis population.

Whenever appropriate and more efficient, outputs should be produced with STREAM. All derived variables must be stored in a VAD (Value Added Dataset) using CDISC ADaM standards.

The most current MedDRA version will be used.

In all outputs where the patient number is visible the SUBJID should be used, if not otherwise specified.

5. OUTPUT SPECIFICATIONS

Output specifications give clear functional specifications in plain English, and/or pseudo code. Statistical methods require sufficient detail to enable the SPA to correctly program the analysis, but are not intended to exhaustively address rare or unexpected issues (e.g., handling of rare data quality issues). In general, there are no reference dataset or variable names. References are made to relevant sections in the CRF or the Bleed and Medication Questionnaire.

Every unique template used to generate an output will be included in the output specifications document. If the same template is used to create multiple outputs (for example, the AET02 template for adverse event summary tables) only one such output template will appear in the output specifications. The LOPO is the reference tool for a full list of all outputs and the associated template name.

5.1 General output set up

The key layout will be driven by the populations.
Whereever possible the tables will be split by Ruxolitinib exposure and splenomegaly status at baseline. The table header would look like follows:

	Ruxolitinib Naive			Ruxolitinib Exposed			All Patients
	(N=XX)			(N=XX)			(N=XX)
	With Splenomegaly	Without Splenomegaly	All Patients	With Splenomegaly	Without Splenomegaly	All Patients	All Patients
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)

Listings will be grouped in a similar way.

As a general statement, the outputs will include the name of the associated population e.g. " Safety-Evaluable Patients". Listings will generally include all patients of the relevant population.

Some outputs may be produced for specified populations only. For a detailed list of outputs please see the List of Planned Outputs (LoPO).

5.2 Demographics and Baseline Characteristics

The following parameters will be used to describe the study population and subsets for further analyses, e.g. subgroup analyses of efficacy. Listings corresponding to summary tables are provided.

Demographic information parameters will be sex, age (and categorized age), race, ethnicity, height, weight, ECOG score at baseline, body surface area (BSA) and body mass index (BMI) as specified in the table below.
BSA is calculated with the following formula.

$$BSA\ [m^2] = Weight(kg)^{0.425} \times Height(cm)^{0.725} x 0.007184$$

DMT01 Demographics and Baseline Characteristics
Safety Evaluable Population *{, subgroup}*
Protocol: *{base protocol}*

	{trt} (N=xx)	Comment
Age (yr)		numeric, Age at Baseline
N	xx	
Mean (SD)	xx.x (xx.x)	
Median	xx.x	
Min - Max	xx - xx	
Age group (yr)		categorical, Age at Baseline
n	xx	Elderly vs. Non-Elderly at 65
< 65	xx (xx.x %)	
>= 65	xx (xx.x %)	
Sex		
n	xx	
Male	xx (xx.x %)	Change order if needed
Female	xx (xx.x %)	
Ethnicity		
n	xx	
Hispanic or Latino	xx (xx.x %)	Values on CRF, change if needed.
Not Hispanic or Latino	xx (xx.x %)	
Not reported	xx (xx.x %)	
Unknown	xx (xx.x %)	
Race		Derived as one race per patient
n	xx	
American Indian or Alaska Native	xx (xx.x %)	

Asian	xx (xx.x %)	
Black or African American	xx (xx.x %)	
Native Hawaiian or other Pacific Islander	xx (xx.x %)	
White	xx (xx.x %)	
Other	xx (xx.x %)	
Multiple	xx (xx.x %)	
Unknown	xx (xx.x %)	
Baseline ECOG Score		Baseline ECOG
n	xx	
0	xx (xx.x %)	
1	xx (xx.x %)	
2		
Patients with splenomegaly	xx (xx.x %)	
Patients without splenomegaly	xx (xx.x %)	
Patients with Surgery	xx (xx.x %)	
Patients without Surgery	xx (xx.x %)	

5.3 Protocol Deviations

Major protocol deviations will be taken from the PDMS system. All major deviations from PDMS will be listed and summarized and will be reported in the CSR.

PDL01 Listing of Major Protocol Deviations

Listing of Major Protocol Deviations: *<Specify Population>*
Protocol: xxnnnnn

Treatment: PLACEBO

Center/ Patient ID	Category	Description	Date
[redacted]	Inclusion criteria	Age criteria	DDMMMYYYY
	Exclusion criteria	Pregnancy criteria	DDMMMYYYY
	Procedural	Incorrect dose	DDMMMYYYY
	Procedural	Incorrect dose	DDMMMYYYY

PDT01: Major Protocol Deviations Table

Major Protocol Deviations: *<Specify Population>*
Protocol: xxnnnnn

Category Description	Group 1 (N=nnn)	Group 2 (N=nnn)	Group 3 (N=nnn)	Total (N=nnn)
Total number of patients with at least one major protocol deviation	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Total number of major protocol deviations	nn	nn	nn	nn
Inclusion Criteria	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Age criteria	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Exclusion Criteria	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Pregnancy criteria	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Sodium > 180mg	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Procedural	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Incorrect dose	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
…				

Percentages are based on N in the column headings.

5.4 Patient Disposition

Patient disposition table (DST01) describes the flow of patients through the study up to the cutoff. Patients will be tabulated by relevant population and total:

- Number of patients enrolled (n should match with ALL)
- Number of patients treated with Idasanutlin
- Number of patients who completed 32 weeks in the study
- Number of patients who started safety followup
- Number of patients who completed safety followup
- Number of patients who discontinued treatment
- Number of patients who discontinued from the study
- Number of patients who completed the study

Number of patients included and excluded from each analysis population is listed and summarized.

All analysis populations defined for the study are included.
Major protocol deviations are listed and summarized by category and type of deviation.
A listing of investigators is produced with a column indicating the number of patients enrolled (ENL01). Also enrollment will be summarized by country and investigator number (ENT01).
Observation time and duration of efficacy period are summarized descriptively (unit Cycles) and categorically (cumulative): C1D1,C2D1, C3D28, C5D28. Only categories available in the data at the time of reporting are displayed. For the final CSR the unit might be changed to months.

APT01: Analysis Populations Table

Analysis Populations: Enrolled Patients
Protocol: xxnnnnn

Analysis Populations	Group 1	Group 2	Group 3	Total
All Patients	nn	nn	nn	nn
Total Exclusions	nn	nn	nn	nn
Intent-to-Treat	nn	nn	nn	nn
Total Exclusions	nn	nn	nn	nn
Safety	nn	nn	nn	nn
Total Exclusions	nn	nn	nn	nn
…				
…				

ENL01 Listing of Investigators

Listing of Investigators: All Patients
Protocol: xxnnnnn

Center	Center Name	Investigator	Investigator Number	Country	Number of Patients Enrolled
xxxxxx	[redacted]		xxxxxx	Australia	x
xxxxxx			xxxxxx	Australia	x

ENT01 Enrollment by Country and Investigator Number

Enrollment by Country, and Site: <Analysis Population>
Protocol: xxnnnnn

Country, Center	Total (N=nnn)
Country 1	nn (xx.x%)
[redacted]	nn (xx.x%)
…	nn (xx.x%)
Country 2	nn (xx.x%)
[redacted]	nn (xx.x%)
…	nn (xx.x%)

DML02 Enrollment Listing

Enrollment Listing
Protocol: xxnnnnn

Center/ Patient ID	Prior Rux expose	Date of Enrollment	Date of First Idasanutline Administration
[redacted]	Rux exposed	[redacted]	
	Rux exposed		
	Rux exposed		
	Rux exposed		
	Rux Naive		
	Rux Naive		
	Rux Naive		

UDST01: Observation time
Study Drug Exposure: <Specify Population>
Protocol: BO3918229884

	Group 1 (N=nnn)
Observation Time (weeks)	
n	nnn
Mean (SD)	xx.xx (xx.xx)
Median	xx.xx
Min□max	xx.x□xx.x
Observation Time (Cycle)	
C1D1	n (%)
C2D1	n (%)
C3D28	n (%)
C5D28	n (%)

n represents the number of patients contributing to summary statistics.
Percentages are based on n (number of valid values).

5.5 Compliance reports

A summary of compliance reports will be generated for the COA questionnaires (MPN-SAF TSS, EORTC QLQ-C30, and PGIC) by visit

PROT01 : Questionnaire Completion Rate by Visit

Scheduled <Questionnaire> Completion Rate by Visit: <Analysis Population>
Protocol: xxnnnnn

Visit	(N=nnn)
Total	
Number of questionnaires expected (n)	nn
Number of questionnaires completed	nn (xx.x%)
Number of questionnaires not completed	nn (xx.x%)
Reason 1	nn (xx.x%)
Reason 2	nn (xx.x%)
Week 1	
Number of questionnaires expected (n)	nn
Number of questionnaires completed	nn (xx.x%)
Number of questionnaires not completed	nn (xx.x%)
Reason 1	nn (xx.x%)
Reason 2	nn (xx.x%)
Visit X	
Number of questionnaires expected (n)	nn
Number of questionnaires completed	nn (xx.x%)
Number of questionnaires not completed	nn (xx.x%)
Reason 1	nn (xx.x%)
Reason 2	nn (xx.x%)

n represents the number of patients contributing to summary statistics.
Percentages are based on n (number of valid values).

5.6 General and PV Related Medical History

Data reported on the General Medical History and Baseline Conditions eCRF page will be used to report the previous and concurrent medical history.

Diseases with a status of 'Resolved' will be considered previous medical history, and diseases with a status of either 'Ongoing with treatment' or 'Ongoing without treatment' will be considered concurrent medical history.

Summary tables will be produced for previous and concurrent medical history, including all reported data, and for concurrent medical history, including only the ongoing diseases (MHT01). A listing of all previous and concurrent medical history will also be provided (UMHL_01).

Data collected on the Polycythemia Vera Medical History, Prior Polycythemia Vera Therapy eCRF page will be summarized in a separate table (UMHT02). An additional listings will also be provided.

A summary of hydroxurea use and resistance history will also be presented

MHT01: Previous and Concurrent Medical History:
Protocol: xxnnnnn

MedDRA System Organ Class MedDRA Preferred Term	Group 1 (N=nnn)	Group 2 (N=nnn)	Group 3 (N=nnn)	All Patients (N=nnn)
Total number of patients with at least one condition	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Overall total number of conditions	nnn	nnn	nnn	nnn
VASCULAR DISORDERS				
Total number of patients with at least one condition	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Total number of conditions	nn	nn	nn	nn
HYPERTENSION	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
VARICOSE VEINS	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
…				
...				

Investigator text for medical history conditions coded using MedDRA version xx.x. Percentages are based on N in the column headings.

MHT01: Hydroxyurea Intolerance/Resistance History
Protocol: xxnnnnn

	Group 1 (N=nnn)	Group 2 (N=nnn)	Group 3 (N=nnn)	All Patients (N=nnn)
Patients resitant to treatment as per protocol				
Yes	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
No	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Was the Patient intolerant to treatment as per Protocol?				
Yes	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
No	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
...				

Percentages are based on N in the column headings.

UMHT02: Polycythemia Vera Medical History:
Protocol: xxnnnnn

Medical Condition	Group 1 (N=nnn)	Group 2 (N=nnn)	Group 3 (N=nnn)	All Patients (N=nnn)
Total number of patients with at least one condition	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Overall total number of conditions	nnn	nnn	nnn	nnn
HEADACHE				
Total number of patients with at least one condition	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Total number of conditions	nn	nn	nn	nn
FATIGUE	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Total number of patients with at least one condition	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Total number of conditions	nn	nn	nn	nn
...				

Percentages are based on N in the column headings.

UMHL_01: Listing of Polycythemia Vera Medical History

Listing of Polycythemia Vera Medical History
Protocol: NP39761
Treatment: xxxxx (N=xx)

Center/Participant ID - Age/Sex/Race	Preferred Term	Start Date	End Date	Time Relationship to Treatment	Status of Disease
XXX [redacted]	LACTOSE INTOLERANCE			Prior/Concomitant	ONGOING WITHOUT TREATMENT
XXX - XX [redacted]	POLIOMYELITIS	[redacted]		Prior	
	HEADACHE			Prior	
	DENTURE WEARER			Prior/Concomitant	ONGOING WITHOUT TREATMENT

5.7 Efficacy Analysis

5.7.1 Primary endpoint Response rate: Hct Criteria

The primary endpoint will be evaluated based on *hematocrit control* on the following populations

- All Patients without prior ruxolitinib exposure without Splenomegaly
    - Response is defined HCT control i.e. ≤1 instance of phlebotomy eligibility between first dose and Week 8; and ineligibility for phlebotomy between week 8 and Week 32 based on CRF;
      Definition of eligibility for phlebotomy: a Hct of ≥ 45% that was ≥ 3% higher than baNPseline level or a Hct of > 48%.

- Patients without prior exposure to ruxolitinib with Splenomegally
    - Using composite:
        - HCT control
        - ≥ 35% reduction in spleen volume (primary at Week 32) from baseline
- All patients without prior exposure to Ruxolinitib with or without splenomegally
        - HCT control
    - Using HCT control without phlebotomy Notes:

A summary table for the response rates will be provided (RSPT01). Only descriptive statistics are used. No formal testing is done in the study.

RSPT01

Overview of response rate
Primary Efficacy Evaluable Population {, subgroup}
Protocol: {base protocol}

Overall At Week 32	Ruxolitinib Naïve (N=xx)			Ruxolitinib Exposed (N=xx)			All Patients (N=xx)
	With Splenomegaly (N=xx)	Without Splenomegaly (N=xx)	All Patients (N=xx)	With Splenomegaly (N=xx)	Without Splenomegaly (N=xx)	All Patients (N=xx)	
HCT Control	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Not Evaluable (NE)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Composite Response %	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
95% CI	NA	NA	(x.xx, x.xx)	NA	NA	(x.xx, x.xx)	(x.xx, x.xx)
Not Evaluable (NE)	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
Missing	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)

Patients were classified as “Not Evaluable” if all post-baseline response assessments were reported as not evauable, or SD assessment occurring within xxx weeks from baseline/study entry.

Patients were classified as “Missing” if no post-baseline response assessments were available.

Notes

The simplest table has only "Responder" and "95% CI" rows. The other rows and sections are optional. Adjust the footnotes to match the content presented in the table. Other response endpoints (like disease control rate) can be summarized using this layout instead of just CR/PR. Add titles and/or footnotes to describe the rate being summarized.

Response rate by visit
Intent-to-Treat Patients
Protocol: {base protocol}

Overall	Ruxolitinib Naïve (N=xx)			Ruxolitin b Exposed (N=xx)			All Patients (N=xx)
	With Splenomegaly (N=xx)	Without Splenomegaly (N=xx)	All Patients (N=xx)	With Splenomegaly (N=xx)	Without Splenomegaly (N=xx)	All Patients (N=xx)	
Cycle 3 Day 28							
HCT Control	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Not Evaluable (NE)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Composite Response %	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
95% CI	NA	NA	(x.xx, x.xx)	NA	NA	(x.xx, x.xx)	(x.xx, x.xx)
Not Evaluable (NE)	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
Missing	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
Cycle 5 Day 28							
HCT Control	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Not Evaluable (NE)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Composite Response %	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
95% CI	NA	NA	(x.xx, x.xx)	NA	NA	(x.xx, x.xx)	(x.xx, x.xx)
Not Evaluable (NE)	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
Missing	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
Cycle X Day XX							
HCT Control	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Not Evaluable (NE)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Composite Response %	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
95% CI	NA	NA	(x.xx, x.xx)	NA	NA	(x.xx, x.xx)	(x.xx, x.xx)
Not Evaluable (NE)	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)
Missing	NA	NA	xx (xx.x%)	NA	NA	xx (xx.x%)	xx (xx.x%)

Note: As per the protocol assessment schedule.

5.7.2 Secondary endpoint:

5.7.2.1 ELN Hematologic response criteria

Similarly to be evaluated on the 3 Rux naïve populations: without splenomegaly, with splenomegaly; and with and without splenomegaly

Response grade	Definition
Complete response (CR)	(1) Hct < 45% without phlebotomy AND (2) Platelet count ≤ 400 × 10^9/L AND (3) White blood cell count ≤ 10 × 10^9/L, AND (4) Normal spleen size on imaging AND (5) No disease-related symptoms*
Partial response (PR)	In patients who do not fulfill the criteria for complete response: Hct < 45% without phlebotomy OR response in 3 or more of the other criteria.
No response (NR)	Any response that does not satisfy partial response.
Progressive disease (PD)	Defined by occurrence of increased bone marrow fibrosis from baseline, and/or transformation to MF, MDS or Acute Leukemia.

* Disease-related symptoms as described in Section

t_ef_rsp

- Response Rate Summary

Based on GDS template: RSPT01

Response rate per ELN hematological assessment
Intent-to-Treat Patients
Protocol: {base protocol}

	Ruxolitin b Naïve (N=xx)				Ruxolitin b Exposed (N=xx)				All Patients (N=xx)	
	With Splenomegaly (N=xx)		Without Splenomegaly (N=xx)		With Splenomegaly (N=xx)		Without Splenomegaly (N=xx)			
	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx) (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)
Overall Response	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Complete Response (CR)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Partial Response (PR)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Progressive Disease (PD)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Not Evaluable (NE)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Patients were classified as "Not Evaluable" if all post-baseline response assessments were reported as not evaluable, or SD assessment occurring within xxx weeks from baseline/study entry.
Patients were classified as "Missing" if no post-baseline response assessments were available.

Note: Time points as per the protocol assessment schedule.
Responder: Is defined as either CR / PR.

5.7.2.2 Complete Hematologic response (CHR)

Similarly to be evaluated on the 3 Rux naïve populations: without splenomegaly, with splenomegaly; and with and without splenomegaly.

Complete hematologic response (CHR) requires **all** of the following:

- Hct control (protocol-specified ineligibility for phlebotomy between Weeks 8–32 and ≤ 1 instance of phlebotomy eligibility between first dose and Week 8);
- WBC count ≤ 10 × 10^9/L at Week 32 assessment; AND
- PLT count ≤ 400 × 10^9/L at Week 32 Assessment

Response rate per Complete Hematologic Response
Intent-to-Treat Patients
Protocol: {base protocol}

	Ruxolitin b Naïve (N=xx)				Ruxolitin b Exposed (N=xx)				All Patients (N=xx)	
	With Splenomegaly (N=xx)		Without Splenomegaly (N=xx)		With Splenomegaly (N=xx)		Without Splenomegaly (N=xx)			
	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx) (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)
CHR	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Complete Response (CR)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: Time points as per the protocol assessment schedule.

5.7.2.3 Duration of Response

Duration of response, including proportion of patients with durable response lasting at least 12 weeks (Cycle 11 Day 28) from Week 32 (Cycle 8 Day 28) (Hct control, CHR, ELN 2009 response and composite response, if applicable)

Based on GDS template: RSPT01

Response duration >= 12 weeks
Intent-to-Treat Patients
Protocol: {base protocol}

	Ruxolitin b Naïve (N=xx)				Ruxolitin b Exposed (N=xx)				All Patients (N=xx)	
	With Splenomegaly (N=xx)		Without Splenomegaly (N=xx)		With Splenomegaly (N=xx)		Without Splenomegaly (N=xx)			
	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx) (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)	Cycle 3 Day 28 (N=xx)	Cycle X Day XX (N=xx)
Response duration>=12 Weeks (%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
95% CI	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

5.7.2.4 Hct/composite Response rate in all patients irrespective of prior Rux exposure

Evaluated as in Section 5.7.1 but on all patients regardless of prior exposure to Ruxolitinib

5.7.2.5 Hct/composite Response rate in all Rux exposed patients

Evaluated as in Section 5.7.1 but on only patients with prior exposure

Table of proportion of patients with >35% Spleen reduction by Visit, for patients with Splenomegally
Listing of MRI/CT-scans will be provided.

5.7.3 Exploratory analyses

No exploratory analysis has been planned for abbreviated CSR, however it will be analysed for publication purpose.

5.7.3.1 Molecular response

A summary of percentage change from baseline of JAK2V617F (or JAK2 exon 12 mutation) allele burden will be evaluated at the end of Cycle 3, end of Cycle 5, Week 32, and every 3 cycles up to 2 years post initial dose compared to baseline.

Visit / Category	Group 1 (N=nnn)	Group 2 (N=nnn)	Group 3 (N=nnn)
Baseline			
Value at Visit			
n	nnn	nnn	nnn
<=450 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
>450 to <=480 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
>480 to <=500 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
>500 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Week 12			
Value at Visit			
n	nnn	nnn	nnn
<=450 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
>450 to <=480 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
>480 to <=500 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
>500 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
Change from Baseline			
n	nnn	nnn	nnn
<=30 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
>30 to <=60 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)
>60 msec	nn (xx.x%)	nn (xx.x%)	nn (xx.x%)

5.7.3.2 Histologic response

Frequency tables for histologic response will be provided at various time points and corresponding listing will be provided as

Histologic remission

No change from baseline

Wrosening from baseline

Worsening responses will further be categorized per visit as follows

No transformation

Transformation to Mylelofibrosis

Transformation to MDS

Transformation to Acute Leukemia

t_ef_his

Histologic Response by visit
All Patients
Protocol: {base protocol}

Cycle 3 day 28	Ruxolitinib Naïve (N=xx)	Ruxolitinib Exposed (N=xx)	All Patients (N=xx)
Histologic remission	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
No change from baseline	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Wrosening from baseline	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
No transformation	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Transformation to Mylelofibrosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Transformation to MDS	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Transformation to Acute Leukemia	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Cycle 5 day 28	nn(xx.x%	nn(xx.x%	nn(xx.x%
Histologic remission	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
No change from baseline	(x.xx, x.xx)	(x.xx, x.xx)	(x.xx, x.xx)
Wrosening from baseline	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
No transformation	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Transformation to Mylelofibrosis	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Transformation to MDS	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Transformation to Acute Leukemia	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Cytogenetic response

A listing of cytogenetic abnormalities will be provided (l_ef_cy)

A frequency summary of each cytogenetic abnormality changes from baseline will be provided

CYSHIFT: Shift Table: Cytogenetic abnormality Post-Baseline: <All Patients>

Protocol(s):
Snapshot Date: <Snapshot date>

Subbpopulation: (N=24) Type of Abnormality: Cytogenetic abnormality

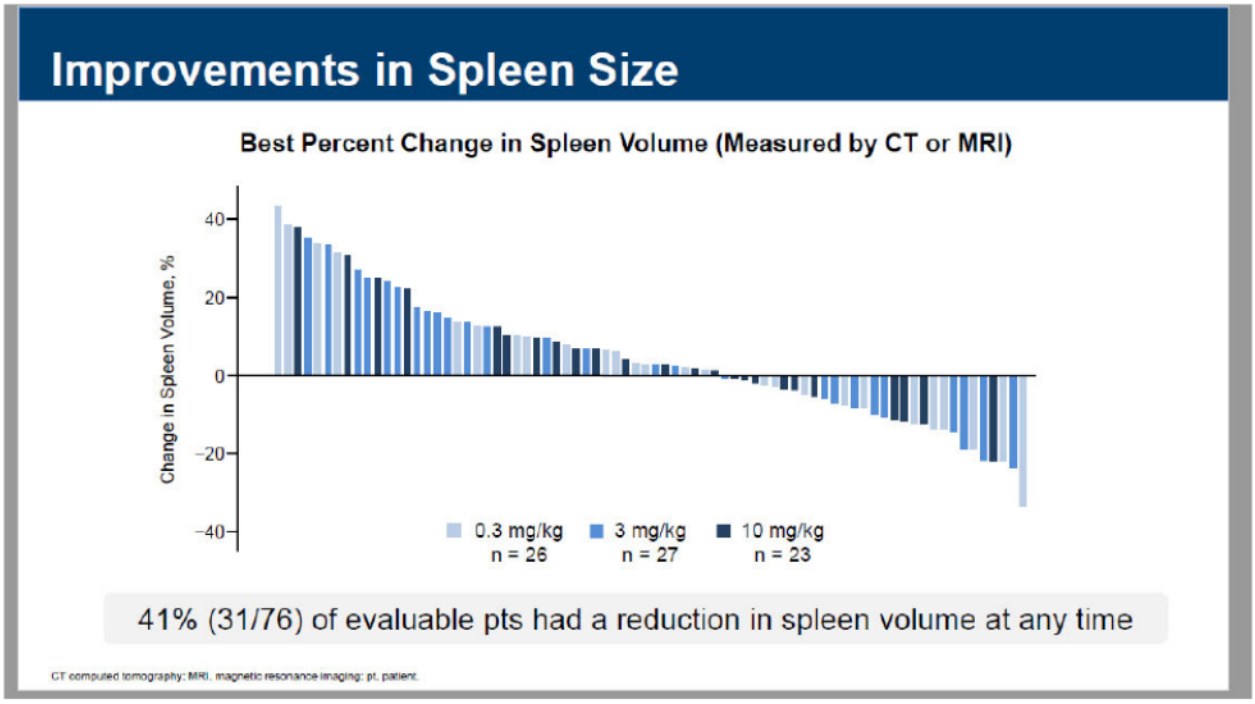
Shift TO: Post Baseline WORST Value					Shift FROM: Baseline
Parameter Values:	Present	Absent	Unknown	Total	
8+					
Present	10 (41.7%)	0	0	11 (45.8%)	
Absent	0	0	0	0	
Unknown	0	0	0	0	
Total	15 (62.5%)	0	0	16 (66.7%)	

5.7.3.3 Spleen Reduction

Individual plots of spleen reductions will be presented

Waterfall plot

Best percentage in spleen volume
Intent-to-Treat Patients
Protocol: {base protocol}



5.8 Safety Analysis

5.8.1 Exposure

5.8.1.1 Dose Intensity

Idasanutlin should be taken orally QD approximately the same time in Days 1 to 5 of each 28-day treatment cycle. Idasanutlin is administered orally. The standard dose is 150 mg (with possible intra-patient dose-escalation to 200 mg and dose reduction to 100 mg).

In summarizing dose intensity, a dose is considered to be missed if there is more than one day between two doses in a cycle. Dose intensity = number of doses actually received / expected number of doses during the protocol-specified treatment period (to be displayed as a percentage)

Idasanutlina summary of patients exposure by intensity category of <60; 60-80; >80%; Missing will be produced (DOSINT01) . Summary statistics (mean, s.d., median, range) will also be used to summarize the dose intensity.

An exposure summary table will be provided for all treated subjects (EXT01) as well as a listing (EXL01).

EXT01: Study Drug Exposure Table
Study Drug Exposure: <Specify Population>
Protocol: xxnnnnn

	Group 1 (N=nnn)
Treatment duration (dayst)	
n	nnn
Mean (SD)	xx.x (xx.x)
Median	xx.x
Min□max	xx□xx
Treatment duration (days)	
n	nnn
0□7	nn (xx.x%)
8□14	nn (xx.x%)
…	nn (xx.x%)
Dose intensity (%)	
n	nnn
Mean (SD)	xx.x (xx.x)
Median	xx.x
Min□max	xx□xx
Number of doses/cycles	
n	nnn
Mean (SD)	xx.x (xx.x)
Median	xx.x
Min□max	xx□xx
Total cumulative dose (unit)	
n	nnn
Mean (SD)	xx.x (xx.x)
Median	xx.x
Min□max	xx□xx
Missed doses	
n	nnn
At least one missed dose	nn (xx.x%)
Category 1	nn (xx.x%)
Category 2	nn (xx.x%)
...	nn (xx.x%)

a) Treatment duration is the date of the last study drug administration minus the date of the first study drug administration plus one day. Dose intensity is number of doses actually received / expected number of doses during the protocol-specified treatment period (to be displayed as a percentage)

EXL01

Listing of Exposure to Study Drug <Analysis Population>

Protocol: xxnnnnn

Treatment: 25MG (N=8)

Center/ Patient ID	Visit	Study Day From	Study Day To	Dose	Unit	Frequency	Route
[redacted]	Day 1	1	27	25	MG	QD	ORAL
	Day 28	28	55	25	MG	QD	ORAL
	Day 1	1	27	25	MG	QD	ORAL
	Day 1	1	27	25	MG	QD	ORAL
	Day 28	28	55	50	MG	QD	ORAL
	Day 1	1	27	25	MG	QD	ORAL
	Day 28	28	55	25	MG	QD	ORAL
	Day 1	1	27	25	MG	QD	ORAL
	Day 28	28	55	25	MG	QD	ORAL

DOSINT01

Dose Intensity by Cycle and Category

	Dose Received* (% of Planned Dose)	B (N=XXX) BENDAMUSTINE
Cycle 1	<60	XXX (XX.X%)
	60 - <80	XXX (XX.X%)
	>=80	XXX (XX.X%)
	Missing	XXX (XX.X%)
	n	XXX
Cycle 2	<60	XXX (XX.X%)
	60 - <80	XXX (XX.X%)
	>=80	XXX (XX.X%)
	Missing	XXX (XX.X%)
	n	XXX

…

n represents the number of patients treated with obinutuzumab/bendamustine in the corresponding cycle.

* Percentages are calculated using the relative dose and are based on n.

DOSINT02
Dose Intensity by Cycle

Visit	Statistics	B (N=xxx) BENDAMUSTINE
Overall	n	xxx
	Mean (SD)	xx.x (xx.x)
	Median	xx.x
	Min - Max	xx.x - xx.x
Cycle 1	n	xxx
	Mean (SD)	xx.x (xx.x)
	Median	xx.x
	Min - Max	xx.x - xx.x

…

n represents the number of patients treated with idasanutlin in the corresponding cycle.
* Percentages are calculated using the relative dose and are based on n.

5.8.1.2 Dose Modification

DOSMOD01

	ARM A (N=xxx)
Overall	
n	xxx
Number of patients with a dose modification	xx (xx%)
Type of modification	
n	xxx
Infusion Stopped and Restarted at the same rate	xx (xx%)
Infusion Stopped and Restarted at a lower rate	xx (xx%)
Prematurely Stopped and Not Restarted	xx (xx%)
Reason for modification	
n	xxx
Adverse Event	xx (xx%)
Other	xx (xx%)
xxxxxxxxxxx	xx (xx%)
Cycle 1 Day 1	
n	xxx
Number of patients with a dose modification	xx (xx%)

…

n is the number of patients who experienced a dose modification at the corresponding visit.

Listing 8 MEDL01

CRTN/Pt. No. Drug	Clinical Planned Event	From	To	Duration days hh:mm	TT beg day	Actual Dose (mg)	Cumulative Dose (mg)	Treatment Modification	Reason for Modification
xxxxxx/xxxx									
BENDAMUSTINE	C1D1	ddmmmyyyy hh:mm:ss	ddmmmyyyy hh:mm:ss	x hh:mm	xx	xx.x	xx.x	xxxxxxxx xx	xxxxxxx xxx
	C2D1	ddmmmyyyy hh:mm:ss	ddmmmyyyy hh:mm:ss	x hh:mm	xx	xx.x	xx.x	xxxxxxxx xx	xxxxxxx xxx
	C3D1	ddmmmyyyy hh:mm:ss	ddmmmyyyy hh:mm:ss	x hh:mm	xx	xx.x	xx.x	xxxxxxxx xx	xxxxxxx xxx
	…								
OBINUTUZUMAB	C1D1	ddmmmyyyy hh:mm:ss	ddmmmyyyy hh:mm:ss	x hh:mm	xx	xx.x	xx.x	xxxxxxxx xx	xxxxxxx xxx
	C1D8	ddmmmyyyy hh:mm:ss	ddmmmyyyy hh:mm:ss	x hh:mm	xx	xx.x	xx.x	xxxxxxxx xx	xxxxxxx xxx
	C1D15	ddmmmyyyy hh:mm:ss	ddmmmyyyy hh:mm:ss	x hh:mm	xx	xx.x	xx.x	xxxxxxxx xx	xxxxxxx xxx
	…								
…									

CRTN = Clinical Research Task Number (center no.).
C = Cycle, D = Day.
'?' = Duration could not be calculated.
TT = Trial Treatment.

5.8.2 Adverse Events

An Adverse Event (AE) is any untoward medical occurrence in a study. A Serious Adverse Event (SAE) will be summarized as per the data collected.
Alongside seriousness, also severity (intensity of an AE graded by **NCI-CTCAE**) and causality (relation to study drug) are reported for each AE.

5.8.2.1 Adverse Events of Special Interest

Adverse events of special interest were defined in accordance with Idasanutlins's mode of action:

- Cases of potential drug-induced liver injury that include an elevated ALT or AST in combination with either an elevated bilirubin or clinical jaundice, as defined by Hy's Law (see Section 5.3.5.6)
- Suspected transmission of an infectious agent by the study drug, as defined below Any organism, virus, or infectious particle (e.g., prion protein transmitting transmissible spongiform encephalopathy), pathogenic or non-pathogenic, is considered an infectious agent. A transmission of an infectious agent may be suspected from clinical symptoms or laboratory findings that indicate an infection in a patient exposed to a medicinal product. This term applies only when a contamination of the study drug is suspected.
- TLS (clinical TLS per Howard criteria, see Appendix 4)
- Bleeding if associated with Grade ≥3 thrombocytopenia
- Grade ≥ 3 febrile neutropenia

- Grade ≥ 2 diarrhea
- Grade ≥ 2 C. difficile infection

No summaries are produced for AESI but listing for AESI will be produced. However, they are included in Safety summary (**AET01_02**). See template for more details.

5.8.2.2 Adverse event reporting

A flag will indicate to which study phase an AE belongs to: before therapy, treatment period on, or follow up (general section 3.1.1).

AE Toxicity grading will be based on the **NCI-CTC** grading system

All AEs are assigned to a study phase based on the imputed AE start date. AEs which start before study day 1 belong to the before therapy period (i.e PRIOR). AEs during treatment period are all AEs which started on or after Study Day 1. The start of follow-up is after the study completion / early termination visit. In the unlikely scenario of a missing imputed AE start date the AE is assigned to the study phase.
Please note: The Roche standard rules are applied to impute the AE start date, which means that the imputed AE start date can only be missing if the date of study day 1 (TRTSDTM) is missing. Please refer to
https://gdsr.roche.com/resource/gdsr.roche.com/release/products/dataAnalysis/Global_Data_Analysis_Standards_Safety.xls for more details on the imputation rules.

Importantly, each AE can belong to only one time period.

All treated patients will be analyzed by descriptive summaries of the AEs by System Organ Class mapped term (by descending frequency) and by Preferred Term (by descending frequency).

Summaries will report all AEs which occurred on or after Study Day 1. In addition, AEs which start during follow up will be summarized in a separate single table if a sufficient number of patients will have entered follow-up. Multiple occurrences of the same AE (by PT) per subject are counted only once unless defined otherwise. For Total number of events, multiple occurences of the same AE on an individual are counted separately. A separate table is produced for adverse events with incidence rate of more than 10% and 5% (AET02_01).

For some specific adverse event types, additional tables will display instances where multiple occurrences of the same AE in the same patient are all counted (EUDRAT01, EUDRAT02).

Summaries of AEs by Grade will be generated for each population – patients with splenomegaly, without and all rux naïve patients (AET04_01).

A standard summary table is produces for AEs falling into SMQ-hemorrhage (wide).

Listings will include all reported AEs and will include a flag to indicate the study period (AEL02_02, AEL02_03, AEL02_04, AEL03_01).

Deaths are AEs with fatal outcomes and will be presented in a separate listing (AEL04_02) and table (AET07_01).

A glossary of all adverse event coded terms will be provided (AEL01_NOLLT)

5.8.3 ECG and Vital signs

Vital signs will be summarized using mean change from baseline tables from baseline (VST01). All data is included in listings (UVSL01).

ECG parameters will similarly be summarized using mean change from baseline by visit (EGT01). Abnormal ECGs will be listed (UEGL01).

VST01/EGT01: Vital Signs Table

Vital Sign Results and Change from Baseline by Visit, <Specific Vital Sign>:
<Specify Population>
Protocol: xxnnnnn

	Group 1 (N=nnn)	
Visit	Value at Visit	Change from Baseline
Baseline		
N	nnn	
Mean (SD)	xx.x (xx.x)	
Median	xx.x	
Min–max	xx.x□xx.x	
Week xx		
n	nnn	nnn
Mean (SD)	xx.x (xx.x)	xx.x (xx.x)
Median	xx.x	xx.x
Min–max	xx.x □xx.x	xx.x□xx.x

UEGL_01: Listing of abnormal ECG

Listing of abnormal ECG: <Specify Patient Population with the Safety Evaluable Population as the default>
Protocol: xxnnnnn
Treatment: XXXX

Center/ Patient ID	Age/Sex/ Race	Study Day	Visit	ECG Result	Heart Rate (BPM)	msec						T Wave	U Wave
						PR	RR	QRS	QT	QTcB	QTcF		
[redacted]		1	SCREENING	ABNORMAL, NOT CLINICALLY SIGNIFICANT	59	114	1110	98	410	396	400	NORMAL	ABSENT/NORMAL
		60	WEEK 5	ABNORMAL, NOT CLINICALLY SIGNIFICANT	61	110	980	98	410	396	400	NORMAL	ABSENT/NORMAL
		1	WEEK 1	ABNORMAL, NOT CLINICALLY SIGNIFICANT	55	118	1210	98	414	396	407	NORMAL	ABSENT/NORMAL

UVSL_01: Listing of Vital Signs

Listing of Vital Signs
Protocol: xxnnnnn
Treatment: XXXX

Center/ Patient ID	Age/Sex/ Race	Study Day	Dose	Visit	Systolic Blood Pressure [mmHg]	Systolic Blood Pressure [mmHg]	Pulse Rate [BEATS/MIN]	Respiratory Rate [BREATHS/MIN]	Temperature [C]	Weight [kg]
[redacted]		-1		SCREENING	xxx	xx	xx	xx	xx.x	xx.x
		60		WEEK 5	xxx	xx	xx	xx	xx.x	xx.x
		1		WEEK 1	xxx	xx	xx	xx	xx.x	xx.x

5.8.4 Laboratory Data

5.8.4.1 General rules of laboratory reporting

The reporting units of laboratory values are SI units. All valid assessments must therefore be converted into SI units.
The categorization is the adapted NCI CTCAE, v4.0 grading. The assessment values are assigned to the categories 1-5 as per the NCI CTCAE, v4.0Grading definition.
In calculating change from baseline at Visit X, only patients with non-missing values at both baseline and Visit X are included. All available data are, however, used in identifying abnormalities in shift tables.
All laboratory data will be listed. The listing will include NCI CTCAE, v4.0grades and for the parameters for which WHO grading is not available, values outside of normal ranges are flagged

The laboratory data will be summarized in the following ways:
1) Change from baseline
2) Shift tables – this method requires the following;
   a) type of categorization: NCI CTCAE
   b) Highest NCI-CTCAE Grade Post-Baseline

5.8.4.2 Derived Records

1) Creatinine Clearance
The creatinine clearance will be derived based on the Cockcroft-Gault formula unadjusted and adjusted for body surface area (BSA). Both formulas are given below.

Unadjusted Cockcroft-Gault formula:

$$C_{CR}\left[\frac{ml}{min}\right] = \frac{(140 - Age\ [years]) \times Weight\ [kg] xF}{0.8143 \times Creatinine\ [\frac{umol}{l}]}$$

where F=1 for male subjects and F=0.85 for female subjects

BSA-adjusted Cockcroft-Gault formula:

$$C_{CR-adj}\left[\frac{ml}{min}\right] = C_{CR}\left[\frac{ml}{min}\right] \times \frac{1.73\ [m^2]}{BSA\ [m^2]}$$

2) Total Neutrophils
Total Neutrophils are derived as the sum of segmented and band Neutrophils. If one of the parameters is missing, it is assumed to be zero. Following this derivation, if there is more than one result per time point, the latest record will be kept. If more than one result is at the same time, the smallest result is kept. In case the total neutrophils are reported together with the segmented and the bands, no calculation will be done, and the total neutrophils are used.

3) Corrected Calcium
Corrected Calcium is derived using the following formula:

$$CA_{corr}\left[\frac{mmol}{l}\right] = Serum\ Calcium\left[\frac{mmol}{l}\right] + 0.02 \times \left(40\left[\frac{g}{l}\right] - Albumin\left[\frac{g}{l}\right]\right)$$

ULBL_01: Listing of <Hematology|Biochemistry> Laboratory Test Results with Abnormality Flags

Listing of Laboratory Test Results with Abnormality Flags: <Analysis Population>

Protocol: xxnnnnn

subpopulation:xxxxx

Lab Test (Unit)	Center / Patient ID	Study Day	Visit	Days since Last Treatment Dose	Result in SI Units	Investigator Range in SI Units	SI Units	WHO Grade/Direction	Reference Range Indicator
Lab Test (<unit>)	xxxx/xxx	xx	xx	xx	xx			x/L	Low/High
Lab Test		189	xx	xx	xx				

Note: Only print WHO Grade if >=1

LBT01: Laboratory Tests Table

Laboratory Test Results and Change from Baseline by Visit, <Specific Lab Test>: <Specify Population>
Protocol: xxnnnnn

	(N=nnn)	
Visit	Value at Visit	Change from Baseline
Baseline		
N	nnn	
Mean (SD)	xx.x (xx.x)	
Median	xx.x	
Min□max	xx.x□xx.x	
Week 2		
n	nnn	nnn
Mean (SD)	xx.x (xx.x)	xx.x (xx.x)
Median	xx.x	xx.x
Min□max	xx.x□xx.x	xx.x□xx.x

Note: Include all scheduled visits.

LBSHIFT: Laboratory Test Shift Table: Highest NCI-CTCAE Grade Post-Baseline : <Population>

Protocol(s):
Snapshot Date: <Snapshot date>

Subbpopulation: (N=24) Type of Abnormality: HYPO

Shift TO: Post Baseline WORST Value	Shift FROM: Baseline						
Parameter (SI Unit) / WHO Grade:	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	Missing	Total
Hemoglobin (G/L)							
Grade 0	10 (41.7%)	0	0	0	0	1 (4.2%)	11 (45.8%)
Grade 1	0	0	0	0	0	0	0
Grade 2	0	0	0	0	0	0	0
Grade 3	0	0	0	0	0	0	0

	Grade 4	0	0	0	0	0	0
	Missing	5 (20.8%)	0	0	0	0	0
	Total	15 (62.5%)	0	0	0	0	1 (4.2%)
Neutrophils (10^9/L)							
	Grade 0	9 (37.5%)	0	0	0	0	1 (4.2%)
	Grade 1	1 (4.2%)	0	0	0	0	0
	Grade 2	0	0	0	0	0	0
	Grade 3	0	0	0	0	0	0
	Grade 4	0	0	0	0	0	0
	Missing	5 (20.8%)	0	0	0	0	0
	Total	15 (62.5%)	0	0	0	0	1 (4.2%)

5.8.4.3 Serology

Serology listings will be produced

Proportion of patients with tabulated for each serological diagnosis

5.8.4.4 Urinalysis

Listings of Urine Analyses will be produced.

Shift table by visit from baseline will also be presented for each test parameter.

5.8.5 Phlebotomy

Proportions of patients with Prior Phlebotomy summary and Listings of Prior Phlebotomy will be generated.

AEL01_NOLLT: Adverse Event Preferred Terms and Investigator-Specified Terms Listing

Listing of Preferred Terms and Investigator-Specified Adverse Event Terms: <Analysis Population>

Protocol: xxnnnnn

MedDRA System Organ Class	MedDRA Preferred Term	Investigator-Specified Adverse Event Term
BLOOD AND LYMPHATIC SYSTEM DISORDERS	ANAEMIA NOS	ANAEMIA
		ANEMIA
	LEUCOCYTOSIS NOS	LEUKOCYTOSIS
	LEUCOPENIA NOS	LEUKOPENIA
	LYMPHADENOPATHY	NECROTIC LYMPH NODE
		SWOLLEN GLANDS IN THROAT
		SWOLLEN THROAT GLANDS
	FEBRILE NEUTROPENIA	FEBRILE NEUTROPENIA
		NEUTROPENIC FEVER
	NEUTROPENIA	NEUTROPENIA
CARDIAC DISORDERS		
	CARDIOMYOPATHY NOS	CARDIOMYOPATHY
	CONGESTIVE (DILATED) CARDIOMYOPATHY	DILATED CARDIOMYOPATHY
	ANGINA PECTORIS	ANGINA PECTORIS
	PERICARDIAL HAEMORRHAGE	PROBABLE PERICARDIAL BLEED
	TACHYCARDIA NOS	TACHYCARDIA

Investigator text for AEs encoded using MedDRA version xx.x.

AEL02_02: Listing of Adverse Events

Listing of Adverse Events: <Specify Patient Population with the Safety Evaluable Population as the default>
Protocol: xxnnnnn
Population: xxx

Center/Patient ID Adverse Event MedDRA Preferred Term	Age/Sex/ Race	Study Day of Onset	AE Duration in Days	Serious	Most Extreme Grade (0)	Relation to Study Drug	Outcome (1)	Treatment for AE	Action Taken with Study Drug (2)	Study Period/ (3)
[redacted]										
ANEAMIA NOS		260	1	No	1	Yes	2	No	2	1
APPETITE DECREASED		270	2	No	2	No	3	No	3	2
[redacted]										
DIARRHEA NOS		188	2	No	1	No	3	No	2	3

Investigator text for AEs encoded using MedDRA version xx.x.
(0) Grade: 1 = mild; 2 = moderate; 3 = severe; 4 = life threatening.
(1) Outcome: 1 = fatal; 2 = not recovered/not resolved;
3 = recovered/resolved; 4 = recovered/resolved with sequelae;
5 = recovering/resolving; 6 = unknown.
(2) Action taken with study drug: 1 = dose increased; 2 = dose not changed;
3 = dose reduced; 4 = drug interrupted; 5 = drug withdrawn; 6 = not applicable; 7 = unknown.
(3) Study Periods:

1 = before study entry 2 = During study 3 = Follow-up

AEL02_03: Listing of Adverse Events leading to withdrawal

Listing of Adverse Events: <Specify Patient Population with the Safety Evaluable Population as the default>
Protocol: xxnnnnn

Subbpopulation{}

Center/Patient ID Adverse Event MedDRA Preferred Term	Age/Sex/ Race	Study Day of Onset	AE Duration in Days	Serious	Most Extreme Grade (0)	Caused by Study Drug	Outcome (1)	Treatment for AE	Action Taken with Study Drug (2)	Subject discontinued from study	Study Period (3)
[redacted]											
ANEAMIA NOS		0	1	No	1	Yes	2	No	5	No	1
APPETITE DECREASED		91	2	No	2	No	3	No	3	Yes	2
[redacted]											
DIARRHEA NOS		425	2	No	1	No	3	No	5	No	2

Investigator text for AEs encoded using MedDRA version xx.x.

(0) Grade: 1 = mild; 2 = moderate; 3 = severe; 4 = life threatening.

(1) Outcome: 1 = fatal; 2 = not recovered/not resolved; 3 = recovered/resolved; 4 = recovered/resolved with sequelae; 5 = recovering/resolving; 6 = unknown.

(2) Action taken with study drug: 1 = dose increased; 2 = dose not changed; 3 = dose reduced; 4 = drug interrupted; 5 = drug withdrawn; 6 = not applicable; 7 = unknown.

AEL02_06: Listing of Adverse Events of Special Interest

Listing of Adverse Events of Special Interest: <Specify Patient Population with the Safety Evaluable Population as the default>
Protocol: xxnnnnn

Center/Patient ID Adverse Event MedDRA Preferred Term	Age/Sex / Race	Study Day of Onset	AE Duration in Days	Serious	Most Extreme Grade (0)	Caused by Study Drug	Outcome (1)	Treatment for AE	Action Taken with Study Drug (2)
[redacted]									
ANEAMIA NOS		60	1	No	1	Yes	2	No	2
[redacted]									
DIARRHEA NOS		425	2	No	1	No	3	No	2

Investigator text for AEs encoded using MedDRA version xx.x.
(0) Grade: 1 = mild; 2 = moderate; 3 = severe; 4 = life threatening.
(1) Outcome: 1 = fatal; 2 = not recovered/not resolved;
3 = recovered/resolved; 4 = recovered/resolved with sequelae;
5 = recovering/resolving; 6 = unknown.
(2) Action taken with study drug: 1 = dose increased; 2 = dose not changed;
3 = dose reduced; 4 = drug interrupted; 5 = drug withdrawn; 6 = not applicable; 7 = unknown.

Study Period: 1 = before study entry 2 = During study 3 = Follow-up

AEL03_01: Listing of Serious Adverse Events

Listing of Serious Adverse Events: <Specify Patient Population with the Safety Evaluable Population as the default>
Protocol: xxnnnnn
Treatment: PLACEBO

Center/Patient ID SAE MedDRA Preferred Term	Age/Sex/Race	Study Day of Onset	AE Duration in Days	Most Extreme Grade (0)	Caused by Study Drug	Outcome (1)	Treatment for SAE	Action Taken with Study Drug (2)	Reason Classified as Serious (3)	Study Period (3)
[redacted]										
ANEAMIA NOS		60	1	1	Yes	2	No	2	2	1
APPETITE DECREASED		91	2	2	No	3	No	3	3	2
[redacted]										
DIARRHEA NOS		425	2	1	No	3	No	2	6	2

Investigator text for AEs encoded using MedDRA version xx.x.
(0) Grade: 1 = mild; 2 = moderate; 3 = severe; 4 = life threatening.
Outcome: 1 = fatal; 2 = not recovered/not resolved; 3 = recovered/resolved; 4 = recovered/resolved with sequelae; 5 = recovering/resolving; 6 = unknown.
(1) Action taken with study drug: 1 = dose increased; 2 = dose not changed; 3 = dose reduced; 4 = drug interrupted; 5 = drug withdrawn; 6 = not applicable; 7 = unknown.
(2) Reason classified as serious: 1 = resulted in death; 2 = life threatening; 3 = required or prolonged in patient hospitalization; 4 = disabling; 5 = a congenital anomaly/birth defect in offspring of study subject; 6 = does not meet any of the above serious criteria, but may jeopardize the subject, and may require medical or surgical intervention to prevent one of the outcomes listed above

AET01_02: Safety Summary

Safety Summary: Safety Population
Protocol xxnnnnn

	Group 1 (N=nnn)
Total number of patients with at least one AE	nn (xx.x%)
Total number of AEs	nn
Total number of patients with at least one	
AE with fatal outcome	nn (xx.x%)
Serious AE	nn (xx.x%)
AE leading to withdrawal from treatment	nn (xx.x%)
AE leading to dose modification/ interruption	nn (xx.x%)
Grade ≥3 AE	nn (xx.x%)
Related AE	nn (xx.x%)
Adverse events of special interest	
xxx	nn (xx.x%)
xxxxx	nn (xx.x%)

.
Percentages are based on N in the column headings.
Multiple occurrences of the same AE in one individual are counted only once except for "Total number of AEs" row in which multiple occurrences of the same AE are counted separately.

Note: "Thrombotic microangiopathy" is based on the TMA definition in Point 5 of the Adverse Event of Special Interest section

All Adverse Events of Special Interest are identified using the rules defined in "Adverse Event of Special Interest" section..

AET02_01: Adverse Events by System Organ Class and Preferred Term

Adverse Events: <Specify Population>
Protocol: xxnnnnn

	Group1 (N=xx)
ALL BODY SYSTEMS	
Total pts with any AE	xx (xx.x%)
Total number of AEs	xx
SOC 1	
Total pts with any AE	xx (xx.x%)
Preferred term 1	xx (xx.x%)
Preferred term 2	xx (xx.x%)
Preferred term 3	xx (xx.x%)
Preferred term 4	xx (xx.x%)
…	xx (xx.x%)
Total number of AEs	xx
SOC 2	
Total pts with any AE	xx (xx.x%)
Preferred term 1	xx (xx.x%)
Preferred term 2	xx (xx.x%)
Preferred term 3	xx (xx.x%)
Preferred term 4	xx (xx.x%)
…	xx (xx.x%)
Total number of AEs	xx

Investigator text for AEs encoded using MedDRA version xx.x. Percentages are based on N in the column headings.
For frequency counts by preferred term, multiple occurrences of the same AE in an individual are counted only once. For frequency counts of "Total number of events" rows, multiple occurrences of the same AE in an individual are counted separately.

AET04: Adverse Events by Highest NCI-CTCAE Grade

Adverse Events by Highest CTC Grade
Protocol: xxnnnnn
Population: xxx

MedDRA System Organ Class MedDRA Preferred Term	Grade (0)	Total (N=nnn[1])
- Any adverse events -	- Any Grade -	nn[2] (xx.x[3]%)
	1	nn[4] (xx.x%)
	2	nn (xx.x%)
	3	nn (xx.x%)
	4 5	nn (xx.x%) nn (xx.x%)
BLOOD AND LYMPHATIC SYSTEM DISORDERS		
- Overall -	- Any Grade -	nn[5] (xx.x%)
	1	nn[6] (xx.x%)
	2	nn (xx.x%)
	3	nn (xx.x%)
	4	nn (xx.x%)
	5	nn (xx.x%)
NEUTROPENIAS	- Any Grade -	nn[7] (xx.x%)
	1	nn[8] (xx.x%)
	2	nn (xx.x%)
	3	nn (xx.x%)
	4	nn (xx.x%)
	5	nn (xx.x%)

Investigator text for AEs encoded using MedDRA version xx.x. Percentages are based on N in the column headings.
All counts represent patients. Multiple occurrences of the same AE in one individual are counted once at the highest grade for this patient.
To the SOC Overall row counts, a patient contributes only with the AE occuring with the highest grade within the SOC.
(0) Grade: 1 = mild; 2 = moderate; 3 = severe; 4 = life threatening.

Similarly Summary of Adverse Events with NCI-CTCAE Grade >=3 table, Listing of Adverse Events with Most Severe NCI-CTCAE Grade >= 3 and Summary of Adverse Events Leading to Dose Interruption will be provided.

AET07_01 Adverse Events Resulting in Death

Adverse Events Resulting in Death: <Specify Population>
Protocol: xxnnnnn
Population: xxxx

MedDRA SOC and Preferred Term	Group 1 (N=nnn)
Total number of deaths	nn (xx.x%)
SOC1 / PT 1	nn (xx.x%)
SOC2 / PT 2	nn (xx.x%)
SOC3 / PT 3	nn (xx.x%)
SOC4 / PT 4	nn (xx.x%)
…	

Percentages are based on N in the column headings.

EUDRAT02 Serious Adverse Events, Fatal Serious Adverse Events, and Serious Adverse Events Related to Study Medication:

Serious Adverse Events, Fatal Serious Adverse Events, and Serious Adverse Events Related to Study Medication: <Analysis Population>
Protocol: xxnnnnn

Group 1 (N=nnn)

MedDRA System Organ Class MedDRA Preferred Term	Patients (All)	Events (All)	Patients (Fatal)	Events (Fatal)	Events (Related)	Event (Fata and Relate
Blood And Lymphatic System Disorders						
Anaemia	nnn	nnn	nnn	nnn	nnn	nnn
Coagulopathy	nnn	nnn	nnn	nnn	nnn	nnn
Febrile Neutropenia	nnn	nnn	nnn	nnn	nnn	nnn
Cardiac Disorders						
Acute Myocardial Infarction	nnn	nnn	nnn	nnn	nnn	nnn
Atrial Fibrillation	nnn	nnn	nnn	nnn	nnn	nnn
…						

NOTE: Number of events includes all occurrences.

5.8.6 Surgeries

Surgeries and procedures collected on the eCRF page for Surgery and Procedure History Assessment are summarized separately for previous surgeries and procedures and during study conduct. All events will be listed (UXPL_01). A listing of surgeries and procedures will be generated

UXPT_01: Surgeries and Procedures

Surgery/Procedure (N=xx)	Arm A
Total number of patients with at least one surgery/procedure	xx (x.x%)
Total number of surgeries/procedures	xx
ARTHROSCOPIC SYNOVECTOMY KNEE JOINT	x (x.x%)
CRANIOTOMY	xx (xx.x%)

For frequency counts by surgery/procedure, multiple occurrences of the same surgery in an individual are counted only once. For frequency counts of "Total number of surgeries/procedures" rows, multiple occurrences of the same surgery in an individual are counted separately.

UXPL_01: Listing of Surgeries and Procedures history
Protocol: xxnnnnn

Center/Patient ID Age/Sex/Race	Surgery/Procedure	Study Day of Onset	Relative Start of Procedure/Surgery	Study Period (1)
[redacted]	Phebotomy	NA	BEFORE SCREENING	1
	Splenoctomy	135		2

5.8.7 Previous and Concomitant Medications

Non-study medication collected on the eCRF page will be categorized as either previous, previous-concomitant or concomitant. The derivation is performed by STREAM within the analysis dataset. The algorithm for each category is defined below.
A medication is considered concomitant if the start date/time is on or after the date/time of Study Day 1. These medications will be labelled 'CONCOMITANT' in the analysis dataset.

Otherwise a medication is considered previous if the end date/time is not missing and is before the datetime of Study Day 1. These medications will be labelled 'PRIOR' in the analysis dataset.

Otherwise a medication is considered previous-concomitant, and will be labelled 'PRIOR_CONCOMITANT' in the analysis dataset.

Summary tables will be based on the CMT01 template and will include:

- Previous Medications
- Previous/Concomitant Medications, excluding PV Medications
- Concomitant Medications, excluding PV Medications

The medications will also be listed (UCML_01).

CML01: Listing of Previous and Concomitant Medications

Treatment: CONTROL; N=XX

Center/Patient ID / Medication Class / Medication Name	Age/Sex/Race	Date of First Study Drug Administration	Medication Start Date	Study Day	Duration (days)	Previous?	Ongoing at final contact?	Dose	Unit	Indication	Prophylaxis?
[redacted]											
CORTICOSTEROIDS											
DEXAMETHASONE	xxx	Y	[redacted]	-1	5	Yes	No	4	mg		
DEXAMETHASONE	XXXX	Y		5	7	No	No	2	mg		
DEXAMETHASONE	xxx	N		11	1	No	No	10	mg		
				11	4	No	No	5	mg		
DEXAMETHASONE	XXXX	N		14		No	Yes	5	mg		
[redacted]											
CORTICOSTEROIDS											
PREDNISOLONE SODIUM METASULFOBENZOATE	XXXX	N		-14	17	Yes	No	20	mg		
PREDNISOLONE SODIUM METASULFOBENZOATE	XXXX	N		4	10	No	No	20	mg		
PREDNISOLONE SODIUM METASULFOBENZOATE	XXXX	N		14	25	No	No	40	mg		
PREDNISOLONE SODIUM METASULFOBENZOATE	XXXX	N		39	6	No	No	30	mg		
PREDNISOLONE SODIUM METASULFOBENZOATE	XXXX	N		67	7	No	No	20	mg		

CMT01 Concomitant Medications

Class Other Treatment	(N=xx)
Total number of patients with at least one treatment	xx (xx.x%)
Overall total number of treatments	xx
ANALGESIC/OTHER DRUG COMBINATIONS	
Total number of patients with at least one treatment	xx (xx.x%)
Total number of treatments	x
HYDROCODONE TARTRATE/PARACETAMOL	xx (xx.x%)
ANALGESICS	
Total number of patients with at least one treatment	x (x.x%)
Total number of treatments	x
PARACETAMOL	x (x.x%)
OXYCODONE HYDROCHLORIDE/PARACETAMOL	xx (xx.x%)

Multiple uses of a specific medication for a patient were counted once in the frequency for the medication. Likewise, multiple uses within a specific medication class for a patient were counted once in the frequency for the medication class.

L_CM_GLOSS: Glossary of Medication Coded Terms

Medication Class	Standardized Medication Name	Reported Name of Drug, Med, or Therapy
5-HT1 AGONISTS	ZOLMITRIPTAN	ZOMIGORO
5-HT3 ANTAGONISTS	ONDANSETRON	ONDANSETRON
ADRENERGICS/SYMPATHOMIMETICS	EPINEPHRINE	EPIPE

5.8.8 Targeted - Polycythemia medications

Anti-emetic prophylaxis is mandatory in Cycle 1.

Table 23 Targeted - Polycythemia medications

	ARM A (N=xxx)
Overall	
No. of patients who received at least one	xx (xx.x%)
GCSF	
5HT3-RA	xx (xx.x%)
DEXAMETHASONE	xx (xx.x%)
LORAZEPAM	xx (xx.x%)
NK1-RA	
etc…	
Cycle 1*	
No. of patients who received at least one	xx (xx.x%)
GCSF	
5HT3-RA	xx (xx.x%)
DEXAMETHASONE	xx (xx.x%)
LORAZEPAM	xx (xx.x%)
NK1-RA	
Cycle 2**	
No. of patients who received at least one	xx (xx.x%)
GCSF	
5HT3-RA	xx (xx.x%)
DEXAMETHASONE	xx (xx.x%)
LORAZEPAM	xx (xx.x%)
NK1-RA	
Cycle 3**	
No. of patients who received at least one	xx (xx.x%)
GCSF	
5HT3-RA	xx (xx.x%)
DEXAMETHASONE	xx (xx.x%)
LORAZEPAM	xx (xx.x%)
NK1-RA	
Etc…	

*Any dose of GCSF that occurred within 14 days before the start of cycle 1 and was administered before the start of cycle 2 (the day before the start of cycle 2).
**Any dose of GCSF that occurred from the start of the cycle to the day before the next cycle..

Note: This table is produced using data from the eCRF page Targeted Concomitant Medications (G-CSF).
All treatments corresponding to CMCAT = GCSF will be listed by cycle and overall

5.9 Clinical Outcome Assessment Analysis

The MPN-SAF TSS, EORTC QLQ-C30, and PGIC will be used to measure symptoms of PV, global health status/quality of life (GHS/QoL), functioning, and change in condition. Data will be used to derive summary scores at each timepoint. Appropriate summary statistics (frequency, mean, standard deviation, median, and range) of absolute scores will be calculated for the PGIC, all scales of the MPN-SAF TSS, and the GHS/QoL & functioning scales of the EORTC QLQ-C30, at each assessment point, for all patients. Line graphs will be used to chart mean-level change over the course of the study. Mean change from baseline to each follow-up assessment point will be calculated for the scales of the MPN-SAF TSS and EORTC QLQ-C30. Frequencies will be used to show the distribution of responses to the PGIC at each assessment point. Results will be further stratified by splenomegaly at baseline. COA completion and compliance rates will be summarized at each assessment point with reasons for missing data.

5.9.1 MPN-Symptom Assessment Form Total Symptom Score (MPN-SAF TSS)

Separate tables of MPN-SAF TSS scores & change from baseline will be provided at each visit across all scales (early satiety, abdominal discomfort, and weight loss to be stratified by splenomegaly at baseline)
Line Plots of median change from baseline symptom scores will be provided over time

PROT02: MPN-SAF TSS scores with splenomegaly and Change from Baseline by Visit: Intent-to-Treat Patients

Protocol: xxnnnnn

Item: Filling up quickly when you eat (Early Satiety) / Abdominal discomfort/ Unintentionl Weight Loss 6 Months (Weight loss)

Patients (N=xx)	Ruxolitinib Naïve (N=xx)		Ruxolitinib Exposed (N=xx)		All	
Visit	Value at Visit	Change from Baseline	Value at Visit	Change from Baseline	Value at Visit	Change from Baseline
CYCLE 2 DAY 1						
n	nn		nn		nn	
Mean (SD)	nn xx.x (xx.x)		nn xx.x (xx.x)		nn xx.x (xx.x)	
95% CI	xx.x – xx.x		xx.x – xx.x		xx.x – xx.x	
Median	xx.x		xx.x		xx.x	
Q1-Q3	xx.x-xx.x		xx.x-xx.x		xx.x-xx.x	
Min-max	xx.x-xx.x		xx.x-xx.x		xx.x-xx.x	
CYCLE 5 DAY 1						
n	nn	nn	nnn	nn	nn	nn
Mean (SD)	nn xx.x (xx.x)	nn xx.x (xx.x)	xx.x (xx.x)	nn xx.x (xx.x)	nn xx.x (xx.x)	nn xx.x (xx.x)
95% CI	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Q1-Q3	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
Min-max	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
CYCLE X DAY Y						
n	nn	nn	nnn	nn	nn	nn
Mean (SD)	nn xx.x (xx.x)	nn xx.x (xx.x)	xx.x (xx.x)	nn xx.x (xx.x)	nn xx.x (xx.x)	nn xx.x (xx.x)
95% CI	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Q1-Q3	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
Min-max	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x

Note: Visit will be populated as per the protocol time point assessments.

PROT02: MPN-SAF TSS scores without splenomegaly and Change from Baseline by Visit: Intent-to-Treat Patients

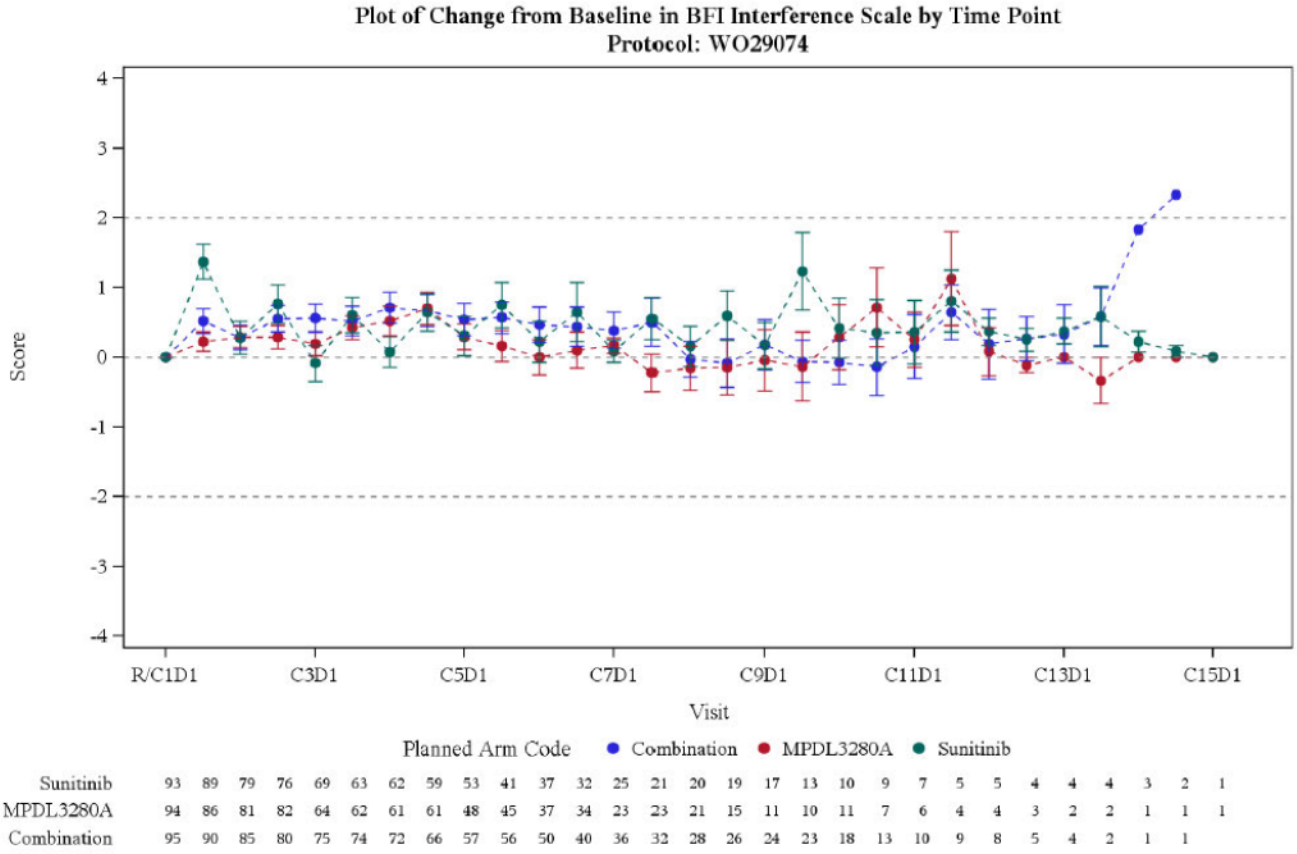
Protocol: xxnnnnn

Item: Fatigue/ Inactivity/ Problems with Concentration Compared to Prior to my MPD/ Night Sweats/ Itching/ Bone Pain/ Fever

All Patients (N=xx)	Ruxolitinib Naïve (N=xx)		Ruxolitinib Exposed (N=xx)			
Visit	Value at Visit	Change from Baseline	Value at Visit	Change from Baseline	Value at Visit	Ch
CYCLE 2 DAY 1						
n	nnn		nnn		nnn	
Mean (SD)	xx.x (xx.x)		xx.x (xx.x)		xx.x (xx.x)	
95% CI	xx.x – xx.x		xx.x – xx.x		xx.x – xx.x	
Median	xx.x		xx.x		xx.x	
Q1-Q3	xx.x-xx.x		xx.x-xx.x		xx.x-xx.x	
Min-max	xx.x-xx.x		xx.x-xx.x		xx.x-xx.x	
CYCLE 5 DAY 1						
n	nnn	nnn	nnn	nnn	nnn	
Mean (SD)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	x
95% CI	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	
Median	xx.x	xx.x	xx.x	xx.x	xx.x	
Q1-Q3	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx
Min-max	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx
CYCLE X DAY Y						
n	nnn	nnn	nnn	nnn	nnn	
Mean (SD)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	x
95% CI	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	
Median	xx.x	xx.x	xx.x	xx.x	xx.x	
Q1-Q3	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx
Min-max	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx

Note: Visit will be populated as per the protocol time point assessments.

PROG02: Plot of Median Symptom score Change from Baseline by Visit: Intent-to-Treat Patients
Protocol: xxnnnnn



Sunitinib	93	89	79	76	69	63	62	59	53	41	37	32	25	21	20	19	17	13	10	9	7	5	5	4	4	4	3	2	1
MPDL3280A	94	86	81	82	64	62	61	61	48	45	37	34	23	23	21	15	11	10	11	7	6	4	4	3	2	2	1	1	1
Combination	95	90	85	80	75	74	72	66	57	56	50	40	36	32	28	26	24	23	18	13	10	9	8	5	4	2	1	1	

5.9.2 Patient Global Impression of Change

A table showing frequencies of response distributions for each assessment time point will be provided.

PGIT01

PGIC Distribution of by Visit
Intent-to-treat Patients
Protocol: {base protocol}

Cycle 2 day 1	Ruxolitinib Naïve (N=xx)	Ruxolitinib Exposed (N=xx)	All Patients (N=xx)
Very Much Improved	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Much Improved	xx (xx.x%)	(x.xx, x.xx)	(x.xx, x.xx)
Minimally Improved	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
No Change	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Minimally Worse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Much Worse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Very Much Worse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Not Assessed	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Cycle 5 day 28	nn(xx.x%	nn(xx.x%	nn(xx.x%
Very Much Improved	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Much Improved	xx (xx.x%)	(x.xx, x.xx)	(x.xx, x.xx)
Minimally Improved	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
No Change	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Minimally Worse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Much Worse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Very Much Worse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Not Assessed	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Note: We will present as per protocol assessments.

5.9.3 European Organization for the Research and Treatment of Cancer Quality of Life Questionnaire-Core 30 (EORTC QLQ-C30)

General principles of scoring:

The QLQ-C30 is composed of both multi-item scales and single-item measures. These include five functional scales, three symptom scales, a GHS / QoL scale, and six single items. Each of the multi-item scales includes a different set of items - no item occurs in more than one scale. All of the scales and single-item measures range in score from 0 to 100. A high scale score represents a higher response level.
Thus a high score for a functional scale represents a high / healthy level of functioning, a high score for the GHS / QoL represents a high QoL,
but a high score for a symptom scale / item represents a high level of symptomatology / problems.

The principle for scoring these scales is the same in all cases:
1. Estimate the average of the items that contribute to the scale; this is the raw score.
2. Use a linear transformation to standardise the raw score, so that scores range from 0 to 100; a higher score represents a higher ("better") level of functioning, or a higher ("worse") level of symptoms.

The Linear transformed scores are derived as follows:

For functional scale:

$$Score = \left\{1 - \frac{RS - 1}{range}\right\} \times 100$$

where RS is RawScore obtained by averaging individual item

$$RS = I_1 + I_2 + \cdots + I_n)/n$$

For Symptom scales/Items and GHS/ QoL, the linear transformation is given as

$$Score = \left\{\frac{(RS - 1)}{range}\right\} \times 100$$

A summary of EORTC QLQ-C30 scores & change from baseline would be generated for GHS/QoL and all functional scales, based on Linear transformed scores
Line Plots of median change from baseline will be provided over time

PROT02: EORTC QLQ-C30 scores and Change from Baseline by Visit: Intent-to-Treat Patients

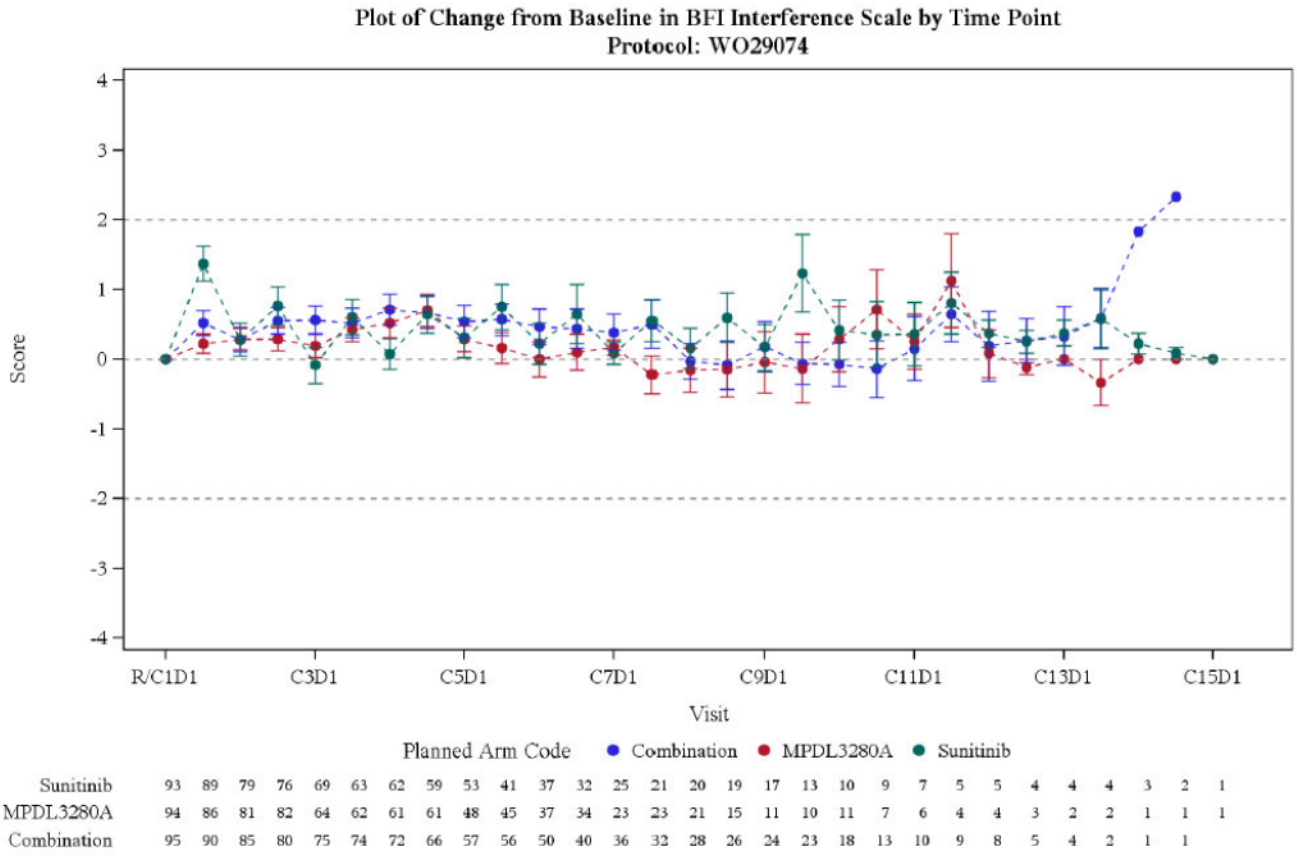
Protocol: xxnnnnn

Item: GHS/QoL / All functional scales

All Patients (N=xx)	Ruxolitinib Naïve (N=xx)		Ruxolitinib Exposed (N=xx)			
Visit	Value at Visit	Change from Baseline	Value at Visit	Change from Baseline	Value at Visit	Ch
CYCLE 2 DAY 1						
n	nnn		nnn		nnn	
Mean (SD)	xx.x (xx.x)		xx.x (xx.x)		xx.x (xx.x)	
95% CI	xx.x – xx.x		xx.x – xx.x		xx.x – xx.x	
Median	xx.x		xx.x		xx.x	
Q1-Q3	xx.x-xx.x		xx.x-xx.x		xx.x-xx.x	
Min-max	xx.x-xx.x		xx.x-xx.x		xx.x-xx.x	
CYCLE 5 DAY 1						
n	nnn	nnn	nnn	nnn	nnn	
Mean (SD)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	x
95% CI	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	
Median	xx.x	xx.x	xx.x	xx.x	xx.x	
Q1-Q3	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx
Min-max	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx
CYCLE X DAY Y						
n	nnn	nnn	nnn	nnn	nnn	
Mean (SD)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	x
95% CI	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	xx.x – xx.x	
Median	xx.x	xx.x	xx.x	xx.x	xx.x	
Q1-Q3	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx
Min-max	xx.x -xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx

Note: Visit will be populated as per the protocol time point assessments & Linear transformed scores

PROG02: Plot of Median EORTC QLQ-C30 score Change from Baseline by Visit: Intent-to-Treat Patients
Protocol: xxnnnnn



Sunitinib	93	89	79	76	69	63	62	59	53	41	37	32	25	21	20	19	17	13	10	9	7	5	5	4	4	4	3	2	1
MPDL3280A	94	86	81	82	64	62	61	61	48	45	37	34	23	23	21	15	11	10	11	7	6	4	4	3	2	2	1	1	1
Combination	95	90	85	80	75	74	72	66	57	56	50	40	36	32	28	26	24	23	18	13	10	9	8	5	4	2	1	1	

5.10 Biomarkers

No analysis planned for abbreviated CSR.

6. APPENDICES

6.1 Definition of derivation for blood differentials

Each valid assessment of blood differentials with investigator units in percent must be converted to absolute value using the corresponding WBC assessment.
For a valid assessment of blood differential taken in percent the corresponding valid assessment of WBC must be located with matching date and time and must be used for conversion to absolute value. If there are multiple valid WBC assessments per given date and time, the assessment of WBC of the smallest result must be used.
Each valid assessment of banded or segmented neutrophils in absolute values must be converted into an assessment of total neutrophils by adding segmented and banded valid records of neutrophils of the same date and time.
If per the same date and time multiple valid records of banded neutrophils are present in the data, then for conversion into total neutrophils, only the smallest value is used. If only the valid record of segmented neutrophils is available for a specific date and time, then the value of banded neutrophils is considered to be zero. If only the valid record of banded neutrophils is available for specific date and time, then the value of segmented neutrophils is considered to be zero.

6.2 Lab Parameters with and without NCI CTCAE, v4.0 (Hematology)

SDTMv Test Code	SDTMv Test Name	SI Units	STREAM Parameter Code	STREAM Parameter Name
BASO	Basophils	10^9/L	BASOS	Basophils Abs
BASOLE	Basophils/ Leukocytes	Fraction	BASOSF	Basophils Pct
EOS	Eosinophils	10^9/L	EOSIN	Eosinophils Abs
EOSLE	Eosinophils/ Leukocytes	Fraction	EOSINF	Eosinophils Pct
HCT	Hematocrit	Fraction	HCRIT	Hematocrit
HGB	Hemoglobin	g/L	HGB	Hemoglobin
LYM	Lymphocytes	10^9/L	LYMPH	Lymphocytes Abs
LYMLE	Lymphocytes/ Leukocytes	Fraction	LYMPHF	Lymphocytes Pct
MCH	Ery. Mean Corpuscular Hemoglobin	pg	MCH	Ery. Mean Corpuscular Hemoglobin
MCHC	Ery. Mean Corpuscular HGB Concentration	g/L	MCHC	Ery. Mean Corpuscular HGB Concentration
MCV	Ery. Mean Corpuscular Volume	fL	MCV	Ery. Mean Corpuscular Volume
MONO	Monocytes	10^9/L	MONOS	Monocytes Abs
MONOLE	Monocytes/ Leukocytes	Fraction	MONOSF	Monocytes Pct
NEUT	Neutrophils	10^9/L	NEUTR	Neutrophils, Total, Abs
NEUTB	Neutrophils Band Form	10^9/L	BANDS	Neutrophils, Bands, Abs
NEUTBLE	Neutrophils Band Form/Leukocytes	Fraction	BANDSF	Neutrophils, Bands, Pct
NEUTLE	Neutrophils/ Leukocytes	Fraction	NEUTRF	Neutrophils, Total, Pct
NEUTSG	Neutrophils, Segmented	10^9/L	NEUTSA	Neutrophils, Segmented, Abs
NEUTSGLE	Neutrophils, Segmented/ Leukocytes	Fraction	NEUTSP	Neutrophils, Segmented, Pct
OTHCE	Other Cells	10^9/L	OTHCA	Other Cells, Abs
OTHCELE	Other Cells/Leukocytes	Fraction	OTHCP	Other Cells, Pct

PLAT	Platelets	10^9/L	PLATE	Platelet
RBC	Erythrocytes	10^12/L	RBC	Red Blood Cell Count
RDW	Erythrocytes Distribution Width	Fraction	RDW	Red Cell Distribution Width
WBC	Leukocytes	10^9/L	WBC	White Blood Cell Count

Lab Parameters with and without WHO or COG grading available (Biochemistry)

SDTMv Test Code	SDTMv Test Name	SI Units	STREAM Parameter Code	STREAM Parameter Name
ALB	Albumin	g/L	ALBUM	Albumin
ALP	Alkaline Phosphatase	U/L	ALKPH	Alkaline Phosphatase
ALT	Alanine Aminotransferase	U/L	ALT	SGPT/ALT
AST	Aspartate Aminotransferase	U/L	AST	SGOT/AST
BICARB	Bicarbonate	mmol/L	BICARB	Bicarbonate HCO3
BILDIR	Direct Bilirubin	umol/L	DBILI	Direct Bilirubin
BILI	Bilirubin	umol/L	TBILI	Bilirubin
BUN	Blood Urea Nitrogen	mmol/L	BUN	Blood Urea Nitrogen
CA	Calcium	mmol/L	CALCIUM	Calcium
CK	Creatine Kinase	U/L	CPK	Creatine Kinase
CL	Chloride	mmol/L	CHLOR	Chloride
CREAT	Creatinine	umol/L	CREATN	Creatinine
GLUC	Glucose	mmol/L	GLUC	Glucose
GGT	Gamma Glutamyl Transferase	U/L	GGT	Gamma Glutamyl Transferase
K	Potassium	mmol/L	POTAS	Potassium
LDH	Lactate Dehydrogenase	U/L	LDH	Lactate Dehydrogenase

MG	Magnesium	mmol/L	MAGNES	Magnesium
PHOS	Phosphate	mmol/L	PHOSAT	Phosphorus
PROT	Protein	g/L	TPROT	Protein, Total
R1901481	Anti-R05534262 Antibody		R1901481	Anti-R05534262 Antibody
SODIUM	Sodium	mmol/L	SODIUM	Sodium
URATE	Urate	umol/L	URACID	Uric Acid