Division	:	Worldwide Development
Information Type	:	Clinical Pharmacology Reporting and Analysis Plan (RAP)

Title	:	Reporting and analysis plan for a single dose study to evaluate the safety, tolerability, pharmacokinetics and pharmacodynamics of GSK1550188 in Chinese subjects with Systemic Lupus Erythematosus (SLE)
Compound Number	:	GSK1550188
Effective Date	:	02-MAY-2017

Description :

- The purpose of this reporting and analysis plan (RAP) is to describe the planned analyses and output to be included in the Clinical Pharmacology Study Report for Protocol 200909.
- This RAP is intended to describe some of the pharmacokinetic-pharmacodynamic analyses required for the study.
- This RAP will be provided to the study team members to convey the content of the final Statistical Analysis Complete (SAC) deliverable.

Subject: Belimumab, intravenous, Systemic Lupus Erythematosus, Pharmacokinetics, Pharmacodynamics, Chinese subject.

Author's Name and Functional Area:

PPD	28-APR-2017 (eSignature)
Statistics, China Medical	

Approved by:

PPD	02-MAY-2017 (eSignature)
Statistics, China Medical	

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1. INTRODUCTION

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

All decisions regarding key analysis, as defined in this RAP document, have been made prior to first subject first visit (FSFV).

2. REPORTING & ANALYSIS PLAN SYNPOSIS

Overview	Key Elements of the Reporting and Analysis Plan
Purpose	The purpose of this Reporting and Analysis Plan (RAP) is to describe: • All planned analyses and outputs required for the final Clinical Pharmacology Study Report (CPSR) of study 200909
Protocol	• This RAP is based on the protocol (Dated: 26/JAN/2016) of study 200909 (GSK Document Number 2013N175219_00).
Primary Objective	• To investigate the pharmacokinetics (PK) of intravenously (IV) administered GSK1550188 10 mg/kg in Chinese subjects with SLE.
Secondary Objective	• To evaluate the safety and tolerability of GSK1550188 in Chinese subjects with SLE. • To investigate the effect of GSK1550188 on pharmacodynamics (PD) of B cell subsets.
Primary Endpoint	• Serum concentrations and the derived pharmacokinetic parameters of GSK1550188: Cmax, t1/2, AUC(0-t), AUC(0-∞), λz , CL and Vz.
Secondary Endpoint	• Safety and tolerability endpoints: adverse events, vital sign, 12-lead ECG, and clinical laboratory safety tests • B cell subsets (CD20+, CD20+/27+ memory, CD20+/27–naïve, CD20+/69+ activated, CD20+/138+ plasmacytoid, CD19+/27BRIGHT/38BRIGHT SLE subset and CD20-/138+ plasma cells)
Study Design	• Multicenter, single dose study of intravenous GSK1550188 at a dose of 10 mg/kg Chinese subjects with SLE. • A medical screen within 30 days prior to the first dose. • Subjects will receive the dose on Day 0 and be kept in the study center up to 24 hours post dosing with subsequent outpatient visits occurring on Days 1, 7, 14, 21, 28, 42, 56, and 84.
Planned Analyses	• No interim analyses are planned. • The final planned analyses will be performed after all subjects have completed the study and after database freeze (both the CRF data and PK data).
Analysis	• The ‘Safety’ Population (Comprised of subjects who receive at least

Overview	Key Elements of the Reporting and Analysis Plan
Population	one dose of study medication) will be used to evaluate Study Population and Safety. • The 'Pharmacokinetic Concentration Population' (Comprised of subjects who receive the study medication and for whom a pharmacokinetic sample is obtained and analysed). • The 'Pharmacokinetic Parameter Population' is defined as all subjects who receive a dose of GSK1550188 and for whom pharmacokinetic parameters can be calculated. • The 'Pharmacodynamic Population' is defined as all subjects who receive the study medication and for whom pharmacodynamic data is available.
Hypothesis	• There is no formal hypothesis being tested in this study.
Primary Analyses	• Pharmacokinetics: Pharmacokinetic data will be presented in graphical and/or tabular form and will be summarized descriptively.
Secondary Analyses	• Safety data will be presented in tabular and/or graphical format and summarized descriptively according to GSK's Integrated Data Standards Library (IDSL) standards. • Pharmacodynamics data of B cell subsets will be listed and summarized. • Other exploratory PK-PD analyses will be considered, when appropriate. These include exposure (PK parameters and concentrations)-response (B-cell subsets) analyses using linear and nonlinear mixed effect modelling methods. The results may be summarized in a report, separate from the main CPSR.

3. SUMMARY OF KEY PROTOCOL INFORMATION

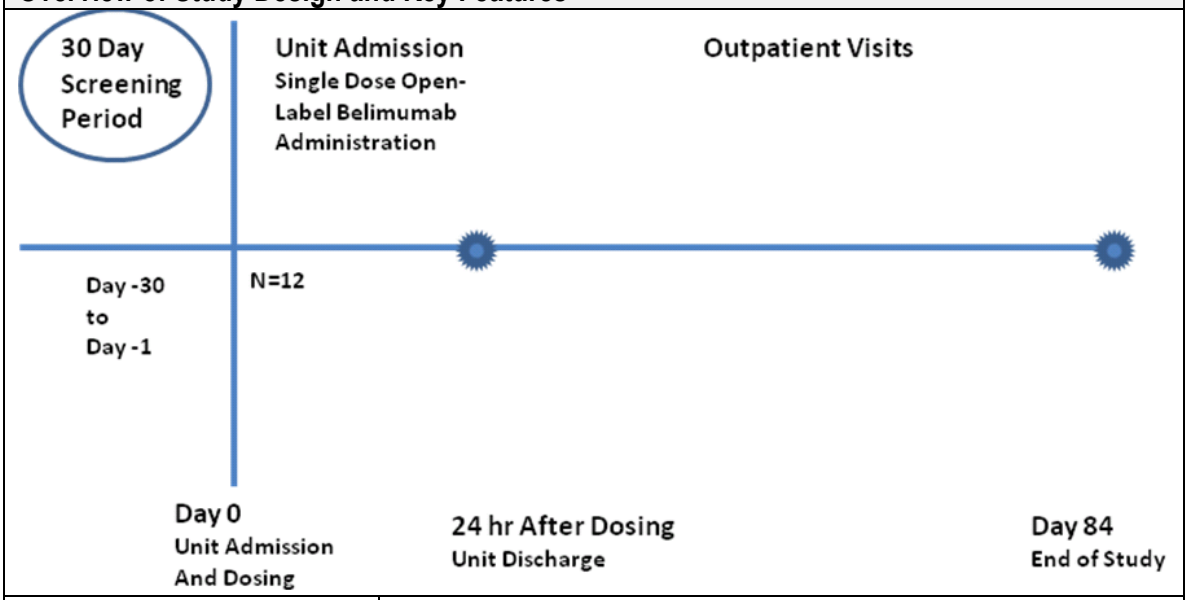
3.1. Changes to the Protocol Defined Statistical Analysis Plan

There were no changes or deviations to the originally planned statistical analysis specified in the protocol (Dated: 26/JAN/2016).

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

Objectives	Endpoints
Primary	**Primary**
• To investigate the pharmacokinetics (PK) of intravenously (IV) administered GSK1550188 10 mg/kg in Chinese subjects with SLE	• Serum concentrations and the derived pharmacokinetic parameters of GSK1550188: Cmax, t1/2, AUC(0-t), AUC(0-∞), λz , CL and Vz.
Secondary Objectives	**Secondary Endpoints**
• To evaluate the safety and tolerability of GSK1550188 in Chinese subjects with SLE. • To investigate the effect of GSK1550188 on the pharmacodynamics (PD) of B cell subsets.	• Safety and tolerability endpoints: adverse events, vital sign, 12-lead ECG, and clinical laboratory safety tests. • B cell subsets (CD20+, CD20+/27+ memory, CD20+/27–naïve, CD20+/69+ activated, CD20+/138+ plasmacytoid, CD19+/27BRIGHT/38BRIGHT SLE subset and CD20-/138+ plasma cells).

3.3. Study Design

Overview of Study Design and Key Features	
	
Design Features	• Multicenter, single dose study of intravenous GSK1550188 in Chinese subjects with SLE.
Dosing	• Each subject will receive a dose of 10 mg/kg on Day 0 after completion of all pre-dose procedures.
Treatment Assignment	• The subjects will be kept in the study center up to 24 hours post dosing with subsequent outpatient visits occurring on Days 1, 7, 14, 21, 28, 42, 56, and 84.
Interim Analysis	• No interim analysis is planned.

3.4. Statistical Hypotheses

No formal hypothesis is being tested in the study.

4. PLANNED ANALYSES

4.1. Interim Analyses

No interim analyses are planned.

4.2. Final Analyses

The final planned analyses will be performed after all subjects have completed the study and after database freeze (both the CRF data and PK data).

5. ANALYSIS POPULATIONS

Population	Definition / Criteria	Analyses Evaluated
Safety	• Subjects who receive at least one dose of study medication.	• Study Population • Safety
Pharmacokinetic Concentration Population	• Subjects who receive the study medication and for whom a pharmacokinetic sample is obtained and analysed.	• PK Analyses
Pharmacokinetic Parameter Population	• Subjects who receive a dose of GSK1550188 and for whom pharmacokinetic parameters can be calculated.	• PK Analyses
Pharmacodynamic Population	• Subjects who receive the study medication and for whom pharmacodynamic data are available.	• PD Analyses

5.1. Protocol Deviations

- A listing of the inclusion/exclusion criteria deviation record for all subjects with deviations will be provided.

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

- Other deviations will be noted as applicable, including use of prohibited concomitant medications during the study, incorrect study drug administration, and any other deviations deemed to have the potential for notably influencing the study results.

- Protocol deviations will be tracked by the study team throughout the conduct of the study in accordance with the Protocol Deviation Management Plan.
    - Data will be reviewed prior to freezing the database to ensure all important deviations are captured and categorised on the protocol deviations dataset.
    - This dataset will be the basis for listing of protocol deviations.

For details of important protocol deviations criteria please refer to protocol deviation management plan.

6. GENERAL CONSIDERATIONS FOR DATA ANALYSES AND HANDLING CONVENTIONS

Table 1 provides an overview of appendices within the RAP for outlining general considerations for data analyses and data handling conventions.

Table 1 Overview of Appendices

Section	Component
Section 11.1	Appendix 1: Time & Events
Section 11.2	Appendix 2: Treatment States
Section 11.3	Appendix 3: Data Display Standards & Handling Conventions
Section 11.4	Appendix 4: Derived and Transformed Data
Section 11.5	Appendix 5: Premature Withdrawals & Handling of Missing Data
Section 11.6	Appendix 6: Clinical Laboratory Evaluations

7. STUDY POPULATION ANALYSES

7.1. Overview of Planned Analyses

The Safety Analyses will be based on the Safety population, unless otherwise specified. Screen failures will be listed and summarized for all 'Screened' subjects. .

The Pharmacokinetic Analyses will be based on the Pharmacokinetic concentration population and Pharmacokinetic parameter population.

The Pharmacodynamic Analyses will be based on the Pharmacodynamic population.

Table 2 provides an overview of the planned study population analyses, with full details of data displays being presented in Appendix 8 (Section 11.8): List of Data Displays.

Table 2 Overview of Planned Study Population Analyses

Display Type	Data Display's Generated		
	Figure	Table	Listing
Subject Disposition			
Subject Disposition		Y	
Reasons for Screening Failures		Y	Y
Reasons for Withdrawals			Y
Study Analysis Populations		Y	Y
Inclusion and Exclusion Criteria Deviations			Y
Important Protocol Deviations		Y	Y
Other Protocol Deviations		Y	Y
Demography			
Demographics Characteristics		Y	Y
Race and Racial Combinations			Y

Display Type	Data Display's Generated		
	Figure	Table	Listing
Medical Condition & Concomitant Medications			
Concomitant Medication			Y
Medical Conditions (Current/Past)			Y

NOTES :

- Y = Yes display generated.

8. PRIMARY STATISTICAL ANALYSES

8.1. Pharmacokinetic Analyses

8.1.1. Overview of Planned Pharmacokinetic Analyses

The pharmacokinetic (PK) concentration and parameter analyses will be based on the PK concentration and parameter population, unless otherwise specified.

Table 3 provides an overview of the planned analyses, with full details being presented in Appendix 8: List of Data Displays.

Table 3 Overview of Planned Pharmacokinetic Analyses

[Endpoint / Parameter/ Display Type]	Untransformed				Log-Transformed			
	Summary		Individual		Summary		Individual	
	T	F	F	L	T	F	F	L
PK Concentration Data								
Plasma Drug Concentrations	Y	Y	Y	Y		Y	Y	
PK Parameter Data								
Parameters	Y			Y	Y			Y

NOTES :

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

8.1.2. Drug Concentration Measures

Refer to Appendix 3: Data Display Standards & Handling Conventions (Section 11.3.3 Reporting Process & Standards).

8.1.3. Pharmacokinetic Parameters

- Refer to Appendix 3: Data Display Standards & Handling Conventions (Section 11.3.3 Reporting Process & Standards).

- The pharmacokinetic parameters will be calculated by standard non-compartmental analysis according to current working practices and usingWinNonlin6.3 or above.
- All calculations of non-compartmental parameters will be based on actual sampling times.
- If data permits, population PK modelling will be conducted and independent PK modelling plan document may be provided.
- Pharmacokinetic parameters described as following and in Table 4 will be determined from intravenously (IV) administered GSK1550188, as data permits.

Table 4 Derived Pharmacokinetic Parameters

Parameter	Parameter Description
AUC(0–∞)	Area under the concentration-time curve from time zero (pre-dose) extrapolated to infinite time
AUC(0–t)	Area under the concentration-time curve from time zero (pre-dose) to last time of quantifiable concentration
CL	Clearance
Cmax	Maximum observed concentration
λz	Terminal phase rate constant
$t_{½}$	Terminal phase half-life
Vz	Volume of distribution after intravenous administration

8.1.4. Statistical Analyses

Pharmacokinetic concentration and parameter data will be summarized descriptively and presented in tabular and/or graphic formats per GSK IDSL standard.

All derived pharmacokinetic parameters described above will be summarised and listed according to the Pharmacokinetic Parameter Population defined in Section 5. For each of these parameters the following summary statistics will be calculated: arithmetic mean, 95% confidence interval for the arithmetic mean, standard deviation, median, minimum, maximum, between coefficient of variation, geometric mean, 95% confidence interval for the geometric mean and standard deviation of log-transformed data.

For the purposes of calculating summary statistics and for statistical analysis, all PK parameters will be log-transformed.

Between subjects coefficient of variation (%CVb) for log-transformed data will be calculated according to the following methods:

$\%CVb = SQRT(\exp(SD^2)-1) * 100$

where SD is the standard deviation of the log-transformed data.

Between subjects coefficient of variation (%CVb) for untransformed data will be calculated according to the following methods:

%CVb = (SD/Mean) * 100

9. SECONDARY STATISTICAL ANALYSES

9.1. Safety Analyses

9.1.1. Overview of Adverse Events

The CRF texts for adverse events (AEs) will be coded using MedDRA version 19.0 or above, and will be reported using the System Organ Class (SOC) and Preferred Term (PT). In the summary of AEs, the incidence of AEs will be the number of subjects reporting AEs and not the number of AEs reported. Multiple occurrences of the same AE in one individual will be counted only once when calculating the number and percentage of subjects.

The following AEs will be summarized and listed:

- All AEs;
- All AEs by maximum intensity
- All drug-related AEs
- All drug-related AEs by maximum intensity
- All Serious AEs
- All AEs leading to study withdrawals

More details can be found in Section 9.1.2.

9.1.2. Overview of Planned Safety Analyses

The safety analyses will be based on the “Safety population”, unless otherwise specified. Table 5 provides an overview of the planned analyses, with further details of data displays being presented in Appendix 8: List of Data Displays.

Table 5 Overview of Planned Safety Analyses

[Endpoint / Parameter/ Display Type]	Absolute				Change from Baseline			
	Summary		Individual		Summary		Individual	
	T	F	F	L	T	F	F	L
Exposure								
Exposure				Y				
Adverse Events								
All AEs [1]	Y			Y				
AEs – Max Intensity	Y			Y				
Drug Related AEs	Y			Y				
Drug Related AEs – Max Intensity	Y			Y				
Serious AEs				Y				
AEs leading to study Withdrawal				Y				
Laboratory Values								
Clinical Chemistry	Y			Y	Y			
Hematology	Y			Y	Y			
Urinalysis	Y			Y				
Immunoglobulin	Y			Y	Y			
Toxicity Grade[2]: Chemistry	Y				Y			
Toxicity Grade: Hematology	Y				Y			
Toxicity Grade: Urinalysis	Y				Y			
Toxicity Grade: Immunoglobulin	Y				Y			
ECG								
ECG Parameters	Y							
ECG Values				Y	Y			
Abnormal ECG	Y			Y				
Vital Signs								
Vital Values	Y			Y	Y			
Liver Events								
Liver Events				Y				

NOTES :

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

1. Listing will include subject's numbers for individual AE's & the table includes AE system organ classes and preferred terms.
2. Toxicity grades are defined in Appendix 3 of the protocol.

9.2. Pharmacodynamic Analyses

9.2.1. Overview of Planned Pharmacodynamic Analyses

The pharmacodynamic analyses will be based on the "pharmacodynamic population", unless otherwise specified. Table 6 provides an overview of the planned analyses, with further details of data displays being presented in Appendix 8: List of Data Displays.

Table 6 Overview of Planned Pharmacodynamic Analyses

[Endpoint / Parameter/ Display Type]	Absolute			Change from Baseline		
	Figure	Table	Listing	Figure	Table	Listing
B Cell Subsets	Y	Y	Y	Y	Y	

NOTES :

- T = Table, F = Figure, L = Listings, Y = Display generated.

9.2.2. Pharmacokinetic-Pharmacodynamic Modelling Analyses

Supplemental compartmental PK modelling and additional PK/PD modelling analyses may be conducted to characterize the relationship between Belimumab exposure and the B cell subsets profile. These supplemental analyses, as feasible, will be outlined and reported in a separate document.

10. REFERENCES

Human Genome Sciences Clinical Pharmacokinetics Report HGS1006-POPPK. Population pharmacokinetics of belimumab (monoclonal anti-BLyS antibody) following intravenous administration in patients with systemic lupus erythematosus. March, 2010.

11. APPENDICES

Section	Appendix
RAP Section 6 : General Considerations for Data Analyses & Data Handling Conventions	
Section 11.1	Appendix 1: Time and Events
Section 11.2	Appendix 2: Treatment States
Section 11.3	Appendix 3: Data Display Standards & Handling Conventions • Study Treatment & Sub-group Display Descriptors • Baseline Definitions & Derivations • Reporting Process & Standards
Section 11.4	Appendix 4: Derived and Transformed Data • General, Study Population & Safety • Pharmacokinetic • Pharmacodynamic or Biomarkers • Pharmacokinectic/Pharmacodynamic
Section 11.5	Appendix 5: Premature Withdrawals & Handling of Missing Data • Premature Withdrawals • Handling of Missing Data
Section 11.6	Appendix 6: Clinical Laboratory Evaluations
Other RAP Appendices	
Section 11.7	Appendix 7: Abbreviations & Trade Marks
Section 11.8	Appendix 8: List of Data Displays

11.1. Appendix 1: Time & Events

11.1.1. Protocol Defined Time & Events

Visit	1	2						3	4	5	6	7	8	9	10	
Day	Screening Day -30 to -1	Day 0						Day 1	Day 7	Day 14	Day 21	Day 28	Day 42	Day 56	Day 84	Discontinuation[9]
		Pre	0	5m	1h	6h	24h									
Informed consent[1]	X															
Medical History	X	X														
Demography	X															
Complete physical examination, including Height	X															
Inclusion/Exclusion criteria	x															
Body weight		X														
Vital signs[2]	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Record Concomitant Medications	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Clinical Laboratory test[3]	X	X					X			X		X		X	X	X
Spot urine (protein to	X															

Visit	**1**	**2**						**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Day	**Screening Day -30 to -1**	**Day 0**						**Day 1**	**Day 7**	**Day 14**	**Day 21**	**Day 28**	**Day 42**	**Day 56**	**Day 84**	**Discontinuation[9]**
		Pre	**0**	**5m**	**1h**	**6h**	**24h**									
creatinine ratio)																
Urine drug/alcohol screen	X															
HIV, Hepatitis B, C[4]	X															
Pregnancy test (women)[5]	X	X										X			X	X
Chest X ray	X															
12 lead ECG	X	X					X								X	X
Biological Markers[6]	X[7]	X								X		X	X	X	X	
Blood PK sampling		X		X	X	X	X	X	X	X	X	X	X	X	X	
AE/SAE Review[8]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Admission to Unit		X														
Dosing			X													
Discharge							X									
Outpatient Visit	X							X	X	X	X	X	X	X	X	X

1. Each subject must sign an informed consent form prior to undergoing any Screening assessments.
2. Vital signs include temperature, sitting blood pressure and heart rate.
3. Clinical Laboratory test include hematology, chemistry and urinalysis (including CRP and Erythrocyte Sedimentation Rate on screening). ALT and/or AST elevations of greater than 2.5 x ULN will require additional Hepatitis B assessment, see Section 6.2.1.1 in protocol.
4. HIV antibody, Hepatitis B surface antigen, anti-HBc and Hepatitis C antibody.
5. Pregnancy should be assessed with a blood test at Screening and with a urine test during the treatment period.
6. Biomarkers include immunoglobulins B cell subsets (CD20+, CD20+/27+ memory, CD20+/27–naïve, CD20+/69+ activated, CD20+/138+ plasmacytoid, CD19+/27^{BRIGHT}/38^{BRIGHT} SLE subset and CD20-/138+ plasma cells).
7. Only immunoglobulins (IgG, IgM and IgA) and autoantibodies (anti-dsDNA, ANA).
8. Includes subject history to be reported on CRF regarding any general signs or symptoms of infection.
9. If a subject prematurely withdraws for any reason, the investigator must make every effort to assess the items specified on discontinuation test.

11.2. Appendix 2: Treatment States

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

11.2.1. Treatment States for Concomitant Medications Data

No definition of treatment states for concomitant medications in this study.

11.2.2. Treatment States for AE Data

Treatment State	Definition
Onset Time Since start time of dosing	AE Onset Date – Dosing Start Date + 1
Duration (Days)	AE Resolution Date – AE Onset Date + 1
Drug-related	If relationship is marked 'YES' on Inform/CRF OR value is missing.

NOTES:

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

11.3. Appendix 3: Data Display Standards & Handling Conventions

11.3.1. Study Treatment & Sub-group Display Descriptors

Treatment Group Descriptions	
Description	**Data Displays for Reporting**
Belimumab 10 mg/kg	Belimumab 10 mg/kg

11.3.2. Baseline Definition & Derivations

11.3.2.1. Baseline Definitions

For all endpoints (expect as noted in the table) the baseline value will be the last pre-dose assessment. The change from baseline will be calculated by subtracting the baseline values from the individual post-baseline values. If either the baseline or post-baseline value is missing, the change from baseline is set to missing as well.

Table 7 Baseline Definitions

Parameter	Study Assessments Considered As Baseline			Baseline Used in Data Display
	Screening	Day -1	Day 0 (Pre-Dose)	
Safety				
LAB	X		X	Day 0(Pre Dose)[1]
Vital Signs	X		X	Day 0 (Pre Dose)
12 Lead ECG	X		X	Day 0 (Pre Dose)

NOTES:

- Unless otherwise stated, the mean of replicate assessments at any given time point will be used as the value for that time point.

1. For baseline value, if it is missing at baseline visit, then the latest non-missing value of screening will be used to replace.

11.3.2.2. Derivations and Handling of Missing Baseline Data

Definition	Reporting Details
Change from Baseline	= Post-Dose Visit Value – Baseline
% Change from Baseline	= 100 x [(Post-Dose Visit Value – Baseline) / Baseline]

NOTES :

- Unless otherwise specified, the baseline definitions specified in Section 11.3.2.1. Baseline Definitions will be used for derivations for endpoints / parameters and indicated on summaries and listings.
- Unless otherwise stated, if baseline data is missing no derivation will be performed and will be set to missing.
- The baseline definition will be footnoted on all change from baseline displays.

11.3.3. Reporting Process & Standards

Reporting Process	
Software	
• The currently supported versions of SAS software will be used.	
Reporting Area	
HARP Server	US
HARP Area	: \ARPROD\GSK1550188\200909\Final
QC Spreadsheet	: \ARWORK\GSK1550188\200909\Final\Documents
Analysis Datasets	
• Analysis datasets will be created according to CDISC standards (SDTM IG Version 3.1.3 & AdaM IG Version 1.0). • For creation of ADaM datasets (ADCM/ADAE), the same version of dictionary datasets will be implemented for conversion from SI to SDTM.	
Generation of RTF Files	
• RTF files will be generated.	

Reporting Standards
General
• The current GSK Integrated Data Standards Library (IDSL) will be applied for reporting, unless otherwise stated: o 4.03 to 4.23: General Principles o 5.01 to 5.08: Principles Related to Data Listings o 6.01 to 6.11: Principles Related to Summary Tables o 7.01 to 7.13: Principles Related to Graphics
Formats
• All data will be reported according to the actual treatment the subject received unless otherwise stated. • GSK IDSL Statistical Principles (5.03 & 6.06.3) for decimal places (DP's) will be adopted for reporting of data based on the raw data collected. • Numeric data will be reported at the precision collected on the eCRF. • The reported precision from non eCRF sources will follow the IDSL statistical principles but may be adjusted to a clinically interpretable number of DP's.
Planned and Actual Time
• Reporting for tables, figures and formal statistical analyses : o Planned time relative to dosing will be used in figures, summaries, statistical analyses and calculation of any derived parameters, unless otherwise stated. o The impact of any major deviation from the planned assessment times and/or scheduled visit days on the analyses and interpretation of the results will be assessed as appropriate.

Reporting Standards	
• Reporting for Data Listings: o Planned and actual time relative to study drug dosing will be shown in listings (Refer to IDSL Statistical Principle 5.05.1). o Unscheduled or unplanned readings will be presented within the subject's listings. o Visits outside the protocol defined time-windows (i.e. recorded as protocol deviations) will be included in listings but omitted from figures, summaries and statistical analyses.	
Unscheduled Visits	
• Unscheduled visits will not be included in summary tables. • Unscheduled visits will not be included in figures. • All unscheduled visits will be included in listings.	
Descriptive Summary Statistics	
Continuous Data	Refer to IDSL Statistical Principle 6.06.1
Categorical Data	N, n, frequency, %
Reporting of Pharmacokinetic Concentration Data	
Descriptive Summary Statistics	Refer to IDSL Statistical Principle 6.06.1 Refer to GUI_51487 Any plasma concentrations below the assay lower limit of quantification (NQ) will be imputed using the following rules: • NQs at the beginning of a subject profile (i.e. before the first incidence of a measurable concentration) are deemed to be zero as it is assumed that in this circumstance no drug is yet measurable in the plasma. • For NQs at the end of the subject profile (i.e. after the last incidence of a measurable concentration): (1) for individual plots and pharmacokinetic analyses these are dropped (set to missing) as they do not provide any useful information (and can erroneously indicate that absolutely no drug is present) (2) for summary statistics these are set to 0 (to avoid skewing of the summary statistics) • Individual NQs which fall between two measurable concentrations are set to missing (individual values of this nature are assumed to be an anomaly) • More than one consecutive NQ between measurable concentrations are set to 0. • Measurable concentrations after more than one consecutive mid-profile NQ (a mid-profile NQ is defined as any NQ where measurable concentrations exist both before and after that NQ in the profile): For summary, these will be set to missing. For individual plot, no action will be done. • All NQs will remain as "NQ" in listings.

Reporting Standards	
Reporting of Pharmacokinetic Parameters	
Descriptive Summary Statistics. (Log Transformed)	N, n, arithmetic mean, median, min, max, SD, 95% CI of arithmetic mean will be provided for non-logged data. For logged data, N, n, geometric mean, 95% CI of geometric mean, standard deviation (SD) of logged data and between geometric coefficient of variation (CVb (%)) will be reported. [1] CVb (%) = $\sqrt{}$ (exp(SD^2) - 1) * 100 [NOTE: SD = SD of log transformed data]
Reporting of Pharmacodynamic Data	
Descriptive Summary Statistics. (Not Being Log Transformed)	B cell subsets (CD20+, CD20+/27+ memory, CD20+/27–naïve, CD20+/69+ activated, CD20+/138+ plasmacytoid, CD19+/27BRIGHT/38BRIGHT SLE subset and CD20-/138+ plasma cells)
Graphical Displays	
• Refer to IDSL Statistical Principals 7.01 to 7.13.	

11.4. Appendix 4: Derived and Transformed Data

11.4.1. General

Multiple Measurements at One Time Point
• Where multiple measurements are recorded for a particular time point, the mean of the measurements will be calculated and used in any derivation of summary statistics. However all available data will be listed. • Where more than the specified number of measurements has been taken, the recorded values nearest to the scheduled time will be used in the derivation of the appropriate summary measure (i.e. mean or maximum).
Study Day
• The Study day will be provided on the listings to show the relative date to a reference date. In this study, the reference date will be defined as the date of visit on Day 0 (i.e. start date of dosing). The study day will be calculated by: o Date of interest ≥ Date of visit on Day 0 Study Day = Date of interest –Date of visit on Day 0+1 o Date of interest < Date of visit on Day 0 Study Day = Date of interest –Date of visit on Day 0

11.4.2. Study Population

Demographics
Age
• GSK standard IDSL algorithms will be used for calculating age where birth date will be imputed as follows: o Any subject with a missing day will have this imputed as day '15'. o Any subject with a missing date and month will have this imputed as '30th June'. • Birth date will be presented in listings as 'YYYY'. • Use informed consent date as Reference for age calculation.
Body Mass Index (BMI)
• Calculated as **Weight (kg) / [Height (m)]^2**

11.4.3. Safety

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

11.4.4. Pharmacokinetic

PK

Descriptive statistics (N, mean, SD, median, minimum, and maximum) will be used to summarize the concentration values of belimumab in plasma at each sampling time point / collection interval for each profile day. Individual subject concentration data will be listed.

Individual plasma concentration-time profiles and median/mean profiles will be plotted. Each of the figures will contain one plot on the untransformed scale (i.e. a linear plot) and one plot on the log transformed scale (i.e. log-linear plot).

The concentration data described above will be summarised, listed and plotted based on Pharmacokinetic Concentration Population defined in Section 5.

The pharmacokinetic parameters (AUC(0-∞), AUC(0-t), C_{max}, $t_{½}$, λz, CL, Vz) will be determined from the plasmaconcentration-time data for belimumab. The pharmacokinetic parameters will be calculated by standard non-compartmental analysis according to current working practices and using WinNonlin6.3 or above. All calculations of non-compartmental parameters will be based on actual sampling times.

All the derived parameters described above will be summarised and listed. For each of these parameters the following summary statistics will be calculated: arithmetic mean, 95% confidence interval for the arithmetic mean, standard deviation, median, minimum, maximum, between coefficient of variation, geometric mean, 95% confidence interval for the geometric mean and standard deviation of log-transformed data.

All derived pharmacokinetic parameters described above will be summarised and listed according to the Pharmacokinetic Parameter Population defined in Section 5.

11.4.5. Pharmacodynamic or Biomarker

PD

The central laboratory will transmit the following results electronically to GlaxoSmithKline:

- B cell subsets (CD20+, CD20+/27+ memory, CD20+/27– naïve, CD20+/69+activated, CD20+/138+ plasmacytoid, CD19+/27BRIGHT/38BRIGHT SLE subset and CD20-/138+ plasma cells).

Estimates of percent change from baseline for B cell subsets will be performed in the PD population. The 6-point summary, n, mean, median, standard deviation, minimum and maximum will be used for analysis. All derived parameters will be listed and summarized.

The mean and median profile of raw data of B cell subsets will be figured using line plots by treatment. The plots with the level of B cell subsets on y-axis and the planned time on x-axis will be prepared.

11.4.6. Pharmacokinetic/Pharmacodynamic

PK/PD
Other exploratory PK-PD analyses will be considered, when appropriate. These include exposure (PK parameters and concentrations)-response (B-cell subsets) analyses using linear and nonlinear mixed effect modelling methods. The results may be summarized in a report, separate from the main CPSR.

11.5. Appendix 5: Premature Withdrawals & Handling of Missing Data

11.5.1. Premature Withdrawals

Element	Reporting Detail
General	• Subject study completion (i.e. as specified in the protocol) was defined as completion of all the phases of the study including the follow up visit. • Withdrawn subjects were not replaced in the study. • All subjects who withdraw prematurely from the study will be documented and the reason for their withdrawal recorded in the final Clinical Pharmacology Study Report (CPSR). • All available data from subjects who were withdrawn from the study will be listed and all available planned data will be included in summary, tables and figures, unless otherwise specified. • In the event that the study is prematurely discontinued, all available data will be listed and a review carried out by the study team to assess which statistical analyses are still considered appropriate and population approach may be used to deal with such situations as appropriate.

11.5.2. Handling of Missing Data

Element	Reporting Detail
General	• Missing data occurs when any requested data is not provided, leading to blank fields on the collection instrument : o These data will be indicated by the use of a “blank” in subject listing displays. Unless all data for a specific visit are missing in which case the data is excluded from the table. o Answers such as “Not applicable” and “Not evaluable” are not considered to be missing data and should be displayed as such.
Outliers	• Any subjects excluded from the summaries and/or statistical analyses will be documented along with the reason for exclusion in the clinical study report.

11.5.2.1. Handling of Missing Dates

Element	Reporting Detail
General	Partial dates will be displayed as captured in subject listing displays.
Adverse Events	• Completely missing start or end dates will remain missing, with no imputation applied. Consequently, time to onset and duration of such events will be missing.

11.5.2.2. Handling of Partial Dates

Element	Reporting Detail
General	Partial dates will be displayed as captured in subject listing displays.
Concomitant Medications	• Partial dates for any concomitant medications recorded in the CRF will be imputed using the following convention: ○ If the partial date is a start date, a '01' will be used for the day If the partial date is a stop date, a '28/29/30/31' will be used for the day (dependent on the month and year). • The recorded partial date will be displayed in listings.

Adverse Events	• Any partial dates for adverse events will be raised to data management. If the full date cannot be ascertained, the following assumptions will be made:
	  ○ If the partial date is a start date, a '01' will be used for the day.
	  ○ However, if these results in a date prior to start date of study treatment and the event could possibly have occurred on treatment from the partial information, then the start date of study treatment will be assumed to be the start date.
	  ○ The AE will then be considered to start on-treatment (worst case).
	  ○ If the partial date is a stop date, a '28/29/30/31' will be used for the day (dependent on the month and year).
	• The recorded partial date will be displayed in listings.

11.6. Appendix 6: Clinical Laboratory Evaluations

Character Values

For laboratory values that are above or below the lower limit of quantification, having only character values starting with "<" or ">," numeric values will be derived using the following rules, where LRESSI is the character result in standard units, and LNRES is the numeric version of the result:

- If LRESSI > x then LNRES = x + 1, where x is an integer >= 1.

  If LRESSI > x.y then LNRES = x.y +0.1, where x, y are integers.

  If LRESSI > x.yz then LNRES = x.yz + 0.01, where x, y, z are integers.

  Etc.

- If LRESSI "< x" then LNRES = x - 1, where x is an integer >= 1.

  If LRESSI "< x.y" then LNRES = x.y - 0.1, where x, y are integers.

  If LRESSI "< x.yz" then LNRES = x.yz - 0.01, where x, y, z are integers.

  Etc.

Severity Grade

The laboratory value severity grade tables are showed in Appendix 3 of protocol. Laboratory toxicity will be graded using Adverse Event Severity Grading Tables when possible. Note that four analytes, potassium, glucose, calcium, and sodium, have toxicities in both the high and low directions, and both will be presented in toxicity displays by the name of the toxicity. For example, calcium will have two toxicity sections, one for hypocalcaemia and one for hypercalcaemia. These toxicities will be mapped to their high or low form by using the following formulae:

RESULT < (LLN+ULN)/2 = "Hypo" toxicity

RESULT > (LLN+ULN)/2 = "Hyper" toxicity

where LLN is Lower Limit of Normal and ULN is Upper Limit of Normal.

11.7. Appendix 7: Abbreviations & Trade Marks

11.7.1. Abbreviations

AE	Adverse event
ALT	Alanine aminotransferase
AST	Aspartate aminotransferase
AUC	Area under concentration-time curve
AUC(0–∞)	Area under the concentration-time curve from time zero (pre-dose) extrapolated to infinite time
AUC(0–t)	Area under the concentration-time curve from time zero (pre-dose) to last time of quantifiable concentration
BMI	Body mass index
BP	Blood pressure
CL	Clearance
Cmax	Maximum observed concentration
CRF	Case report form
%CV	Coefficient of variation
ECG	Electrocardiogram
GSK	GlaxoSmithKline
HBsAg	Hepatitis B surface antigen
hr	hour
IV	Intravenous
kg	Kilogram
mg	Milligram
mL	Millilitre
msec	Millisecond
ng	Nanogram
PK	Pharmacokinetics
RBC	Red blood cell
SAE	Serious adverse event(s)
SD	Standard deviation
λz	Terminal phase rate constant
t½	Terminal phase half-life
ULN	Upper limit of normal
WBC	White blood cell
Vz	Volume of distribution after intravenous administration
Vss	Volume of distribution after intravenous administration at steady state

11.7.2. Trademarks

Trademarks of the GlaxoSmithKline Group of Companies
BELIMUMAB

Trademarks not owned by the GlaxoSmithKline Group of Companies
SAS
WinNonlin

11.8. Appendix 8: List of Data Displays

11.8.1. Data Display Numbering

The following numbering will be applied for RAP generated displays:

Section	Tables	Figures
Study Population	1.01 to 1.07	N/A
Safety	2.01 to 2.26	2.2 to 2.4
Pharmacokinetic	3.1 to 3.3	3.1 to 3.3
Pharmacodynamics	4.1 to 4.2	4.1 to 4.4
Section	**Listings**	
ICH Listings	1 to 30	
Other Listings	31 to 33	

11.8.2. Mock Example Referencing

Non IDSL specifications will be referenced as indicated and if required an example mock-up displays provided in Appendix 9: Example Mock Shells for Data Displays.

Section	Figure	Table	Listing
Study Population	POP_Fn	POP_Tn	POP_Ln
Safety	SAFE_Fn	SAFE_Tn	SAFE_Ln
Pharmacokinetic	PK_Fn	PK_Tn	PK_Ln
Pharmacodynamics	PD_Fn	PD_Tn	PD_Ln

NOTES:

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

11.8.3. Deliverable [Priority]

Delivery [Priority] [1]	Description
SAC[1]	Final Statistical Analysis Complete

NOTES:

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

11.8.4. Study Population Tables

Study Population Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subject Disposition					
1.01	Safety	ES1	Summary of Subject Disposition		SAC [1]
1.02	Screened	ES6	Summary of Screening Failures		SAC [1]
1.03	Screened	POP_T1	Summary of Study Analysis Populations		SAC [1]
1.04	Safety	DV1A	Summary of Important Protocol Deviations		SAC [1]
1.05	Safety	DV1A	Summary of Other Protocol Deviation		SAC [1]
Demographics					
1.06	Safety	DM1	Summary of Demographic Characteristics	Include BMI	SAC [1]
1.07	Safety	DM5	Summary of Race and Racial Combinations		SAC [1]

11.8.5. Safety Tables

Safety Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Adverse Events					
2.01	Safety	CP_AE1p	Summary of All Adverse Events		SAC [1]
2.02	Safety	CP_AE1p	Summary of all adverse events by maximum intensity		SAC [1]
2.03	Safety	CP_AE1p	Summary of Drug-Related Adverse Events		SAC [1]
2.04	Safety	CP_AE1p	Summary of all drug-related adverse events by maximum intensity		SAC [1]
2.05	Safety	CP_AE1p	Summary of Serious Adverse Events		SAC [1]
2.06	Safety	CP_AE1p	Summary of Adverse Events Leading to Withdrawals from Study		SAC [1]
Labs					
2.07	Safety	LB1	Summary of Chemistry Laboratory Values		SAC [1]
2.08	Safety	LB1	Summary of Hematology Laboratory Values		SAC [1]
2.09	Safety	UR3	Summary of Urinalysis Dipstick Results		SAC [1]
2.10	Safety	LB1	Summary of Immonoglobulin		SAC [1]
2.11	Safety	LB1	Summary of Change from Baseline in Chemistry Laboratory Values		SAC [1]

Safety Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
2.12	Safety	LB1	Summary of Change from Baseline in Hematology Laboratory Values		SAC [1]
2.13	Safety	LB1	Summary of Percent Change from Baseline in Immonoglobulin	Including the mean of baseline value	SAC [1]
2.14	Safety	SAFE_T1	Worst Laboratory Toxicity Grade: Chemistry		SAC [1]
2.15	Safety	SAFE_T1	Worst Laboratory Toxicity Grade: Hematology		SAC [1]
2.16	Safety	SAFE_T1	Worst Laboratory Toxicity Grade: Urinalysis		SAC [1]
2.17	Safety	SAFE_T1	Worst Laboratory Toxicity Grade: Immonoglobulin		SAC [1]
2.18	Safety	SAFE_T2	Laboratory Toxicity Grade Worsening of at Least 2 Grades from Baseline: Chemistry		SAC [1]
2.19	Safety	SAFE_T2	Laboratory Toxicity Grade Worsening of at Least 2 Grades from Baseline: Hematology		SAC [1]
2.20	Safety	SAFE_T2	Laboratory Toxicity Grade Worsening of at Least 2 Grades from Baseline: Urinalysis		SAC [1]
2.21	Safety	SAFE_T2	Laboratory Toxicity Grade Worsening of at Least 2 Grades from Baseline: Immunoglobulin		SAC [1]

Safety Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
ECG					
2.22	Safety	EG2	Summary of ECG Parameter	Use latest assessment in case of multiple assessments at any given time point	SAC [1]
2.23	Safety	EG2	Summary of Mean Change from Baseline in ECG Values		SAC [1]
2.24	Safety	EG1	Summary of the Number and Percentage of Subjects Who Had Abnormal ECG Findings	Including 'Clinically Significant' and 'Not Clinically Significant'	SAC [1]
Vital Signs					
2.25	Safety	VS1	Summary of Vital Signs	Including systolic blood pressure, diastolic blood pressure and pulse, respiratory Rate, temperature	SAC [1]
2.26	Safety	VS1	Summary of Change from Baseline in Vital Signs		SAC [1]

11.8.6. Pharmacokinetic Tables

Pharmacokinetic : Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
PK Concentration Data					
3.1	PK Concentration	PKCT1/PK01	Summary of Belimumab Plasma Pharmacokinetic Concentration-Time Data		SAC [1]
PK Parameter Data					
3.2	PK Parameter	PKPT1/PK03	Summary of Derived Belimumab Plasma Pharmacokinetic Parameters	Including: arithmetic mean, 95% confidence interval for the arithmetic mean, standard deviation, median, minimum, maximum, between coefficient of variation, geometric mean and 95% confidence interval	SAC [1]
3.3	PK Parameter	PKPT3/PK05	Summary of Derived Belimumab Plasma Pharmacokinetic Parameters Based on Log-Transformation		SAC [1]

11.8.7. Pharmacodynamic Tables

Pharmacodynamic : Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
PD Parameter Data					
4.1	PD	PKPT1/PK03	Summary of B Cell Subsets		SAC [1]
4.2	PD	PKPT1/PK03	Summary of Percent Change from Baseline in B Cell Subsets	Including the mean of baseline value	SAC [1]

11.8.8. Safety Figures

Safety: Figures					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Responsibility Deliverable [Priority]**
Labs					
2.1	Safety	SAFE_F1	Mean Profile of Immunoglobulin		SAC [1]
2.2	Safety	SAFE_F1	Median Profile of Immunoglobulin		SAC [1]
2.3	Safety	SAFE_F2	Mean Profile of Percent Change from Baseline in Immunoglobulin		SAC [1]
2.4	Safety	SAFE_F2	Median Profile of Percent Change from Baseline in Immunoglobulin		SAC [1]

Note: Use consistent colour for treatments in all figures

11.8.9. Pharmacokinetic Figures

Pharmacokinetic : Figures					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Responsibility Deliverable [Priority]**
Individual Concentration Plots					
3.1	PK Concentration	PKCF1P/ PK16a	Individual Belimumab Plasma Concentration-Time Plot (Linear and Semi-Log)		SAC [1]
Mean Concentration Plots					
3.2	PK Concentration	PKCF2/ PK17	Mean (+SD) Belimumab Plasma Concentration-Time Plot (Linear and Semi-Log)		SAC [1]
Median Concentration Plots					
3.3	PK Concentration	PKCF3/ PK18	Median (Range) Belimumab Plasma Concentration-Time Plot (Linear and Semi-Log)		SAC [1]

Note: Use consistent colour for treatments in all figures

11.8.10. Pharmacodynamic Figures

Pharmacodynamic : Figures					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
PD Parameter Data					
4.1	PD	PD_F1	Mean Profile of B Cell Subsets		SAC [1]
4.2	PD	PD_F1	Median Profile of B Cell Subsets		SAC [1]
4.3	PD	PD_F2	Mean Profile of Percent Change from Baseline in B Cell Subsets		SAC [1]
4.4	PD	PD_F2	Median Profile of Percent Change from Baseline in B Cell Subsets		SAC [1]

11.8.11. ICH Listings

ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subject Disposition					
1	Screened	ES7	Listing of Reasons for Screening Failure		SAC [1]
2	Safety	ES2	Listing of Reasons for Study Withdrawal		SAC [1]
3	Safety	DV2	Listing of Important Protocol Deviations		SAC [1]
4	Safety	IE3	Listing of Subjects with Inclusion/Exclusion Criteria Deviations		SAC [1]
5	Safety	DV2	Listing of Other Protocol Deviations		SAC [1]

ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Demographics					
6	Safety	DM2	Listing of Demographic Characteristics		SAC [1]
7	Safety	DM9	Listing of Race and Racial Combinations		SAC [1]
Medical Conditions & Concomitant Medications					
8	Safety	CM3	Listing of Concomitant Medications by Generic Term		SAC [1]
9	Safety	MH2	Listing of Medical Conditions		SAC [1]
Exposure					
10	Safety	EX3	Listing of Exposure		SAC [1]
Adverse Events					
11	Safety	AE7	Listings of Subject Numbers for Individual Adverse Events		SAC [1]
12	Safety	AE2	Relationship between System Organ Class and Verbatim Text		SAC [1]
13	Safety	CP_AE8	Listing of All Adverse Events		SAC [1]
14	Safety	CP_AE8	Listing of All Adverse Events by Maximum Intensity		SAC [1]
15	Safety	CP_AE8	Listing of Drug-Related Adverse Events		SAC [1]

ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
16	Safety	CP_AE8	Listing of Drug-Related Adverse Events by Maximum Intensity		SAC [1]
17	Safety	CP_AE8a	Listing of Serious Adverse Events	The listing will be provided by fatal and non-fatal outcomes	SAC [1]
18	Safety	CP_AE8	Listing of Adverse Events Leading to Withdrawal from Study	.	SAC [1]
LABS					
19	Safety	SAFE_L1	Laboratory Results: Chemistry		SAC [1]
20	Safety	SAFE_L1	Laboratory Results: Hematology		SAC [1]
21	Safety	SAFE_L1	Laboratory Results: Urinalysis		SAC [1]
22	Safety	SAFE_L1	Laboratory Results: Immunoglobulin		SAC [1]
ECG					
23	Safety	CP_EG3	Listing of ECG Values for All Subjects		SAC [1]
24	Safety	CP_EG3	Listing of All ECG Findings for Subjects with An Abnormal Finding	Including 'Clinically Significant' and 'Not Clinically Significant'	SAC [1]

ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Vital Signs					
25	Safety	CP_VS4	Listing of Vital Signs for All Subjects		SAC [1]
Liver Event					
26	Safety	LIVER5	Listing of Liver Monitoring/Stopping Event Reporting		SAC [1]
27	Safety	LIVER6	Listing of Liver Stopping Event Information for RUCAM Score		SAC [1]
28	Safety	SAFE_L2	Listing of Medical Conditions at Onset of Liver Event		SAC [1]
29	Safety	LIVER7	Listing of Liver Biopsy Details		SAC [1]
30	Safety	LIVER8	Listing of Liver Imaging Details		SAC [1]

11.8.12. Non-ICH Listings

Non-ICH : Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
PK					
31	PK Concentration	PK08	Listing of Individual Subject Concentration		IA (SAC)
32	PK Parameter	PK13	Listing of Derived Pharmacokinetic Parameters		IA (SAC)
PD					
33	PD	PD_L1	Listing of B Cell Subset		IA (SAC)

11.9. Appendix 9: Example Mock Shells for Data Displays

Data Display Specification will be made available on Request.