CLINICAL RESEARCH IN INFECTIOUS DISEASES

STATISTICAL ANALYSIS PLAN
for
DMID Protocol: 16-0073
Study Title:
A Randomized, Double-Blind, Placebo Controlled, Phase 2 Study to Assess Treatment of Gardnerella vaginalis Vaginal Colonization with Amoxicillin
NCT03211156

Version 1.0

DATE: 27-FEB-2019

STUDY TITLE

Protocol Number Code:	**DMID Protocol: 16-0073**
Development Phase:	Phase 2
Products:	Amoxicillin
Form/Route:	Oral
Indication Studied:	Gardnerella vaginalis
Sponsor:	Division of Microbiology and Infectious Diseases National Institute of Allergy and Infectious Diseases National Institutes of Health
Clinical Trial Initiation Date:	21SEP2017
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Date of the Analysis Plan:	27FEB2019
Version Number:	1.0

This study was performed in compliance with Good Clinical Practice.

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LIST OF ABBREVIATIONS

AE	Adverse Event
BV	Bacterial Vaginosis
CI	Confidence Interval
CRF	Case Report Form
CSR	Clinical Study Report
DMID	Division of Microbiology and Infectious Diseases
DSMB	Data Safety Monitoring Board
EDC	Electronic Data Capture
FDA	Food and Drug Administration
GV	Gardnerella vaginalis
HIV	Human Immunodeficiency Virus
ICH	International Conference on Harmonisation
IDES	Internet Data Entry System
ISM	Independent Safety Monitor
ITT	Intention to Treat
KOH	Potassium hydroxide
LLOQ	Lower Limit of Quantification
ULOQ	Up Limit of Quantification
MedDRA	Medical Dictionary for Regulatory Activities
mg	Milligram
N	Number (typically refers to subjects)
NAAT	Nucleic Acid Amplification Test
NIH	National Institutes of Health
pH	Potential of Hydrogen
PI	Principal Investigator
PO	Per os (by mouth)
PP	Per Protocol
PT	Preferred Term
SAE	Serious Adverse Event
SAP	Statistical Analysis Plan

List of Abbreviations *(continued)*

SD	Standard Deviation
SDCC	Statistical and Data Coordinating Center
SOC	System Organ Class
STD	Sexually transmitted disease
TOC	Test of Cure
UAB	University of Alabama at Birmingham
USP	United States Pharmacopeia
WHO	World Health Organization

1. PREFACE

The Statistical Analysis Plan (SAP) for "A Randomized, Double-Blind, Placebo Controlled, Phase 2 Study to Assess Treatment of Gardnerella vaginalis Vaginal Colonization with Amoxicillin" (DMID Protocol 16-0073) describes and expands upon the statistical information presented in the protocol.

This document describes all planned analyses and provides reasons and justifications for these analyses. It also includes sample tables, listings, and figures planned for the final analyses. Regarding the final analyses and Clinical Study Report (CSR), this SAP follows the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) Guidelines, as indicated in Topic E3 (Structure and Content of Clinical Study Reports), and more generally is consistent with Topic E8 (General Considerations for Clinical Trials) and Topic E9 (Statistical Principles for Clinical Trials). The structure and content of the SAP provides sufficient detail to meet the requirements identified by the Food and Drug Administration (FDA) and ICH, while all work planned and reported for this SAP will follow internationally accepted guidelines published by the American Statistical Association and the Royal Statistical Society for statistical practice.

This document contains four sections: (1) a review of the study design, (2) general statistical considerations, (3) comprehensive statistical analysis methods for efficacy and safety outcomes, and (4) a list of proposed tables and figures. Within the table, figure, and listing mock-ups (Appendices 1, 2, and 3), references to CSR sections are included. Any deviation from this SAP will be described and justified in protocol amendments and/or in the CSR, as appropriate. The reader of this SAP is encouraged to also review the study protocol for details on conduct of the study and the operational aspects of clinical assessments.

2. INTRODUCTION

Bacterial Vaginosis (BV) is the most common cause of vaginitis worldwide and is strongly associated with important public health issues including preterm birth and acquisition/transmission of Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases (STDs) [reference 1-2 in protocol]. Although the exact cause of BV is unclear, the current epidemiologic data strongly support the hypothesis that BV is sexually transmitted [reference 3 in protocol]. Further, there is mounting data to suggest that Gardnerella vaginalis (GV) is the founder organism that is sexually transmitted [reference 3 in protocol]. Once GV is established, there is a resultant change in the vaginal microbiome characterized by loss of lactobacilli and an increase in anaerobic organisms leading to the syndrome of BV [reference 3-4 in protocol]. GV is nearly universally found in women with BV. However, it may also be found in women who do not meet the current definition of BV, leading some to question its pathogenicity. Others have hypothesized that there are strain differences among GV in terms of virulence factors [reference 5 in protocol].

If GV is necessary for the development of BV, then eradication of GV in women who do not meet the clinical criteria for BV should abort the future development of BV. Amoxicillin was chosen as the therapeutic intervention because it is highly active against GV but has limited efficacy against anaerobes associated with BV. This Phase 2 study will determine if GV in the vaginal flora will be eradicated by amoxicillin. If amoxicillin successfully eradicates GV, we will develop the next step to examine prevention of BV through screening and treatment of GV.

2.1. Purpose of the Analyses

These analyses will assess the efficacy and safety of Amoxicillin in comparison with the placebo and will be included in the CSR.

3. STUDY OBJECTIVES AND ENDPOINTS

3.1. Study Objectives

Primary Objective:

- To determine if treatment with amoxicillin eradicates GV in women who are colonized/infected with GV but have no clinical evidence of BV.

Secondary Objective:

- To evaluate the safety and tolerability of amoxicillin compared to placebo.

Exploratory Objectives:

- To determine the demographic and behavioral factors associated with vaginal colonization of GV.

3.2. Endpoints

Primary Endpoint:

- The proportion of participants with eradication of GV in each study arm at Visit 2 (Day 15-21) as assessed by nucleic acid amplification test (NAAT).

Secondary Endpoint:

- The proportion of participants reporting related adverse events (AEs) and serious adverse events (SAEs) in each study arm following the first dose of study product through Visit 2 (Day 15-21).

Exploratory Endpoint:

- The demographic and behavioral factors among women in the NAAT screening population without vaginitis who are baseline GV positive and women who are baseline GV negative.

3.3. Study Definitions and Derived Variables

3.3.1. BV Diagnosis by Amsel Criteria

During pelvic examination, a positive clinical diagnosis of BV by Amsel criteria is defined as the presence of:

1) A fishy odor of the vaginal discharge with the addition of a drop of 10% potassium hydroxide (KOH) (positive whiff test); and
2) Clue cells ≥ 20% of the total vaginal squamous epithelial cells on saline microscopy; and
3) Vaginal fluid pH > 4.5.

If a subject does not meet at least one of the above criteria, then the clinical diagnosis of BV is negative.

3.3.2. Nugent Criteria for Determination of BV

The Nugent score utilizes a 0-10 point scale for evaluation of vaginal flora and is based on the weighted sum score of the following three bacterial morphotypes calculated from the slide exam under oil immersion (1000x):

- Lactobacillus: Large Gram-negative rods
- Gardnerella/Bacteroides spp: thin, curved, Gram-variable rods

- Mobiluncus spp: thin, curved, Gram-variable rods

The Nugent score is interpreted as follows: 0-3 normal; 4-6 intermediate; and 7-10 BV. For the purposes of this study, a score > 3 is considered abnormal, and a score of 0-3 is considered normal.

3.3.3. Eradication of GV

Eradication of GV is defined by a negative NAAT result for GV at Visit 2 (Day 15-21).

3.3.4. GV Positive

Any subjects with NAAT results of valid numeric values including "< LLOQ" and ">ULOQ" are considered positive for GV.

3.3.5. Evaluable

Participants are deemed evaluable if their BV and GV status can be determined at screening and their GV status can be determined at Visit 2. Participants who are missing Gram stain, GV NAAT, or Amsel results at screening are not evaluable. Participants who are missing GV NAAT results at the Visit 2 are not evaluable.

3.3.6. Treatment Compliance

A participant is considered adherent to the study treatment regimen if she uses at least 80% of the scheduled doses (i.e. at least 12 of the 14 doses) of study treatment, as assessed by the number of pills returned. If pill count cannot be assessed, participant report will be used to assess adherence.

3.3.7. Baseline value

The baseline value will be defined as the last value obtained prior to the first dose of study product.

3.3.8. Test of Cure Visit

The test of cure (TOC) visit is defined as the Visit 2 (Day 15-21) visit.

4. INVESTIGATIONAL PLAN

4.1. Overall Study Design and Plan

This is a randomized, double-blind, placebo-controlled Phase 2 study screening approximately 245 adult females 18-45 years of age to enroll approximately 98 participants to achieve 82 evaluable participants at the test of cure (TOC) visit. The study is designed to determine if amoxicillin will eradicate vaginal colonization/infection with GV when administered to women who are colonized/infected with GV but have no clinical evidence of BV. Women who consent to screening participation undergo pelvic examination on entry and vaginal specimens collected for pH, whiff test and wet prep microscopy (Amsel criteria with the exception of evaluation of vaginal discharge), Nugent score, NAAT for trichomonas, and quantitative NAAT for GV. At Visit 1 (Enrollment - Day 1) women who tested positive for GV by NAAT, negative for BV by Nugent and negative for trichomonas by NAAT are enrolled and randomized to one of two groups (amoxicillin or placebo). A TOC is completed at Visit 2 (Day 15-21).

Baseline information is collected from all women at the screening visit (Visit 0 (Day -14 to -7). This information consists of demographics, medical and sexual history, concomitant medications, and clinical and laboratory findings. Vaginal swabs are collected as noted above. Women who test positive for vaginitis at the screening visit are screen failures. At the Enrollment Visit (Visit 1, Day 1) women who tested positive for GV, negative for abnormal flora/BV, and negative for trichomonas are enrolled and randomized. Those who were negative for GV are screen failures and do not continue in the study, but, their, demographic, medical, and sexual history as well as baseline swabs are used for comparisons to the GV positive women for an exploratory objective.

Women who are enrolled are asked to return for one further visit, Visit 2 (Day 15-21), where a TOC is completed (a pelvic exam completed with the same specimens taken as those at baseline with the exception of the trichomonas NAAT).

Participants are queried regarding any adverse outcomes and all AEs will be collected through Visit 2. Laboratory testing includes (NAAT for trichomonas; Nugent score for BV; quantitative NAAT for GV; and assessment of vaginal pH, saline microscopy (yeast, trichomonas, clue cells).

The duration of the study for participants who are enrolled and randomized is approximately 22 days. For those not enrolled, participation ends at their post screening follow up phone call.

Safety oversight is provided by an Independent Safety Monitor (ISM) at each clinical site and by a Data Monitoring Safety Board (DSMB). The DSMB members meets at specified times during the course of the study as defined in the DSMB Charter.

Table 1 presents the schematic of the study design and Table 2 presents the schedule of study procedures.

4.2. Discussion of Study Design, Including the Choice of Control Groups

This phase 2 study is designed to determine if amoxicillin will eradicate GV in the vaginal flora. The assumption is that GV is necessary for the development of BV, so eradication of GV in women who do not meet the clinical criteria for BV should halt future development of BV. Amoxicillin was chosen due to its highly active therapeutic response to GV, but also due to its limited efficacy against anaerobes associated with BV. If this study shows that amoxicillin successfully eradicates GV, then the next step will be to examine whether screening and treatment of GV will prevent BV. Participants are randomized using a 1:1 ratio to receive amoxicillin or placebo.

4.3. Selection of Study Population

Women eligible to enroll in this this study must meet all of the inclusion criteria:

1. Women ages 18-45, inclusive;
2. No evidence of vaginitis (yeast, trichomonas, and BV/abnormal vaginal flora) or other vaginal conditions which in the opinion of the investigator could be confounders*;

   *These causes will initially be detected by wet mount microscopy with trichomonas during the screening procedures and later confirmed by NAAT and BV/abnormal vaginal flora confirmed by Nugent scoring (Nugent score of 4-10);
3. Presence of GV detected by NAAT*;

   *results of NAAT testing will be available prior to return for Enrollment visit;
4. Willing to use condoms during vaginal intercourse while participating in the study;
5. Not currently menstruating at screening visit;
6. Willing and able to provide written informed consent;
7. Negative urine pregnancy test on all participants of childbearing potential at study screening;
8. Participant must be of non-childbearing potential* or must be using highly effective birth control** to avoid becoming pregnant.

   *Non-childbearing potential is defined as being post-menopausal for at least 1 year, status after bilateral tubal ligation, or status after bilateral oophorectomy or status after hysterectomy.

   **In addition to the required use of condoms by the male partner during study participation, participants must agree to avoid becoming pregnant by using one of the following acceptable methods of birth control for 30 days prior to screening and for the duration of the study;

   - Intrauterine contraceptive device; OR
   - Oral contraceptives; OR
   - Hormonal injections; OR
   - Hormonal implants; OR
   - Contraceptive patches; OR
   - Monogamous relationship with vasectomized partner; OR
   - Exclusively same-sex relationships; OR
   - Abstinence;
9. Participant is not planning on taking antibiotics or using any intravaginal microbicides from the Screening visit through the Visit 2 Follow-up (TOC);
10. Participant is willing and able to cooperate to the extent and degree required by this protocol at the discretion of the investigator.

Participants eligible to participate in this study must not meet any of the following exclusion criteria:

1. Pregnant or nursing;

2. Allergic to penicillin, amoxicillin, cephalosporins, or other β-lactam antibiotic;
3. Use of antibiotics in the past 14 days prior to screening visit;
4. HIV infected;
5. Women taking immunosuppressive agents;
6. History of renal impairment;
7. Use of any investigational drug within the past 30 days prior to screening;
8. Any other condition that, in the opinion of the investigator, would interfere with participation in the study.

4.4. Treatments

4.4.1. Treatments Administered

Participants are randomized using a 1:1 ratio to receive amoxicillin or placebo.

The dates of first treatment are presented for subjects in the Safety population by site in Table 3 and actual treatment group in Table 4.

4.4.2. Identity of Investigational Product(s)

Amoxicillin

Amoxicillin, United States Pharmacopeia (USP) is a semisynthetic antibiotic, an analog of ampicillin, with a broad spectrum of bactericidal activity against many gram-positive and gram-negative microorganisms. Amoxicillin is similar to penicillin in its bactericidal action against susceptible bacteria during the stage of active multiplication. It acts through the inhibition of cell wall biosynthesis that leads to the death of the bacteria.

Amoxicillin will be supplied as 250 mg amoxicillin trihydrate. Each active capsule of amoxicillin will be placed in a gelatin capsule. The gelatin capsules are Swedish orange capsules from Capsugel. Each vial contains 28 capsules.

Placebo for Amoxicillin

Each placebo capsule will be filled with lactose only and will be identical in appearance to the capsule with the active ingredient. The lactose filler is Lactose USP and the small amount should not be a problem even for persons who are lactose-intolerant. Participants may experience some mild bloating. Each vial contains 28 capsules

4.4.3. Method of Assigning Subjects to Treatment Groups (Randomization)

Enrollment of participants is done online using the enrollment module of AdvantageEDC^{SM}. Participants are randomized using a 1:1 ratio to receive amoxicillin or placebo after providing consent and confirmation of eligibility based on the study inclusion and exclusion criteria. The study uses a stratified, permuted block randomization scheme. Permuted block randomization is used to avoid the potential for serious imbalance in the number of participants assigned to each group, an imbalance that can occur in the simple randomization procedures. Stratification is by study site.

The list of randomized treatment assignments is prepared by statisticians at the Emmes Corporation and provided to the research pharmacist at University of Alabama at Birmingham (UAB) who will prepare the study treatment. The research pharmacist will label each vial of study treatment with a blinded treatment number according to the randomization scheme. The list of randomized treatment assignments is included in the enrollment module of The Emmes Corporation's Internet Data Entry System (IDES). IDES assigns each enrolled participant a blinded vial number after demographic and eligibility data have been entered into the system.

Each site has a supply of blinded vials pre-labeled with treatment numbers, each containing sufficient doses to treat a participant for seven days. Once a participant is assigned a vial number, the vial is distributed to the participant.

4.4.4. Selection of Doses in the Study

Participants are randomized to one of two study products as follows:

- Amoxicillin 2 x 250mg capsules PO twice a day for 7 days
- Placebo 2 capsules PO twice a day for 7 days

4.4.5. Selection and Timing of Dose for Each Subject

At the enrollment visit, Visit 1, subjects that are eligible to receive treatment will be randomized (1:1 ratio) to receive either amoxicillin or placebo. Each subject will receive 14 doses (2 x 250mg capsules) of amoxicillin or placebo to be taken orally, twice a day, for 7 consecutive days. The first dose should be taken in the evening after the enrollment visit. The subject should then take one dose in the morning and one dose in the evening for the next seven days. Subjects should take the doses approximately 12 hours apart. Only one dose is taken on the morning of the eighth day.

4.4.6. Blinding

Amoxicillin and placebo are masked by providing identical study vials to participants in the two arms. All participants and clinical investigators participating in this trial are blinded with respect to treatment assignment. The research pharmacy at UAB over-encapsulates the amoxicillin capsules for the active treatment arm and creates identical appearing placebo capsules containing lactose.

The participants, the study personnel who perform study assessments after administration and those dispensing study medication, data entry personnel at the sites, and laboratory personnel are blinded to treatment assignment. The DSMB may receive data in aggregate and presented by treatment group, but without the treatment group identified. The DSMB may be unblinded to individual study treatment assignments, as needed, to adequately assess safety issues.

The protocol contains no explicit provisions for emergency unblinding. According to DMID policy, the study medical monitor responds to requests for emergency unblinding and instructs the Statistical and Data Coordinating Center (SDCC) to release treatment codes only if necessary to ensure that the subject receives appropriate clinical care.

4.4.7. Prior and Concomitant Therapy

Administration of any medications, therapies, or vaccines are recorded on the appropriate data collection form. Concomitant medications include all medications taken 14 days prior to the screening visit through Visit 2 or early termination, whichever occurs first. Prescription and over-the-counter drugs are included, as

well as intravaginal products, herbs, vitamins, and supplements. Previously recorded medications are updated as appropriate. Assessment of eligibility also includes a review of all permitted and prohibited medications per the participant inclusion and exclusion criteria (See Section 4.3).

Participants who have received study drug and are subsequently diagnosed with a concomitant infection that requires systemic antibiotics receive treatment according to the local clinic's standard protocols.

Medications that might interfere with the evaluation of the treatment should not be used unless absolutely necessary. Medications in this category include, but are not limited to, antibiotics and intravaginal microbicides.

4.4.8. Treatment Compliance

Participants are instructed to record the date and timing of all doses on a memory aid. Participants are asked to bring the vial of medication and memory aid to the study personnel at their follow-up visit. Study personnel reviews adherence to the study medication schedule with the participants, including the participant's memory aid, and record this on the appropriate data collection form at Visit 2 (TOC). See Section 3.3.5 for the definition of adherence to treatment.

4.5. Efficacy and Safety Variables

For safety and efficacy analyses, multiple observations within a specific visit period are accepted. In the case of multiple observations within a specific window, the assessment value that is closest to the scheduled visit window will be used in the analyses for the post-baseline records. For screening and baseline visits, the last assessment value will be used. All the recorded data will be listed. If observations have the same distance to the scheduled assessment, the latest one will be used.

Efficacy Variables

See Section 3.3 for efficacy variable definitions. Eradication of GV is the primary efficacy variable. Amsel criteria and Nugent scores will be determined to diagnose BV according to the definition in Section 3.3. See Section 3.3 for efficacy variable definitions. BV recurrence is the primary efficacy variable. Amsel criteria and Nugent scores will be determined at each follow-up visit to diagnose BV according to the definition in Section 3.3.1.

Safety Variables

Adverse Event

ICH E6 defines an AE as any untoward medical occurrence in a patient or clinical investigation participant administered a pharmaceutical product regardless of its causal relationship to the study treatment. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of medicinal product. AEs will be graded using the following general criteria:

- Mild: events require minimal or no treatment and do not interfere with the patient's daily activities.
- Moderate: events result in a low level of inconvenience or concern with the therapeutic measures. Moderate events may cause some interference with functioning.
- Severe: events interrupt a patient's usual daily activity and may require systemic drug therapy or other treatment. Severe events are usually incapacitating.

Serious Adverse Event

An adverse event or suspected adverse reaction is considered "serious" if, in the view of either the investigator or sponsor, it results in any of the following outcomes:

- Death,
- a life-threatening adverse event,
- inpatient hospitalization or prolongation of existing hospitalization,
- a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions, or
- a congenital anomaly/birth defect.
- Important medical events that may not result in death, be life-threatening, or require hospitalizations may be considered serious when, based upon appropriate medical judgment they may jeopardize the participant and may require medical or surgical intervention to prevent one of the outcomes listed in this definition.

5. SAMPLE SIZE CONSIDERATIONS

Sample size calculations were based on detecting a decrease in GV colonization rate from 80% among participants receiving placebo to as large as 44% among participants receiving amoxicillin. Using the two-sided Pearson Chi-Square test with Yates continuity correction, significance level of 0.05, and assuming an amoxicillin to placebo allocation ratio of 1:1, 82 women (41 in each arm) would provide 90% power to detect a difference in colonization rates of 36% (i.e. 44% colonization rate in the amoxicillin arm).

Assuming a 15% drop-out rate between enrollment and the TOC visit approximately 98 women will need to be randomized to obtain 82 women evaluable for the primary analysis. Assuming 40% of women without BV will have a positive NAAT test for GV at screening, approximately 245 women without BV will need to be screened to randomize 98 women in the study.

6. GENERAL STATISTICAL CONSIDERATIONS

6.1. General Principles

Tabulations will be used extensively to summarize the data. All continuous variables will be summarized using the following descriptive statistics: n (sample size), mean, standard deviation, median, maximum and minimum. The frequency and percentages (based on the sample size) of observed levels will be reported for all categorical measures. Wilson confidence intervals for binomial proportions and differences in binomial proportions will be computed for efficacy variables. Blaker confidence intervals for binomial proportions and differences in binomial proportions will be computed for safety variables. For the hypothesis tests comparing treatment groups with respect to safety outcomes, the two-sided Fisher's Exact test will be used. For the hypothesis tests comparing treatment groups with respect to efficacy outcomes, the two-sided Pearson Chi-Square test with Yates continuity correction will be used. For all tests, a 5% two-sided significance level will be used.

For all efficacy outcome measures, the Intention-to-Treat (ITT) population (see Section 6.3) will be used as the primary analysis population and the Per Protocol population will be used as a secondary analysis population. For all safety analyses, the Safety population will be used as the analysis population.

All summary tables will be structured with a column/sub-table for each treatment group (Amoxicillin, Placebo, and All Subjects). In general, all data will be listed by treatment group and/or subject, and when appropriate by visit number within subject. The total population size relevant to that table/column if applicable, including any missing observations will be displayed in the tables.

Note that in the data listings, Subject ID is the unique subject identifier, not the Study ID used on study and dates will not be included, only Study Day.

6.1.1. Pseudo Code

The following SAS® pseudo code will be used to calculate the following:

Chi-Square test at 5% two-sided significance level and odds ratio (and 95% asymptotic CI) from 2x2 table:

```
proc freq;
      Table treatment*analysis_variable / chisq;
      ods output ChiSq=outputdsn1;
      ods output RelativeRisks=outputdsn2;
run;

Note: Yates continuity correction is where Statistic = "Continuity Adj. Chi-Square";
```

Fisher's Exact test at 5% two-sided significance level:

```
proc freq;
      Table treatment*analysis_variable / exact;
      ods output FishersExact=outputdsn;
run;
```

95% Wilson CI for proportions/percentages:

```
proc freq;
      Table treatment*analysisvariable / binomial(wilson);
      ods output binomialcls=outputdsn;
run;
```

95% Wilson CI for difference in proportions (produces Newcombe CI):

```
proc freq;
      Table treatment*analysisvariable / riskdiff(cl=Wilson);
      Exact Riskdiff;
      ods output pdiffcls=outputdsn;
run;
```

95% Exact Blaker CI for proportions/percentages:

```
proc freq;
      Table treatment*analysisvariable / binomial(blaker);
      ods output binomialcls=outputdsn;
run;
```

6.2. Timing of Analyses

The final analysis will be performed after database lock when all subjects have been followed through Visit 2, the final study visit, at Day 15 (Window: Days 15-21).

6.3. Analysis Populations

6.3.1. Safety Analyses

All safety analyses will be performed in the Safety population. The Safety population includes all randomized subjects who received at least one dose of treatment. In the unlikely event of an error in randomization or treatment administration (i.e., incorrect product), subjects will be grouped by the product they actually received.

6.3.2. Efficacy Analyses

All efficacy analyses will be performed in the Intent-to-Treat (ITT) and Per Protocol (PP) analysis populations. The NAAT screening population will be used as the exploratory efficacy analysis population.

6.3.2.1. Intent-to-Treat (ITT) Population

The ITT population includes all randomized subjects, regardless of whether they received study treatment or were compliant with the administration procedures or schedule. In the unlikely event of an error in randomization or treatment administration (i.e., incorrect product), subjects will be grouped by their intended randomized assignment.

6.3.2.2. NAAT Screening Population

The NAAT Screening population includes all screened women who are evaluated for GV by NAAT.

6.3.2.3. Per-Protocol Population

The PP population includes all randomized participants who met all inclusion/exclusion criteria, are evaluable, adhered to the assigned study treatment regimen (as defined in Section 3.3.5), and returned to the study site for the TOC visit within the specified window (Visit 2 [Window: Day 15 -21]) and did not experience any of the following after enrollment:

- Unprotected vaginal sexual intercourse between Visit 1 and Visit 2

- New pregnancy reported by the subject
- Receipt of any antibiotic or intravaginal microbicide other than study drug

In the unlikely event of an error in randomization or treatment administration (i.e., incorrect product), subjects will be grouped by the product they actually received.

6.3.3. Analysis Population Summaries

Table 5 summarizes the Safety and PP population eligibilities by actual treatment group and reasons excluded. Subjects will be included in the count for a particular reason for Exclusion if they met that criterion. As subjects may meet more than one criterion for exclusion, the "Excluded from…" counts may be less than the sum of the individual reason counts. A listing of the subjects excluded from each of the analysis populations and the reasons for exclusion will be provided (Listing 1). A listing of subjects whose assigned treatment group does not match their randomized treatment group will be provided in Listing 2.

6.4. Covariates and Subgroups

The protocol does not define any subgroup analyses for the primary and secondary efficacy analyses, while the exploratory efficacy analysis will be performed within subgroups defined by demographic and baseline characteristics of participants. Safety and enrollment summaries will be presented by clinical site.

6.5. Missing Data

Subjects who are not evaluable will be excluded from the PP population.

Participants who have a missing GV NAAT result at the TOC visit are excluded from the PP analyses. For the ITT population, participants who have a missing GV NAAT result at the TOC visit will be classified as treatment failures.

For ITT population, the Worst-Case imputation will also be explored. In this analysis, participants who have a missing GV NAAT result at the TOC visit in Amoxicillin arm will be classified as treatment failures while those who in placebo arm will be classified as cures.

Only GV eradication status will be imputed.

6.6. Interim Analyses and Data Monitoring

The study is monitored to determine if the following safety halting rule is met:

1) If any two participants experience an adverse event that is judged to be Severe (Grade 3) and related to treatment

If the halting rule is met, the study will not continue with the remaining enrollments or study treatments without a review by and recommendation from the DSMB to proceed. A summary of subjects meeting the halting rule is provided in Table 6**.** The DSMB may review study progress and participant safety data at study specific time frames, at least annually, as defined in the DSMB Charter. The halting rule does not utilize any statistical criteria and no formal hypothesis testing is planned to occur for the safety and enrollment data reviews.

6.7. Multicenter Studies

Safety and efficacy data will be pooled across all clinical sites. Center effects are not anticipated because treatment is self-administered, the sites are using standardized procedures for assessment of unsolicited adverse events, and the study relies on a central laboratory for Quantitative NAATs and Gram stain Nugent scoring.

6.8. Multiple Comparisons/Multiplicity

No adjustments for multiple testing are planned.

7. STUDY SUBJECTS

7.1. Disposition of Subjects

Table 7 shows the number of subjects who are screen failures, the number of subjects that met each inclusion/exclusion criterion, and the number of subjects who were eligible but declined enrollment. The number of enrolled subjects in the study completing study milestones will be tabulated separately by randomized treatment group and all subjects. Table 8 shows the total number of subjects screened, enrolled or randomized, treated, complying with treatment, and completing the TOC visit (Visit 2). A listing of subjects who completed the study, terminated early from study, or discontinued treatment and the reason for early termination or treatment discontinuation is included in Listing 3.

Figure 1 is a flowchart showing the disposition of study subjects in the safety and efficacy analyses, adapted from the CONSORT statement [1]. It shows the number of subjects eligible, enrolled and randomized, lost to follow-up, and analyzed for the safety, ITT and PP analyses by treatment group.

7.2. Protocol Deviations

A summary of subject-specific protocol deviations will be presented by the deviation category, the type of deviation, and randomized treatment group for all enrolled subjects (Table 9). All subject-specific protocol deviations and non-subject-specific protocol deviations will be included in Appendix 3 as data listings (Listing 4 and Listing 5, respectively).

8. EFFICACY EVALUATION

8.1. Primary Efficacy Analysis

The primary efficacy endpoint is the proportion of subjects with eradication of GV in each study arm at Visit 2 (Day 15-21) as assessed by NAAT. See Section 3.3.3 for the definition of eradication.

A test of hypothesis comparing the proportion of subjects with eradication of GV at Visit 2 (Day 15-21), will be conducted in the ITT population using the randomized treatment, and repeated as a secondary analysis using the actual treatment received in the PP population. The null hypothesis for each comparison is that there is no difference in proportions between treatment groups, with a two-sided alternative that considers the possibility of a difference in either direction. The test will be conducted using a Pearson Chi-Square test with Yates continuity correction at the 5% two-sided significance level. The number of subjects, the proportion of subjects with eradication of GV, and the 95% Wilson confidence interval for the proportion of subjects with eradication of GV will be presented for each analysis population and treatment group. In addition, the difference in proportions between the amoxicillin group and the placebo group and 95% Wilson confidence intervals will be presented. See Table 10 and Table 11. See Section 6.1 for pseudocode to fit the above analyses. Individual efficacy response data is presented in Listing 6.

8.2. Secondary Efficacy Analyses

There are no secondary efficacy objectives in this study.

8.3. Exploratory Efficacy Analyses

A summary of Amsel criteria is provided for subjects by visit and treatment group for each analysis population in Table 12 and Table 13. The number of Amsel criteria present (0,1,2,3), pH (> 4.5, ≤4.5), Clue cells (≥20%, < 20%), and Amine ("whiff") test on KOH wet mount (Positive, Negative) will be summarized. A summary of Amsel criteria is provided for subjects by treatment group and GV eradication status at Visit 2 for subjects in the ITT population and PP population (Table 14 and Table 15)**.** GV eradication status is categorized as “GV Eradicated.” “GV Not Eradicated,” “Not Evaluable.” See Section 3.3 for the definition of evaluable. A subject listing of individual Amsel criteria will be provided in Listing 6**.**

Table 16 and Table 17 presents the proportion of subjects with Nugent score of 3 or less (normal), 4-6 (intermediate), and 7-10 (BV) in each treatment group at Screening and at Visit 2 (Day 15-21). Continuous Nugent scores will also be presented by analysis population, study visit, and treatment group in Table 18 and Table 19. A subject listing of Nugent scores will be presented in Listing 6. Raw Nugent scores are displayed graphically by visit, treatment group, and analysis population in Figure 2 and Figure 3. Categorical and Continuous Nugent Score characteristics at Visit 2 are presented by GV eradication status, and treatment group for subjects in the ITT population and PP population (Table 20, Table 21, Table 22 and Table 23**)**.

The mean count of *Lactobacillus spp.*, *Gardnerella/Bacteroides spp.*, and *Mobiluncus spp.*, respectively, in each treatment group at Screening and at Visit 2 (Day 15-21). Mean count and standard deviation of each specimen type will be presented by study visit, analysis population, and treatment group. Additionally, mean change from baseline and corresponding standard deviation will be presented for Visit 2. See Table 24 and Table 25. Mean count and standard deviation of *Lactobacillus spp*., *Gardnerella/Bacteroides spp*., and *Mobiluncus spp.* at Visit 2 is presented by GV eradication status for subjects in the ITT population and PP population (Table 26 and Table 27).

The exploratory outcome measure is the demographic and behavioral factors among women in the NAAT screening population without vaginitis who are baseline GV positive and women who are baseline GV negative. Gender, ethnicity, and race will be summarized by baseline GV status for subjects in the NAAT screening population in Table 28**.** Age will be summarized by baseline GV status in Table 29. Baseline GV status will be "Positive" or "Negative" as determined by NAAT at the screening visit.

Categorical and continuous sexual history questions will be summarized by baseline GV status (Table 30, Table 31) and by treatment group at baseline and Visit 2 BV status, respectively (Table 32, Table 33, Table 34, and Table 35)

Additionally, the demographic and baseline characteristics of participants who were positive for BV by Nugent Score and Amsel Criteria and by treatment group at Visit 2 (Day 15-21) will be summarized. See Table 36, Table 37, Table 38 and Table 39.

9. SAFETY EVALUATION

9.1. Demographic and Other Baseline Characteristics

Demographic and other baseline characteristics will be summarized for all randomized subjects (ITT population). Gender, ethnicity, and race will be summarized by site (Table 40) and by randomized treatment group (Table 41). Ethnicity is categorized as Hispanic or Latino, or Not Hispanic or Latino. Race is categorized as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black or African American, White, Multi-Racial, or Unknown. In accordance with NIH reporting policy, subjects may self-designate as belonging to more than one race (Multi-Racial) or may refuse to identify a race (Unknown), the latter reflected in the Case Report Form (CRF) as "No" to each racial option. Age will be summarized by site (Table 42) and by randomized treatment (Table 43).

Baseline sexual history will be summarized for all randomized subjects (ITT population). Categorical sexual history questions will be summarized by treatment group (Table 44) and continuous sexual history questions will be summarized by treatment group (Table 45).

Individual subject listings will be presented for all demographics as well as baseline and follow-up sexual history for all enrolled subjects and GV negative Subjects respectively (Listing 8, Listing 9, Listing 10, Listing 11, Listing 12, Listing 13, Listing 14, Listing 15, Listing 16).

9.1.1. Prior and Concurrent Medical Conditions

All current illnesses and past pre-existing medical conditions will be MedDRA® coded using MedDRA dictionary version 20.1 or higher. Summaries of subjects' pre-existing and concurrent medical conditions will be presented by randomized treatment group for all sites and by each site in the ITT population (Table 46**,** Table 47**,** and Table 48**).**

Individual subject listings will be presented for all medical conditions (Listing 17)**.**

9.1.2. Prior and Concomitant Medications

Concomitant medications will be coded to the Anatomical Therapeutic Classification using the WHO Drug Dictionary. The use of prior and concomitant medications taken during the study will be recorded on the CRFs. Summaries of medications that were started prior to dosing and continuing at the time of dosing as well as medications that were started during dosing or during follow up will be presented by WHO Drug Anatomical Codes (ATC) Level 1 and Level 2 and actual treatment group for subjects in the Safety population (See Table 49, Table 50, and Table 51).

Individual subject listings will be presented for all concomitant medications and birth control methods (Listing 18 and Listing 19).

9.2. Measurements of Treatment Compliance

All subjects are to receive a total of 14 doses of treatment. Each dose is to be taken orally, twice a day, for 7 consecutive days. Subjects should take the doses approximately 12 hours apart. See Section 3.3 and Section 4.4.8 for the definition of compliance that will be used for analyses.

The number of subjects not compliant with study treatment will be presented by treatment group as part of the subject disposition table (Table 8).

9.3. Adverse Events

When calculating the incidence of adverse events (i.e., on a per subject basis), each subject will only be counted once and any repetitions of adverse events within a subject will be ignored; the denominator will be the number of subjects in the safety population within the actual treatment group. All adverse events reported will be included in the summaries and analyses. All analyses in Section 9.3 will be performed in the safety analysis population using the actual treatment received.

9.3.1. Solicited Events and Symptoms

Not applicable for this study.

9.3.2. Unsolicited Adverse Events

The secondary endpoint is the proportion of subjects reporting related AEs and SAEs in each study arm following the first dose of treatment through Visit 2 (Day 15-21). The number of subjects, the proportion of subjects who experienced related AEs and SAEs following the first dose of treatment through Visit 2 (Day 15-21) and the 95% Blaker CIs for the proportion of subjects who experienced unsolicited AEs and SAEs related to treatment through Visit 2 will be presented for the safety population and actual treatment group. In addition, the difference in proportions between the Amoxicillin arm and the placebo arm and 95% Blaker CIs will be presented in Table 52.

The proportion of subjects who discontinue treatment early due to adverse events will be summarized overall and by treatment group. The number of subjects, the proportion of subjects who discontinue treatment early due to adverse events and the 95% Blaker CIs for the proportion will be presented for the safety population and actual treatment group. In addition, the difference in proportions between the Amoxicillin arm and the placebo arm and 95% Blaker CIs will be presented in Table 53.

The number of events and proportion of subjects reporting at least one unsolicited adverse event will be summarized by MedDRA system organ class and preferred term for all subjects and each actual treatment group. Denominators for percentages are the number of subjects who received the treatment being summarized. A 95% Blaker CI will be presented for each MedDRA system organ class and preferred term (Table 54). A subject listing of all adverse events is provided in Listing 20.

The following summaries for unsolicited adverse events will be presented by MedDRA system organ class, preferred term, and treatment group:

- The number and percentage of subjects by maximum severity and maximum relationship to treatment of events for all subjects and by actual treatment received (Table 55 and Table 56);
- The number of adverse events occurring in 5% of subjects in any treatment group will be presented by MedDRA system organ class, preferred term, and treatment group in Table 57.
- The number of subjects reporting adverse events occurring in 5% of subjects in any treatment group presented by MedDRA system organ class, preferred term and treatment group in Table 57**.**
- Subject listing of non-serious adverse events of moderate or greater severity (Table 58);
- Bar chart of total frequency of adverse events by severity and MedDRA system organ class (Figure 4);
- Bar chart of subject incidence of adverse events by severity and MedDRA system organ class (Figure 5);

9.4. Deaths, Serious Adverse Events and other Significant Adverse Events

A listing of deaths and serious adverse events will be presented, which will include Subject ID, treatment group, Adverse Event Description, Study Day the Event became Serious, Reason Reported as an SAE, Relationship to Treatment, Alternate Etiology if Not Related, Outcome, and Duration of Event in days (Table 59).

9.5. Pregnancies

For any subjects in the Safety population who became pregnant during the study, every attempt will be made to follow these subjects to completion of pregnancy to document the outcome, including information regarding any complications with pregnancy and/or delivery. A listing of the total pregnancies, number of live births, and number of spontaneous abortions, elective abortions or still births will be presented (Listing 21, Listing 22, Listing 23, Listing 24, and Listing 25).

9.6. Clinical Laboratory Evaluations

Several clinical laboratory parameters are collected at screening and Visit 2. The evaluations are: urine pregnancy test, vaginal swab specimens for NAAT testing for trichomonas, quantitative NAAT testing for GV and NAAT testing for *T. vaginalis*, a vaginal swab specimen to determine the vaginal pH using ColorpHast pH paper, and a vaginal swab for microbiologic assessment of BV by Nugent criteria.

Individual clinical laboratory results will be provided in Listing 6 for all enrolled subjects and Listing 7 for subjects who were GV negative at baseline.

9.7. Vital Signs and Physical Evaluations

A pelvic examination will be performed at screening and Visit 2 for the collection of vaginal swab specimens for: pH, whiff test, and wet prep microscopy (Amsel criteria with the exception of evaluation of vaginal discharge), Nugent score, NAAT for trichomonas, quantitative NAAT for GV, and future use. A subject listing will be provided for all findings (Listing 26). Other gynecological test results including KOH saline microscopy will be presented in Listing 27 and BV microbiology results will be presented in Listing 28.

10. PHARMACOKINETICS

Not applicable for this study.

11. IMMUNOGENICITY

Not applicable for this study.

12. OTHER ANALYSES

There are no additional analyses planned for this study.

13. REPORTING CONVENTIONS

P-values ≥0.001 and ≤0.999 will be reported to three decimal places; p-values less than 0.001 will be reported as "<0.001"; p-values greater than 0.999 will be reported as "> 0.999". The mean, median, standard deviation, and any other statistics other than quantiles, will be reported to one decimal place greater than the original data. Quantiles other than the median will use the same number of decimal places as the original data. Proportions will be presented to two decimal places; values <0.01 will be presented as "<0.01". Percentages will be reported to the nearest whole number; values < 1% will be presented as "<1". Estimated parameters, not on the same scale as raw observations (e.g. regression coefficients) will be reported to three significant figures.

14. TECHNICAL DETAILS

SAS version 9.4 or above will be used to generate all tables, figures and listings.

15. SUMMARY OF CHANGES IN THE CONDUCT OF THE STUDY OR PLANNED ANALYSES

16. REFERENCES

1. Drummond R. CONSORT Revised: Improving the Reporting of Randomized Clinical Trials. JAMA. 2001; 285(15):2006-2007.

17. LISTING OF TABLES, FIGURES, AND LISTINGS

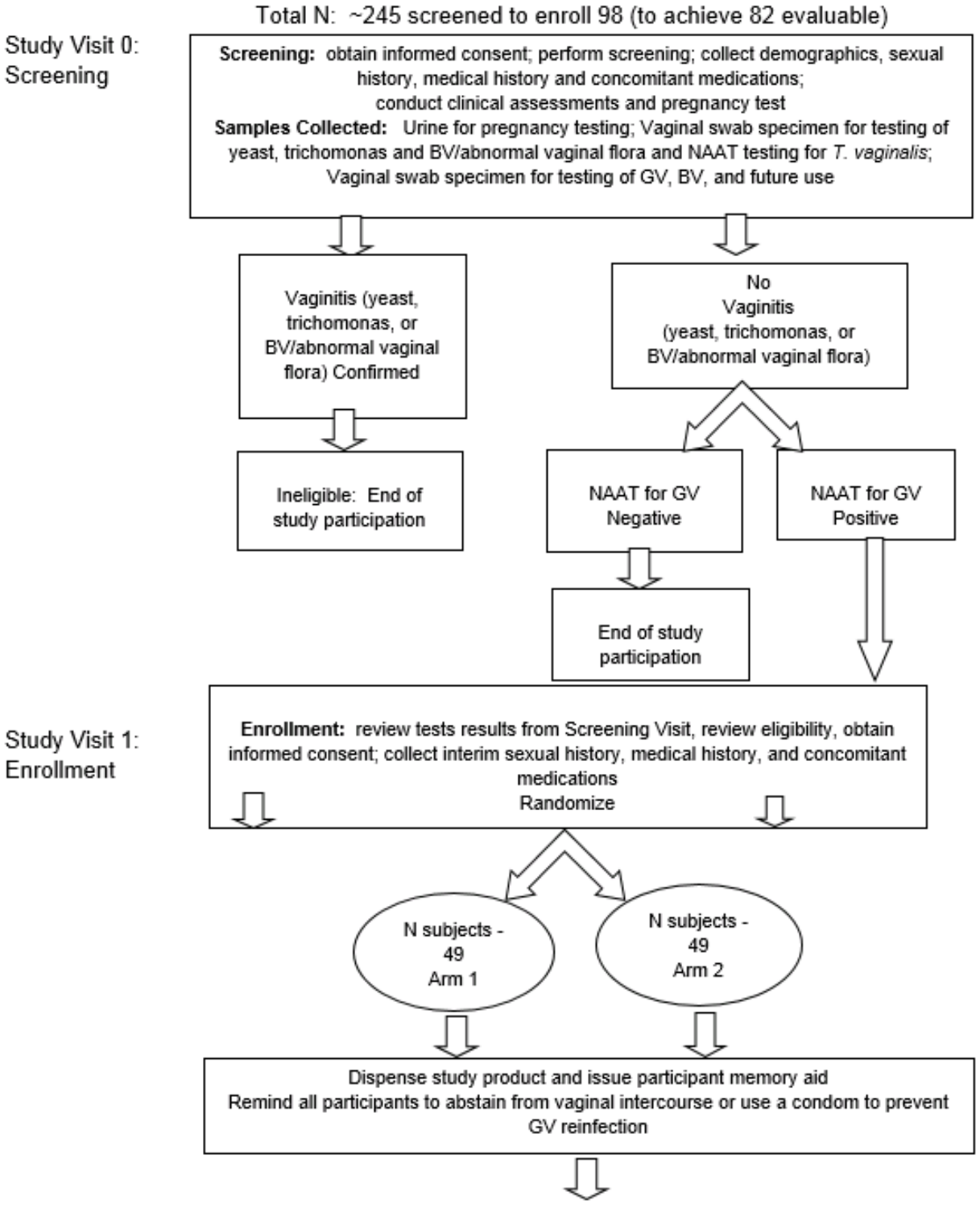
Table, figure, and listing shells are presented in Appendices 1, 2, and 3, respectively.

APPENDICES

APPENDIX 1. TABLE MOCK-UPS

LIST OF TABLES

Table 1: Study Design



Study Visit 2:
Follow-up (ToC)

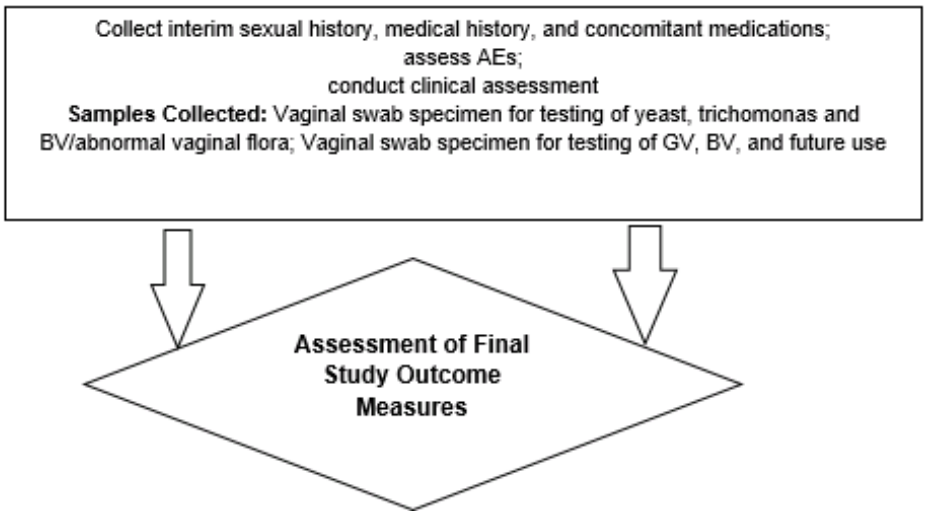


Table 2: Schedule of Study Procedures

		Screening	Enrollment	Follow-Up	Unscheduled	Early Termination
		Visit 0 (Day -14 to -7)	Visit 1 (Day 1)	Visit 2 (Day 15 [Window: 15-21])		
Signed Consent Form[1]		X	X			
Assessment of Eligibility Criteria		X	X			
Collection of Demographics		X				
Review of Sexual History		X	X	X	(X)	X
Review of Medical History[2]		X	X	X	(X)	X
Review of Concomitant Medications		X	X	X	(X)	X
Randomization			X			
Dispense memory aid and instructions			X			
Reminder on abstinence or condom use during vaginal intercourse to prevent GV reinfection			X			
Study Intervention			X			
Pelvic Examination		X		X	(X)	(X)
Assessment of Adverse Events				X	X	X
Assessment of study drug compliance (via review of memory aid and drug return)				X	(X)	(X)
Clinical Laboratory	Urine Pregnancy Test	X				
	Trichomonas, NAAT Test	X				
	pH, whiff test, and wet microscopy (Amsel criteria)	X		X	(X)	(X)
Research Laboratory	BV, Nugent score	X		X	(X)	(X)
Research Laboratory	Future Use[3]	X		X	(X)	(X)
LabCorp	GV, quantitative NAAT	X		X	(X)	(X)

(X) – As indicated/appropriate.
[1]At Visit 0 the participant is signing the Screening Informed Consent Form. At Visit 1 the participant will then sign the Enrollment Informed Consent Form.
[2] Medical history is to be originally collected only on active conditions within one year prior to screening. Then at follow up visits, the active conditions will be reviewed and any new conditions captured.
[3] At Visit 0 Screening and at Visit 2, participants that agree will have an extra swab specimen collected for future use.

Table 3: Dates of First Treatment by Site – Safety Population

[Note: Dates will be categorized by breaking the calendar year into quarters.]

Dates of Dosing	University of Alabama at Birmingham (N = X)		Wake Forest University Health Sciences (N = X)		All Subjects (N = X)	
	n	%	n	%	n	%
DDMMMYYYY-DDMMMYYYY	x	x	x	x	x	x
DDMMMYYYY-DDMMMYYYY	x	x	x	x	x	x
DDMMMYYYY-DDMMMYYYY	x	x	x	x	x	x
DDMMMYYYY-DDMMMYYYY	x	x	x	x	x	x

N=Number of subjects in the safety population of each site.

Table 4: Dates of First Treatment by Treatment Group - Safety Population

[Implementation Note: Dates will be categorized by breaking the calendar year into quarters.]

Dates of Dosing	Amoxicillin (N = X)		Placebo (N = X)		All Subjects (N = X)	
	n	%	n	%	n	%
DDMMMYYYY-DDMMMYYYY	x	x	x	x	x	x
DDMMMYYYY-DDMMMYYYY	x	x	x	x	x	x
DDMMMYYYY-DDMMMYYYY	x	x	x	x	x	x
DDMMMYYYY-DDMMMYYYY	x	x	x	x	x	x

N=Number of subjects in the safety population who received the specified treatment group. Treatment group is the actual treatment received.

Table 5: Safety and Per-Protocol Analysis Population Eligibilities for Safety and Primary Efficacy Analysis by Treatment Group

			Amoxicillin (N=X)		Placebo (N=X)		All Subjects (N=X)	
Analysis Population	**Eligibility Category**	**Reason Subjects Excluded**	**n**	**%**	**n**	**%**	**n**	**%**
Safety Analysis Population	Eligible for Safety		x	x	x	x	x	x
	Excluded from Safety	Any Reason	x	x	x	x	x	x
		Did not receive study product	x	x	x	x	x	x
Per-Protocol (PP) Analysis Population	Eligible for PP		x	x	x	x	x	x
	Excluded from PP	Any Reason	x	x	x	x	x	x
		Did not meet inclusion/exclusion criteria	x	x	x	x	x	x
		Was not evaluable	x	x	x	x	x	x
		Did not use 80% of the scheduled doses	x	x	x	x	x	x
		Did not return for the Test of Cure Visit within window (Day 15-21)	x	x	x	x	x	x
		Unprotected vaginal sexual intercourse between Visit 1 and Visit 2	x	x	x	x	x	x
		Pregnancy reported	x	x	x	x	x	x
		Received an antibiotic or intravaginal microbicide other than study drug	x	x	x	x	x	x

N=Number of subjects enrolled in the specified treatment group.
Treatment group is the actual treatment a subject received

Table 6: Summary of Halting Rules - Safety Population

Halting Rules	Number of Subjects
Two participants experience an adverse event that is judged to be Severe (Grade 3) and related to study product	x

Table 7: Ineligibility Summary of Screen Failures

Inclusion/Exclusion Category	Inclusion/Exclusion Criterion	Number of Subjects[a]
Inclusion and Exclusion	Any Criterion	x
Inclusion	Any inclusion criterion	x
	[inclusion criterion 1]	x
	[inclusion criterion 2]	x
	[inclusion criterion 3]	x
Exclusion	Any exclusion criterion	x
	[exclusion criterion 1]	x
	[exclusion criterion 2]	x
	[exclusion criterion 3]	x
Declined Enrollment	Any Reason	x
	Time commitment	x
	Concern of potential risks	x
	Number of procedures	x
	Unable to contact subject	x
	Other	x

[a]More than one criterion may be marked per subject.

Table 8: Subject Disposition by Treatment Group - All Enrolled Subjects

Subject Disposition	Amoxicillin (N=X)		Placebo (N=X)		All Subjects (N=X)	
	n	%	n	%	n	%
Screened	--	--	--	--	x	--
Evaluated for GV via NAAT	x	x	x	x	x	x
GV Negative[1]	x	x	x	x	x	x
GV Positive*	x	x	x	x	x	x
Enrolled/Randomized	x	100	x	100	x	100
Received Treatment	x	x	x	x	x	x
Complied with Treatment[2,3]	x	x	x	x	x	x
Completed Visit 2 (Day 15-21)	x	x	x	x	x	x

N=Number of subjects who received the specified treatment.
Treatment group is the treatment to which the subject was randomized.
[1]The denominators for the percentages is the number of subjects evaluated for GV.
[2]Refer to Listing 3 for reasons subjects discontinued or terminated early.
[3]Refer to Listing 15 and 16 for treatment compliance.

Table 9: Distribution of Protocol Deviations by Category, Type, and Treatment Group - All Enrolled Subjects

Category	Deviation Type	Amoxicillin (N=X)			Placebo (N=X)			All Subjects (N=X)		
		# of Subj.	%	# of Dev.	# of Subj.	%	# of Dev.	# of Subj.	%	# of Dev.
Eligibility/enrollment	Any type	x	x	x	x	x	x	x	x	x
	Did not meet inclusion criterion	x	x	x	x	x	x	x	x	x
	Met exclusion criterion	x	x	x	x	x	x	x	x	x
	ICF not signed prior to study procedures	x	x	x	x	x	x	x	x	x
	Other	x	x	x	x	x	x	x	x	x
Treatment administration schedule	Any type	x	x	x	x	x	x	x	x	x
	Out of window visit	x	x	x	x	x	x	x	x	x
	Other	x	x	x	x	x	x	x	x	x
Follow-up visit schedule	Any type	x	x	x	x	x	x	x	x	x
	Out of window visit	x	x	x	x	x	x	x	x	x
	Missed visit/visit not conducted	x	x	x	x	x	x	x	x	x
	Other	x	x	x	x	x	x	x	x	x
Protocol procedure/assessment	Any type	x	x	x	x	x	x	x	x	x
	Incorrect version of ICF signed	x	x	x	x	x	x	x	x	x
	Blood not collected	x	x	x	x	x	x	x	x	x
	Urine not collected	x	x	x	x	x	x	x	x	x
	Other specimen not collected	x	x	x	x	x	x	x	x	x
	Specimen result not obtained	x	x	x	x	x	x	x	x	x
	Required procedure not conducted	x	x	x	x	x	x	x	x	x
	Required procedure done incorrectly	x	x	x	x	x	x	x	x	x
	Study product temperature excursion	x	x	x	x	x	x	x	x	x
	Specimen temperature excursion	x	x	x	x	x	x	x	x	x
	Prohibited use of vaginal products	x	x	x	x	x	x	x	x	x

Table 9: Distribution of Protocol Deviations by Category, Type, and Treatment Group - All Enrolled Subjects (Continued)

Category	Deviation Type	Amoxicillin (N=X)			Placebo (N=X)			All Subjects (N=X)		
		# of Subj.	%	# of Dev.	# of Subj.	%	# of Dev.	# of Subj.	%	# of Dev.
	Other	x	x	x	x	x	x	x	x	x
Treatment administration	Any type	x	x	x	x	x	x	x	x	x
	Required procedure done incorrectly	x	x	x	x	x	x	x	x	x
	Study product temperature excursion	x	x	x	x	x	x	x	x	x
	Other	x	x	x	x	x	x	x	x	x
Blinding policy/procedure	Any type	x	x	x	x	x	x	x	x	x
	Treatment unblinded	x	x	x	x	x	x	x	x	x
	Other	x	x	x	x	x	x	x	x	x

N=Number of subjects who received the specified treatment. Treatment group is the treatment to which the subject was randomized.

Implementation Note: Only include the Deviation Types that are reported in the study, i.e. delete any rows with # of Dev = 0.

Table 10: GV Eradication at Visit 2 by Treatment Group - ITT Population

Imputation Method	Treatment Group	Number of Subjects with GV Eradication n	Number of Subjects N	Proportion of Subjects with GV Eradication	Proportion of Subjects with GV Eradication 95% CI[1]	Difference in Proportion of Subjects with GV Eradication between Amoxicillin and Placebo	Difference in Proportion of Subjects with GV Eradication between Amoxicillin and Placebo 95% CI	P-Value[2]
ITT Treatment Failure	Amoxicillin	x	x	0.xx	0.xx, 0.xx	0.xx	0.xx, 0.xx	0.xxx
	Placebo	x	x	0.xx	0.xx, 0.xx	--	--	--
	All Subjects	x	x	0.xx	0.xx, 0.xx	--	--	--
ITT Worst Case Imputation	Amoxicillin	x	x	0.xx	0.xx, 0.xx	0.xx	0.xx, 0.xx	0.xxx
	Placebo	x	x	0.xx	0.xx, 0.xx	--	--	--
	All Subjects	x	x	0.xx	0.xx, 0.xx	--	--	--

The denominator for proportions is based on the number of subjects who received the specified treatment and analysis population.
Treatment group is the treatment to which the subject was randomized.
[1]95% CI = 95% Wilson confidence interval.
[2]P-value from the two-sided Pearson Chi-Square test with Yates continuity correction at the .05 level of significance.

Tables with similar format:

Table 11: GV Eradication at Visit 2 by Treatment Group - PP Population

Implementation Note: Change footnote from "Treatment group is the treatment to which the subject was randomized." to "Treatment group is the actual treatment received."

Table 12: Summary of Amsel Criteria by Treatment Group and Study Visit – ITT Population

Amsel Criteria		Amoxicillin (N=X)				Placebo (N=X)				All Subjects (N=X)			
		Screening (N=X)		Visit 2 (N=X)		Screening (N=X)		Visit 2 (N=X)		Screening (N=X)		Visit 2 (N=X)	
		n	%	n	%	n	%	n	%	n	%	n	%
Number of Amsel Criteria Present	0/3	x	x	x	x	x	x	x	x	x	x	x	x
	1/3	x	x	x	x	x	x	x	x	x	x	x	x
	2/3	x	x	x	x	x	x	x	x	x	x	x	x
	3/3	x	x	x	x	x	x	x	x	x	x	x	x
Vaginal pH	>4.5	x	x	x	x	x	x	x	x	x	x	x	x
	≤4.5	x	x	x	x	x	x	x	x	x	x	x	x
Clue Cells	≥20%	x	x	x	x	x	x	x	x	x	x	x	x
	<20%	x	x	x	x	x	x	x	x	x	x	x	x
Whiff Test	Positive	x	x	x	x	x	x	x	x	x	x	x	x
	Negative	x	x	x	x	x	x	x	x	x	x	x	x

Denominator for percentages is the number of subjects who received the specified treatment.
Treatment group is the treatment to which the subject was randomized.

Tables with similar format:

Table 13: Summary of Amsel Criteria by Treatment Group and Study Visit – PP Population

Implementation Note: Change footnote from "Treatment group is the treatment to which the subject was randomized." to "Treatment group is the actual treatment received"

Table 14: Amsel Criteria at Visit 2 by GV Eradication Status and Treatment Group - ITT Population

Amsel Criteria		Amoxicillin (N=X)						Placebo (N=X)						All Subjects (N=X)					
		GV Eradicated (N=X)		GV Not Eradicated (N=X)		Not Evaluable (N=X)		GV Eradicated (N=X)		GV Not Eradicated (N=X)		Not Evaluable (N=X)		GV Eradicated (N=X)		GV Not Eradicated (N=X)		Not Evaluable (N=X)	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Number of Amsel Criteria Present	0/3	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	1/3	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	2/3	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	3/3	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Vaginal pH	>4.5	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	≤4.5	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Clue Cells	≥20%	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	<20%	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Whiff Test	Positive	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Negative	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Denominator for percentages is the number of subjects who received the specified treatment.
Treatment group is the treatment to which the subject was randomized.

Tables with Similar Format:

Table 15: Amsel Criteria at Visit 2 by GV Eradication Status and Treatment Group - PP Population

Implementation Note:

1. Change footnote from “Treatment group is the treatment to which the subject was randomized.” to “Treatment group is the actual treatment received.”
2. No “Not Evaluable” Column for PP Population.

Table 16: Nugent Scores by Category, Study Visit, and Treatment Group - ITT Population

	Amoxicillin (N=X)				Placebo (N=X)				All Subjects (N=X)			
	Screening Visit (N = X)		Visit 2 (N = X)		Screening Visit (N = X)		Visit 2 (N = X)		Screening Visit (N = X)		Visit 2 (N = X)	
	n	%	n	%	n	%	n	%	n	%	n	%
0-3 (Normal)	x	x	x	x	x	x	x	x	x	x	x	x
4-6 (Intermediate)	x	x	x	x	x	x	x	x	x	x	x	x
7-10 (BV)	x	x	x	x	x	x	x	x	x	x	x	x

Denominator for percentages is the number of subjects who received the specified treatment.
Treatment group is the treatment to which the subject was randomized.

Tables with similar format:

Table 17: Nugent Scores by Category, Study Visit, and Treatment Group - PP Population

Implementation Note: Change footnote from "Treatment group is the treatment to which the subject was randomized." To "Treatment group is the actual treatment received."

Table 18: Continuous Nugent Score Characteristics by Study Visit, and Treatment Group - ITT Population

	Amoxicillin (N=X)		Placebo (N=X)		All Subjects (N=X)	
Statistic	**Screening Visit (N = X)**	**Visit 2 (N = X)**	**Screening Visit (N = X)**	**Visit 2 (N = X)**	**Screening Visit (N = X)**	**Visit 2 (N = X)**
Mean	x.x	x.x	x.x	x.x	x.x	x.x
Standard Deviation of Mean	x.x	x.x	x.x	x.x	x.x	x.x
Mean Change from Visit 1	--	x.x	--	x.x	--	x.x
Standard Deviation of Mean Change from Visit 1	--	x.x	--	x.x	--	x.x

Treatment group is the treatment to which the subject was randomized.

Tables with similar format:

Table 19: Continuous Nugent Score Characteristics by Study Visit, and Treatment Group - PP Population

Implementation Note: Change footnote from "Treatment group is the treatment to which the subject was randomized." to "Treatment group is the actual treatment received."

Table 20: Nugent Scores at Visit 2 by Category, GV Eradication Status, and Treatment Group - ITT Population

	Amoxicillin (N=X)						Placebo (N=X)						All Subjects (N = X)					
Nugent Score Category	GV Eradicated (N = X)		GV Not Eradicated (N = X)		Not Evaluable (N = X)		GV Eradicated (N = X)		GV Not Eradicated (N = X)		Not Evaluable (N = X)		GV Eradicated (N = X)		GV Not Eradicated (N = X)		Not Evaluable (N = X)	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
0-3 (Normal)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
4-6 (Intermediate)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
7-10 (BV)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Denominator for percentages is the number of subjects in the ITT population for each treatment group.
Treatment group is the treatment to which the subject was randomized.

Tables with similar format:

Table 21: Nugent Scores at Visit 2 by Category, GV Eradication Status, and Treatment Group - PP Population

Implementation Note:

1. Change footnote from “Treatment group is the treatment to which the subject was randomized.” to “Treatment group is the actual treatment received.

2. No “Not Evaluable” Column for PP Population.

Table 22: Continuous Nugent Score Characteristics at Visit 2 by GV Eradication Status and Treatment Group - ITT Population

	Amoxicillin (N=X)			Placebo (N=X)			All Subjects (N = X)		
Statistic	**GV Eradicated (N = X)**	**GV Not Eradicated (N = X)**	**Not Evaluable (N = X)**	**GV Eradicated (N = X)**	**GV Not Eradicated (N = X)**	**Not Evaluable (N = X)**	**GV Eradicated (N = X)**	**GV Not Eradicated (N = X)**	**Not Evaluable (N = X)**
Mean	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x
Standard Deviation of Mean	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x
Mean Change from Visit 1	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x
Standard Deviation of Mean Change from Visit 1	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x

Treatment group is the treatment to which the subject was randomized.

Tables with similar format:

Table 23: Continuous Nugent Score Characteristics at Visit 2 by GV Eradication Status and Treatment Group - PP Population

Implementation Note:

1. Change footnote from “Treatment group is the treatment to which the subject was randomized.” to “Treatment group is the actual treatment received.”
2. No “Not Evaluable” Column for PP Population.

Table 24: Mean count of *Lactobacillus spp.*, *Gardnerella/Bacteroides spp.*, and *Mobiluncus spp.* By Study Visit, and Treatment Group – ITT Population

Species	Statistic	Amoxicillin (N=X)		Placebo (N=X)		All Subjects (N=X)	
		Screening Visit (N = X)	Visit 2 (N = X)	Screening Visit (N = X)	Visit 2 (N = X)	Screening Visit (N = X)	Visit 2 (N = X)
Lactobacillus spp.	Mean	x.x	x.x	x.x	x.x	x.x	x.x
	Standard Deviation of Mean	x.x	x.x	x.x	x.x	x.x	x.x
	Mean Change from Screening	--	x.x	--	x.x	--	x.x
	Standard Deviation of Mean Change from Screening	--	x.x	--	x.x	--	x.x
Gardnerella/Bacteroides spp	Mean	x.x	x.x	x.x	x.x	x.x	x.x
	Standard Deviation of Mean	x.x	x.x	x.x	x.x	x.x	x.x
	Mean Change from Screening	--	x.x	--	x.x	--	x.x
	Standard Deviation of Mean Change from Screening	--	x.x	--	x.x	--	x.x
Mobiluncus spp	Mean	x.x	x.x	x.x	x.x	x.x	x.x
	Standard Deviation of Mean	x.x	x.x	x.x	x.x	x.x	x.x
	Mean Change from Screening	--	x.x	--	x.x	--	x.x
	Standard Deviation of Mean Change from Screening	--	x.x	--	x.x	--	x.x

Treatment group is the treatment to which the subject was randomized.

Tables with similar format:

Table 25: Mean count of *Lactobacillus spp.*, *Gardnerella/Bacteroides spp.*, and *Mobiluncus spp.* by Study Visit, and Treatment Group - PP Population

Implementation Note: Change footnote from "Treatment group is the treatment to which the subject was randomized." to "Treatment group is the actual treatment received."

Table 26: Mean count of *Lactobacillus spp.*, *Gardnerella/Bacteroides spp.*, and *Mobiluncus spp.* At Visit 2 by GV Eradication Status and Treatment Group - ITT Population

Species	Statistic	Amoxicillin (N=X)			Placebo (N=X)			All Subjects (N=X)		
		GV Eradicated (N = X)	GV Not Eradicated (N = X)	Not Evaluable (N = X)	GV Eradicated (N = X)	GV Not Eradicated (N = X)	Not Evaluable (N = X)	GV Eradicated (N = X)	GV Not Eradicated (N = X)	Not Evaluable (N = X)
Lactobacillus spp.	Mean	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x
	Standard Deviation of Mean	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x
Gardnerella/Bacteroides spp	Mean	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x
	Standard Deviation of Mean	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x
Mobiluncus spp	Mean	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x
	Standard Deviation of Mean	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x	x.x

Treatment group is the treatment to which the subject was randomized.

Tables with similar format:

Table 27: Mean count of *Lactobacillus spp.*, *Gardnerella/Bacteroides spp.*, and *Mobiluncus spp.* At Visit 2 by GV Eradication Status and Treatment Group - PP Population

Implementation Note:

1. Change footnote from “Treatment group is the treatment to which the subject was randomized.” to “Treatment group is the actual treatment received.”
2. No “Not Evaluable” Column for PP Population.

Table 28: Summary of Categorical Demographic and Baseline Characteristics by GV Status at Screening - NAAT Screening Population

Variable	Characteristic	GV Positive (N=X)		GV Negative (N=X)	
		n	%	n	%
Sex	Female	x	xx	x	xx
Ethnicity	Not Hispanic or Latino	x	xx	x	xx
	Hispanic or Latino	x	xx	x	xx
	Not Reported	x	xx	x	xx
	Unknown	x	xx	x	xx
Race	American Indian or Alaska Native	x	xx	x	xx
	Asian	x	xx	x	xx
	Native Hawaiian or Other Pacific Islander	x	xx	x	xx
	Black or African American	x	xx	x	xx
	White	x	xx	x	xx
	Multi-Racial	x	xx	x	xx
	Unknown	x	xx	x	xx

N=Number of Subjects in the GV NAAT population within the specified GV status category.

Table 29: Summary of Continuous Demographic and Baseline Characteristics by GV Status at Screening – NAAT Screening Population

Variable	Statistic	GV Positive (N=X)	GV Negative (N=X)
Age	Mean	x.x	x.x
	Standard Deviation	x.x	x.x
	Median	x.x	x.x
	Minimum	x	x
	Maximum	x	x

N=Number of Subjects in the GV NAAT population within the specified GV status category.

Table 30: Categorical Baseline Sexual History by GV Status at Screening - NAAT Screening Population

Sexual Behavior Category	Value	GV Positive (N=X)		GV Negative (N=X)	
		n	%	n	%
Has the subject ever douched or used vaginal preparations or drying agents?	No	x	x	x	x
	Summer's Eve	x	x	x	x
	Rephresh	x	x	x	x
	Vagisil	x	x	x	x
	Other	x	x	x	x
Does the subjects have a history of recurrent BV (more than one episode of BV in the prior 12 months)?	No	x	x	x	x
	Yes	x	x	x	x
Did the subject have a diagnosis of BV within the prior 6 months?	No	x	x	x	x
	Yes	x	x	x	x
Subject's most recent sexual partner	Was a new partner	x	x	x	x
	Was a male	x	x	x	x
	Used a condom	x	x	x	x
	N/A	x	x	x	x
In the last 30 days, how often did the subject use a condom?	Always	x	x	x	x
	Sometimes	x	x	x	x
	Never	x	x	x	x
In the last 3 months, how often did the subject use a condom?	Always	x	x	x	x
	Sometimes	x	x	x	x
	Never	x	x	x	x

N=Number of Subjects in the GV NAAT population within the specified GV status category.
Screening Visit 0.
Denominator for percentages is the number of subjects screened with male partners in the specified time frame.

Table 31: Continuous Baseline Sexual History by GV Status at Screening – NAAT Screening Population

Time Frame	Sexual Behavior Characteristic	Statistic	Baseline GV Positive (N=X)	Baseline GV Negative (N=X)
	Days since the subject last had sexual intercourse	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Number of episodes of BV in prior 12 months	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
In the last 30 days	Number of times the subject douched or used vaginal preparations or drying agents	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Total number of partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Number of new partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Number of regular partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Number of occasional partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Number of male partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x

Table 31: Continuous Baseline Sexual History by GV Status at Screening – NAAT Screening Population (Continued)

Time Frame	Sexual Behavior Characteristic	Statistic	Baseline GV Positive (N=X)	Baseline GV Negative (N=X)
In the last 3 months	Total number of partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Number of new partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Number of regular partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Number of occasional partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x
	Number of male partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x
		Minimum, Maximum	x, x	x, x

N = Number of subjects in the NAAT Screening Population within the specified GV status category.
Screening Visit 0.

Table 32: Categorical Baseline Sexual History by Visit 2 BV Status - ITT Population – Amoxicillin Treatment Group

Amoxicillin (N=X)									
Sexual Behavior Category	**Value**	**BV by Amsel Criteria (N=X)**		**BV by Nugent Score (N=X)**		**BV by Amsel Criteria and Nugent Score (N=X)**		**No BV by either Amsel or Nugent Score (N=X)**	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Has the subject ever douched or used vaginal preparations or drying agents?	No	x	x	x	x	x	x	x	x
	Summer's Eve	x	x	x	x	x	x	x	x
	Rephresh	x	x	x	x	x	x	x	x
	Vagisil	x	x	x	x	x	x	x	x
	Other	x	x	x	x	x	x	x	x
Does the subjects have a history of recurrent BV (more than one episode of BV in the prior 12 months)?	No	x	x	x	x	x	x	x	x
	Yes	x	x	x	x	x	x	x	x
Did the subject have a diagnosis of BV within the prior 6 months?	No	x	x	x	x	x	x	x	x
	Yes	x	x	x	x	x	x	x	x
Subject's most recent sexual partner	Was a new partner	x	x	x	x	x	x	x	x
	Was a male	x	x	x	x	x	x	x	x
	Used a condom	x	x	x	x	x	x	x	x
	N/A	x	x	x	x	x	x	x	x
In the last 30 days, how often did the subject use a condom?	Always	x	x	x	x	x	x	x	x
	Sometimes	x	x	x	x	x	x	x	x
	Never	x	x	x	x	x	x	x	x
In the last 3 months, how often did the subject use a condom?	Always	x	x	x	x	x	x	x	x
	Sometimes	x	x	x	x	x	x	x	x
	Never	x	x	x	x	x	x	x	x

N=Number of subjects in the ITT population who received the specified treatment and has the specified BV status.
Denominator for percentages is the number of subjects in the Amoxicillin group (N) within the specified BV Status category.
Treatment group is the treatment to which the subject was randomized.
Screening Visit 0.
Denominator for percentages is the number of subjects in the Amoxicillin group with male partners in the specified time frame.

Table with similar format:

Table 33: Categorical Baseline Sexual History by Visit 2 BV Status - ITT Population – Placebo Treatment Group

Table 34: Continuous Baseline Sexual History by Visit 2 BV Status - ITT Population – Amoxicillin Treatment Group

Amoxicillin (N=X)						
Time Frame	**Sexual Behavior Characteristic**	**Statistic**	**BV by Amsel Criteria (N=X)**	**BV by Nugent Score (N=X)**	**BV by Amsel Criteria and Nugent Score (N=X)**	**No BV by either Amsel or Nugent Score (N=X)**
In the last 30 days	Days since the subject last had sexual intercourse	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of episodes of BV in prior 12 months	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of times the subject douched or used vaginal preparations or drying agents	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Total number of partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of new partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of regular partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of occasional partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of male partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x

Table 34: Continuous Baseline Sexual History by Visit 2 BV Status - ITT Population – Amoxicillin Treatment Group (Continued)

Amoxicillin (N=X)						
Time Frame	**Sexual Behavior Characteristic**	**Statistic**	**BV by Amsel Criteria (N=X)**	**BV by Nugent Score (N=X)**	**BV by Amsel Criteria and Nugent Score (N=X)**	**No BV by either Amsel or Nugent Score (N=X)**
In the last 3 months	Total number of partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of new partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of regular partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of occasional partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x
	Number of male partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x	x, x

N=Number of subjects in the Amoxicillin group with the respective BV Status.
Treatment group is the treatment to which the subject was randomized.
Screening Visit 0.

Table with similar format:

Table 35: Continuous Baseline Sexual History by Visit 2 BV Status - ITT Population – Placebo Treatment Group

Table 36: Summary of Categorical Demographic and Baseline Characteristics by Visit 2 BV Status - ITT Population – Amoxicillin Treatment Group

Amoxicillin (N=X)									
		BV by Amsel Criteria (N=X)		BV by Nugent Score (N=X)		BV by Amsel Criteria and Nugent Score (N=X)		No BV by either Amsel or Nugent Score (N=X)	
Variable	Characteristic	n	%	n	%	n	%	n	%
Sex	Female	x	x	x	x	x	x	x	x
Ethnicity	Not Hispanic or Latino	x	x	x	x	x	x	x	x
	Hispanic or Latino	x	x	x	x	x	x	x	x
	Not Reported	x	x	x	x	x	x	x	x
	Unknown	x	x	x	x	x	x	x	x
Race	American Indian or Alaska Native	x	x	x	x	x	x	x	x
	Asian	x	x	x	x	x	x	x	x
	Native Hawaiian or Other Pacific Islander	x	x	x	x	x	x	x	x
	Black or African American	x	x	x	x	x	x	x	x
	White	x	x	x	x	x	x	x	x
	Multi-Racial	x	x	x	x	x	x	x	x
	Unknown	x	x	x	x	x	x	x	x

Note: N=Number of Subjects in the ITT population who received Amoxicillin with the respective BV Status at Visit 2.
Treatment group is the treatment to which the subject was randomized.

Table with similar format:

Table 37: Summary of Categorical Demographic and Baseline Characteristics by Visit 2 BV Status - ITT Population – Placebo Treatment Group

Table 38: Summary of Continuous Demographic and Baseline Characteristics by Visit 2 BV Status – ITT Population – Amoxicillin Treatment Group

Amoxicillin (N=X)					
Variable	**Statistic**	**BV by Amsel Criteria (N=X)**	**BV by Nugent Score (N=X)**	**BV by Amsel Criteria and Nugent Score (N=X)**	**No BV by either Amsel or Nugent Score (N=X)**
Age	Mean	x.x	x.x	x.x	x.x
	Standard Deviation	x.x	x.x	x.x	x.x
	Median	x.x	x.x	x.x	x.x
	Minimum	x	x	x	x
	Maximum	x	x	x	x

Note: N=Number of Subjects in the ITT population who received Amoxicillin with the respective BV Status at Visit 2
Treatment group is the treatment to which the subject was randomized.

Table with similar format:

Table 39: Summary of Continuous Demographic and Baseline Characteristics by Visit 2 BV Status – ITT Population – Placebo Treatment Group

Table 40: Summary of Categorical Demographic and Baseline Characteristics by Site - All Enrolled Subjects

Variable	Characteristic	University of Alabama at Birmingham (N = X)		Wake Forest University Health Sciences (N = X)		All Subjects (N=X)	
		n	%	n	%	n	%
Sex	Female	x	xx	x	xx	x	xx
Ethnicity	Not Hispanic or Latino	x	xx	x	xx	x	xx
	Hispanic or Latino	x	xx	x	xx	x	xx
	Not Reported	x	xx	x	xx	x	xx
	Unknown	x	xx	x	xx	x	xx
Race	American Indian or Alaska Native	x	xx	x	xx	x	xx
	Asian	x	xx	x	xx	x	xx
	Native Hawaiian or Other Pacific Islander	x	xx	x	xx	x	xx
	Black or African American	x	xx	x	xx	x	xx
	White	x	xx	x	xx	x	xx
	Multi-Racial	x	xx	x	xx	x	xx
	Unknown	x	xx	x	xx	x	xx

N=Number of subjects enrolled at the specified site.

Table 41: Summary of Categorical Demographic and Baseline Characteristics by Treatment Group - ITT Population

Variable	Characteristic	Amoxicillin (N=X)		Placebo (N=X)		All Subjects (N=X)	
		n	%	n	%	n	%
Sex	Female	x	xx	x	xx	x	xx
Ethnicity	Not Hispanic or Latino	x	xx	x	xx	x	xx
	Hispanic or Latino	x	xx	x	xx	x	xx
	Not Reported	x	xx	x	xx	x	xx
	Unknown	x	xx	x	xx	x	xx
Race	American Indian or Alaska Native	x	xx	x	xx	x	xx
	Asian	x	xx	x	xx	x	xx
	Native Hawaiian or Other Pacific Islander	x	xx	x	xx	x	xx
	Black or African American	x	xx	x	xx	x	xx
	White	x	xx	x	xx	x	xx
	Multi-Racial	x	xx	x	xx	x	xx
	Unknown	x	xx	x	xx	x	xx

N=Number of Subjects in the ITT population randomized to the specified treatment group.

Table 42: Summary of Continuous Demographic and Baseline Characteristics by Site—All Enrolled Subjects

Variable	Statistic	University of Alabama at Birmingham (N = X)	Wake Forest University Health Sciences (N = X)	All Subjects (N=X)
Age	Mean	x.x	x.x	x.x
	Standard Deviation	x.x	x.x	x.x
	Median	x.x	x.x	x.x
	Minimum	x	x	x
	Maximum	x	x	x

Notes: N=Number of subjects enrolled at the specified site.

Table 43: Summary of Continuous Demographic and Baseline Characteristics by Treatment Group - ITT Population

Variable	Statistic	Amoxicillin (N=X)	Placebo (N=X)	All Subjects (N=X)
Age	Mean	x.x	x.x	x.x
	Standard Deviation	x.x	x.x	x.x
	Median	x.x	x.x	x.x
	Minimum	x	x	x
	Maximum	x	x	x

N=Number of subjects in the ITT population randomized to the specified treatment group.

Table 44: Categorical Baseline Sexual History by Treatment Group -ITT Population

Sexual Behavior Category	Value	Amoxicillin (N=X)		Placebo (N=X)		All Subjects (N=X)	
		n	%	n	%	n	%
Has the subject ever douched or used vaginal preparations or drying agents?	No	x	x	x	x	x	x
	Summer's Eve	x	x	x	x	x	x
	Rephresh	x	x	x	x	x	x
	Vagisil	x	x	x	x	x	x
	Other	x	x	x	x	x	x
Does the subjects have a history of recurrent BV (more than one episode of BV in the prior 12 months)?	No	x	x	x	x	x	x
	Yes	x	x	x	x	x	x
Did the subject have a diagnosis of BV within the prior 6 months?	No	x	x	x	x	x	x
	Yes	x	x	x	x	x	x
Subject's most recent sexual partner	Was a new partner	x	x	x	x	x	x
	Was a male	x	x	x	x	x	x
	Used a condom	x	x	x	x	x	x
	N/A	x	x	x	x	x	x
In the last 30 days, how often did the subject use a condom?	Always	x	x	x	x	x	x
	Sometimes	x	x	x	x	x	x
	Never	x	x	x	x	x	x
In the last 3 months, how often did the subject use a condom?	Always	x	x	x	x	x	x
	Sometimes	x	x	x	x	x	x
	Never	x	x	x	x	x	x

N=Number of Subjects in the ITT population.
Treatment group is the treatment to which the subject was randomized.
Screening Visit 0.
Denominator for percentages is the number of subjects with male partners in the specified time frame.

Table 45: Continuous Baseline Sexual History by Treatment Group– ITT Population

Time Frame	Sexual Behavior Characteristic	Statistic	Amoxicillin (N=X)	Placebo (N=X)	All Subjects (N = X)
	Days since the subject last had sexual intercourse	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Number of episodes of BV in prior 12 months	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
In the last 30 days	Number of times the subject douched or used vaginal preparations or drying agents	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Total number of partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Number of new partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Number of regular partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Number of occasional partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Number of male partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x

Table 45: Continuous Baseline Sexual History by Treatment Group– ITT Population (Continued)

Time Frame	Sexual Behavior Characteristic	Statistic	Amoxicillin (N=X)	Placebo (N=X)	All Subjects (N = X)
In the last 3 months	Total number of partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Number of new partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Number of regular partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Number of occasional partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x
	Number of male partners	Mean (Standard Deviation)	x.x (x.x)	x.x (x.x)	x.x (x.x)
		Median	x.x	x.x	x.x
		Minimum, Maximum	x, x	x, x	x, x

N=Number of Subjects in the ITT population who randomized to the specified treatment group.
Treatment group is the treatment to which the subject was randomized.
Screening Visit 0.

Table 46: Summary of Subjects with Pre-Existing Medical Conditions by MedDRA System Organ Class and Treatment Group - ITT Population – All Sites

MedDRA System Organ Class	Amoxicillin (N=X)		Placebo (N=X)		All Subjects (N=X)	
	n	%	n	%	n	%
Any SOC	x	x	x	x	x	x
[SOC 1]	x	x	x	x	x	x
[SOC 2]	x	x	x	x	x	x

N=Number of subjects in the ITT population who received the specified treatment.
Treatment group is the treatment to which the subject was randomized.
n = Number of subjects reporting medical history within the specified SOC.
A subject is only counted once per SOC.

Tables with Similar Format:

Table 47: Summary of Subjects with Pre-Existing Medical Conditions by MedDRA System Organ Class and Treatment Group - ITT Population – University of Alabama at Birmingham

Table 48: Summary of Subjects with Pre-Existing Medical Conditions by MedDRA System Organ Class and Treatment Group - ITT Population – Wake Forest University Health Sciences

Table 49: Number and Percentage of Subjects with Prior and Concurrent Medications by WHO Drug Classification and Treatment Group - Safety Population - All Subjects

All Subjects (N=X)							
WHO Drug Code Level 1, Anatomic Group	WHO Drug Code Level 2, Therapeutic Subgroup	Amoxicillin (N=X)		Placebo (N=X)		All Subjects (N=X)	
		n	%	n	%	n	%
Any Level 1 Codes	Any Level 2 Codes	x	x	x	x	x	x
[ATC Level 1 - 1]	Any	x	x	x	x	x	x
	[ATC 2 - 1]	x	x	x	x	x	x
	[ATC 2 - 2]	x	x	x	x	x	x
	[ATC 2 - 3]	x	x	x	x	x	x
[ATC Level 1 – 2]	Any	x	x	x	x	x	x
	[ATC 2 - 1]	x	x	x	x	x	x
	[ATC 2 - 2]	x	x	x	x	x	x
	[ATC 2 - 3]	x	x	x	x	x	x

N= Number of subjects in the Safety population who received the specified treatment.
n=Number of subjects reporting taking at least one medication in the specific WHO Drug Class.

Tables with Similar Format:

Table 50: Number and Percentage of Subjects with Prior and Concurrent Medications by WHO Drug Classification and Treatment Group - Safety Population - University of Alabama at Birmingham

Table 51: Number and Percentage of Subjects with Prior and Concurrent Medications by WHO Drug Classification and Treatment Group - Safety Population - Wake Forest University Health Sciences

Table 52: Proportion of Subjects Reporting Treatment Related Adverse Events Following the First Dose of Treatment through Visit 2 by Treatment Group – Safety Population

Treatment Group	Number of Subjects with AEs n	Number of Subjects N	Proportion of Subjects with AEs	Proportion of Subjects with AEs 95% CI	Difference in Proportion of Subjects with AEs between Amoxicillin and Placebo	Difference in Proportion of Subjects with AEs between Amoxicillin and Placebo 95% CI	P-value
Amoxicillin	x	x	0.xx	0.xx, 0.xx	0.xx	0.xx, 0.xx	0.xxx
Placebo	x	x	0.xx	0.xx, 0.xx	--	--	--
All Subjects	x	x	0.xx	0.xx, 0.xx	--	--	--

The denominator for proportions is based on the number of subjects who received the specified treatment.
95% CI = 95% Blaker confidence interval.
P-value from the Fisher's exact two-sided test at the .05 level of significance.

Table 53: Proportion of Subjects Discontinuing Treatment Early Due to Adverse Events by Treatment Group – Safety Population

Treatment Group	Number of Subjects with AEs n	Number of Subjects N	Proportion of Subjects Discontinuing Early due to AEs	Proportion of Subjects Discontinuing Early due to AEs 95% CI	Difference in Proportion of Subjects Discontinuing Early due to AEs between Amoxicillin and Placebo	Difference in Proportion of Subjects Discontinuing Early due to AEs between Amoxicillin and Placebo 95% CI	P-value
Amoxicillin	x	x	0.xx	0.xx, 0.xx	0.xx	0.xx, 0.xx	0.xxx
Placebo	x	x	0.xx	0.xx, 0.xx	--	--	--
All Subjects	x	x	0.xx	0.xx, 0.xx	--	--	--

The denominator for proportions is based on the number of subjects who received the specified treatment.
95% CI = 95% Blaker confidence interval.
P-value from the Fisher's exact two-sided test at the .05 level of significance.

Table 54: Number and Percentage of Subjects Experiencing Unsolicited Adverse Events with 95% Confidence Intervals by MedDRA System Organ Class and Preferred Term, and Treatment Group - Safety Population

MedDRA System Organ Class	MedDRA Preferred Term	Amoxicillin (N=X)				Placebo (N=X)				All Subjects (N=X)			
		n	%	95% CI	Events	n	%	95% CI	Events	n	%	95% CI	Events
Any SOC	Any PT	x	x	x, x	x	x	x	x, x	x	x	x	x, x	x
[SOC 1]	Any PT	x	x	x, x	x	x	x	x, x	x	x	x	x, x	x
	[PT 1]	x	x	x, x	x	x	x	x, x	x	x	x	x, x	x
	[PT 2]	x	x	x, x	x	x	x	x, x	x	x	x	x, x	x
[SOC 2]	Any PT	x	x	x, x	x	x	x	x, x	x	x	x	x, x	x
	[PT 1]	x	x	x, x	x	x	x	x, x	x	x	x	x, x	x
	[PT 2]	x	x	x, x	x	x	x	x, x	x	x	x	x, x	x

N = Number of subjects in the Safety Analysis Population who received the specified treatment.
95% CI = 95% Blaker confidence interval.
This table presents number and percentage of subjects.
A subject is only counted once per PT/timepoint.

Table 55: Number and Percentage of Subjects Experiencing Unsolicited Adverse Events by MedDRA System Organ Class and Preferred Term, Maximum Severity and Relationship - Safety Population

			All Subjects (N = X)					
			Related		Not Related		Total	
			n	%	n	%	n	%
Any SOC	Any PT	Any Severity	x	x	x	x	x	x
		Mild	x	x	x	x	x	x
		Moderate	x	x	x	x	x	x
		Severe	x	x	x	x	x	x
[SOC 1]	Any PT	Any Severity	x	x	x	x	x	x
		Mild	x	x	x	x	x	x
		Moderate	x	x	x	x	x	x
		Severe	x	x	x	x	x	x
	[PT 1]	Any Severity	x	x	x	x	x	x
		Mild	x	x	x	x	x	x
		Moderate	x	x	x	x	x	x
		Severe	x	x	x	x	x	x

N = Number of subjects in the Safety Analysis Population
This table presents number and percentage of subjects as well as number of events.
For severity, a subject is counted once per preferred term and is summarized according to their highest severity.

Table 56: Number and Percentage of Subjects Experiencing Unsolicited Adverse Events by MedDRA System Organ Class and Preferred Term, Maximum Severity, Relationship, and Treatment Group - Safety Population

			Amoxicillin (N = X)						Placebo (N = X)					
			Related		Not Related		Total		Related		Not Related		Total	
			n	%	n	%	n	%	n	%	n	%	n	%
Any SOC	Any PT	Any Severity	x	x	x	x	x	x	x	x	x	x	x	x
		Mild	x	x	x	x	x	x	x	x	x	x	x	x
		Moderate	x	x	x	x	x	x	x	x	x	x	x	x
		Severe	x	x	x	x	x	x	x	x	x	x	x	x
[SOC 1]	Any PT	Any Severity	x	x	x	x	x	x	x	x	x	x	x	x
		Mild	x	x	x	x	x	x	x	x	x	x	x	x
		Moderate	x	x	x	x	x	x	x	x	x	x	x	x
		Severe	x	x	x	x	x	x	x	x	x	x	x	x
	[PT 1]	Any Severity	x	x	x	x	x	x	x	x	x	x	x	x
		Mild	x	x	x	x	x	x	x	x	x	x	x	x
		Moderate	x	x	x	x	x	x	x	x	x	x	x	x
		Severe	x	x	x	x	x	x	x	x	x	x	x	x

N = Number of subjects in the Safety Analysis Population who received the specified treatment.
This table presents number and percentage of subjects as well as number of events.
For severity, a subject is counted once per preferred term and is summarized according to their highest severity.

Table 57: Adverse Events Occurring in 5% of Subjects in Any Treatment Group by MedDRA System Organ Class, Preferred Term, and Treatment Group - Safety Population

Preferred Term	MedDRA System Organ Class	Amoxicillin (N=X)			Placebo (N=X)			All Subjects (N=X)		
		n	%	Events	n	%	Events	n	%	Events
Serious Adverse Events										
All	All	x	x	x	x	x	x	x	x	x
PT1	SOC1	x	x	x	x	x	x	x	x	x
Etc.	Etc.	x	x	x	x	x	x	x	x	x
Non-serious Adverse Events										
All	All	x	x	x	x	x	x	x	x	x
PT1	SOC1	x	x	x	x	x	x	x	x	x
Etc	Etc	x	x	x	x	x	x	x	x	x

N = number of subjects in the Safety Population who received the specified treatment.
n= number of subjects reporting event.
This table presents number and percentage of subjects as well as number of events.

Table 58: Listing of Non-Serious, Unsolicited, Moderate or Severe Adverse Events

Adverse Event	Study Day	Severity	Relationship to Study Treatment	In Not Related, Alternative Etiology	Action Taken with Study Treatment	Subject Discontinued Due to AE	Outcome	MedDRA System Organ Class	MedDRA Preferred Term
Subject ID: , Treatment Group: , AE Number:									
xxxxxxx	xx	xxxxxx	xxxxxx	xxxxx	xxxxxx	Y/N	xxxxx	xxxxx	xxxxx
Comments:xxxxxxxxxxx									
Subject ID: , Treatment Group: , AE Number:									
xxxxxxx	xx	xxxxxx	xxxxxx	xxxxx	xxxxxx	Y/N	xxxxx	xxxxx	xxxxx
Comments:xxxxxxxxxxx									

Table 59: Listing of Serious Adverse Events

Adverse Event	Study Day the Event Became Serious	Reason Reported as an SAE	Severity	Relationship to Study Treatment	In Not Related, Alternative Etiology	Action Taken with Study Treatment	Subject Discontinued Due to AE	Outcome	MedDRA System Organ Class	MedDRA Preferred Term
Subject ID: , Treatment Group: , AE Number:										
xxxxxxx	**xx**	**xxxxxx**	**xxxxxx**	**xxxxxx**	**xxxxx**	**xxxxxx**	**Y/N**	**xxxxx**	**xxxxx**	**xxxxx**
Comments: xxxxxxxxxxxxx										
Subject ID: , Treatment Group: , AE Number:										
xxxxxxx	**xx**	**xxxxxx**	**xxxxxx**	**xxxxxx**	**xxxxx**	**xxxxxx**	**Y/N**	**xxxxx**	**xxxxx**	**xxxxx**
Comments: xxxxxxxxxxxxx										

APPENDIX 2. FIGURE MOCK-UPS

LIST OF FIGURES

Figure 1: CONSORT Flow Diagram

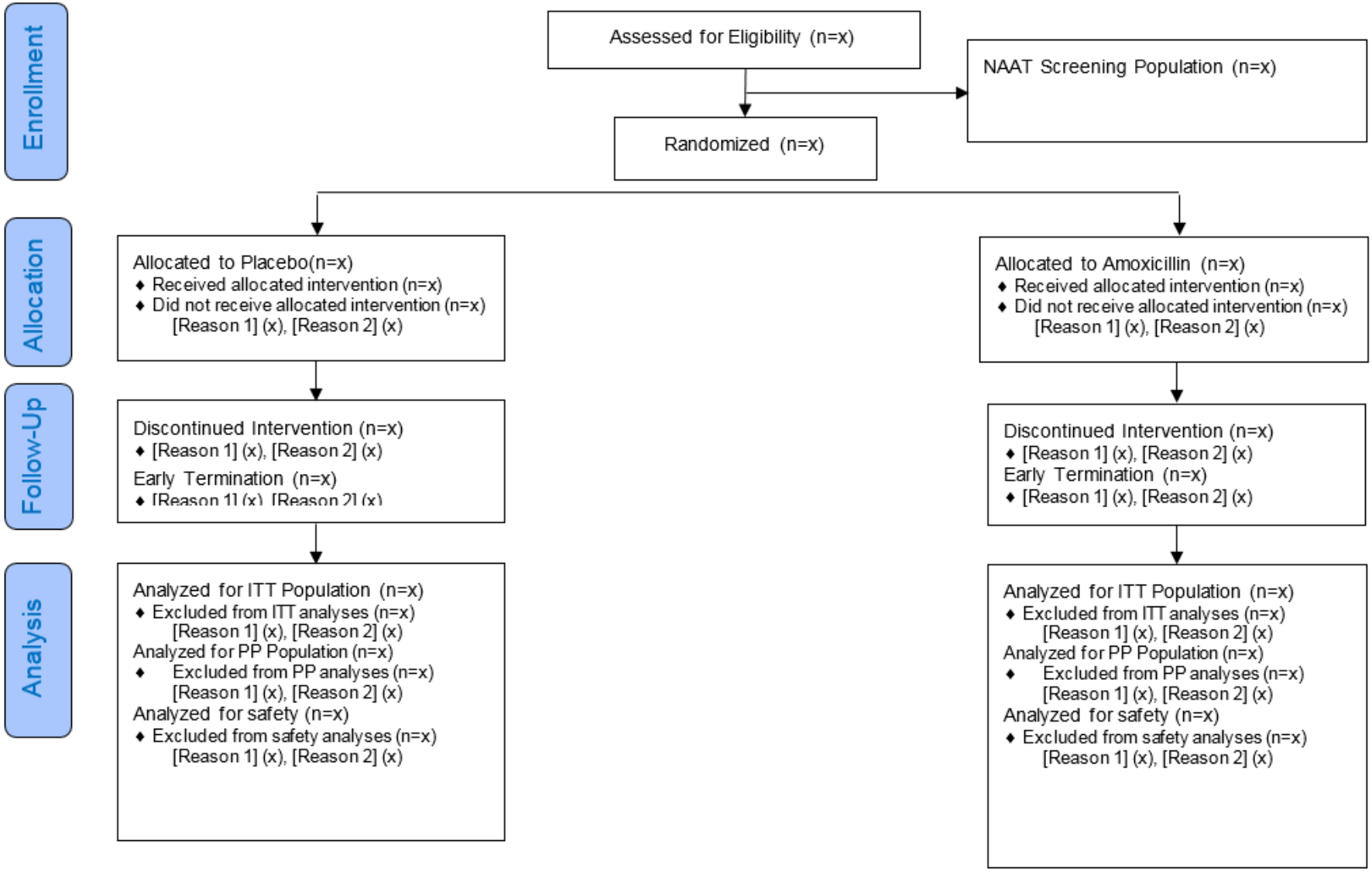
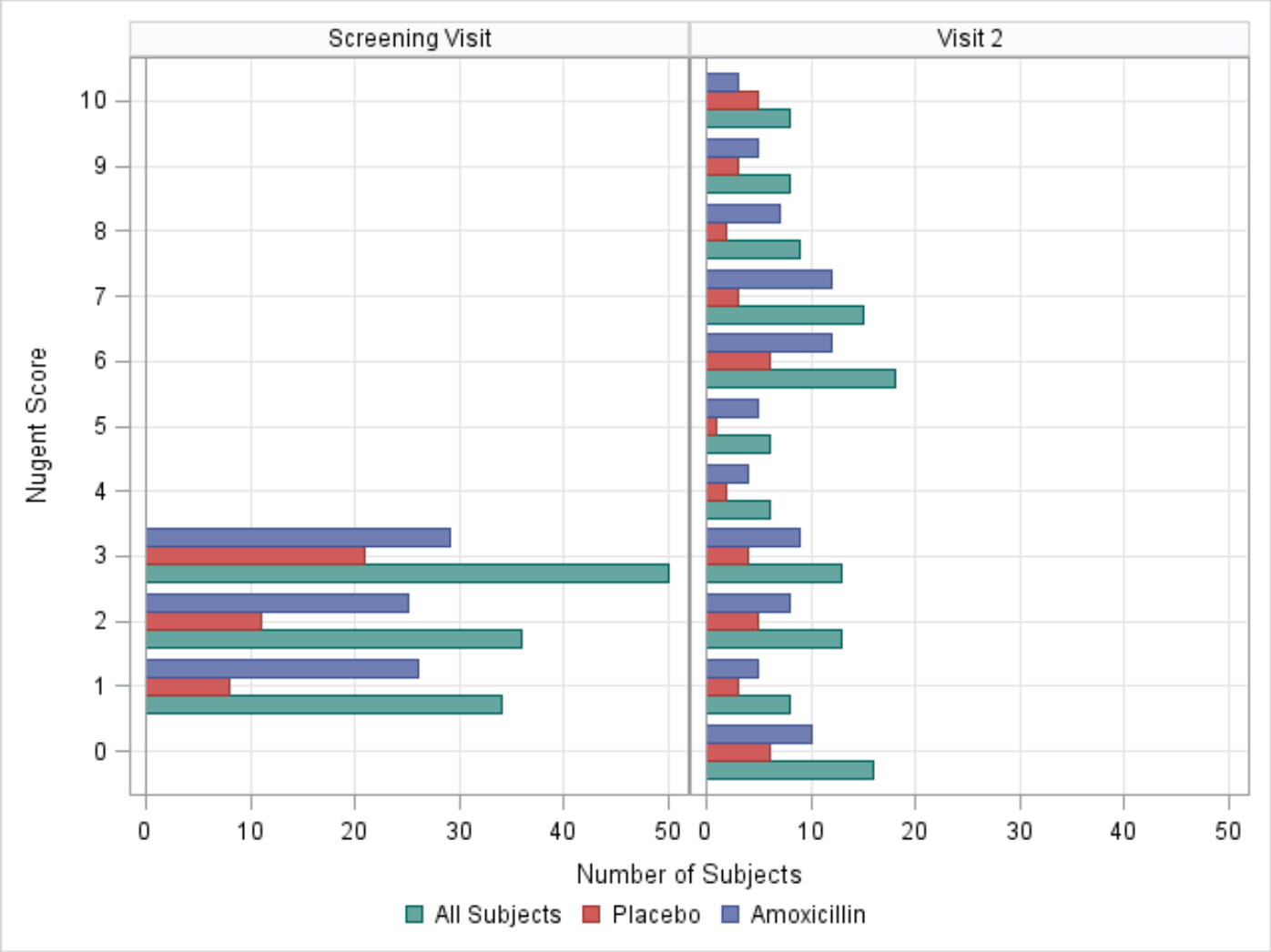


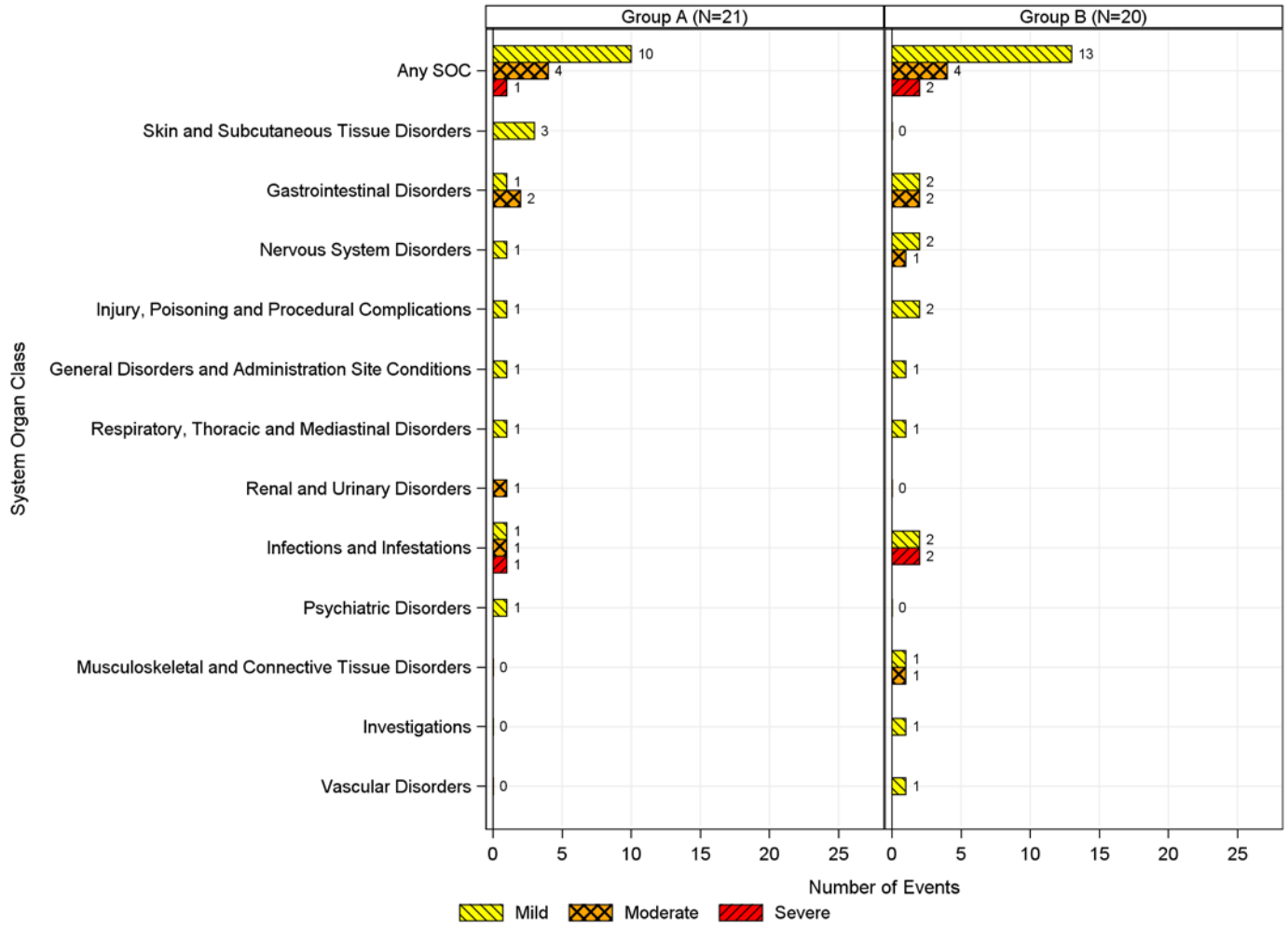
Figure 2: Nugent Scores by Visit and Treatment Group - ITT Population



Figures with similar format:

Figure 3: Nugent Scores by Visit and Treatment Group - PP Population

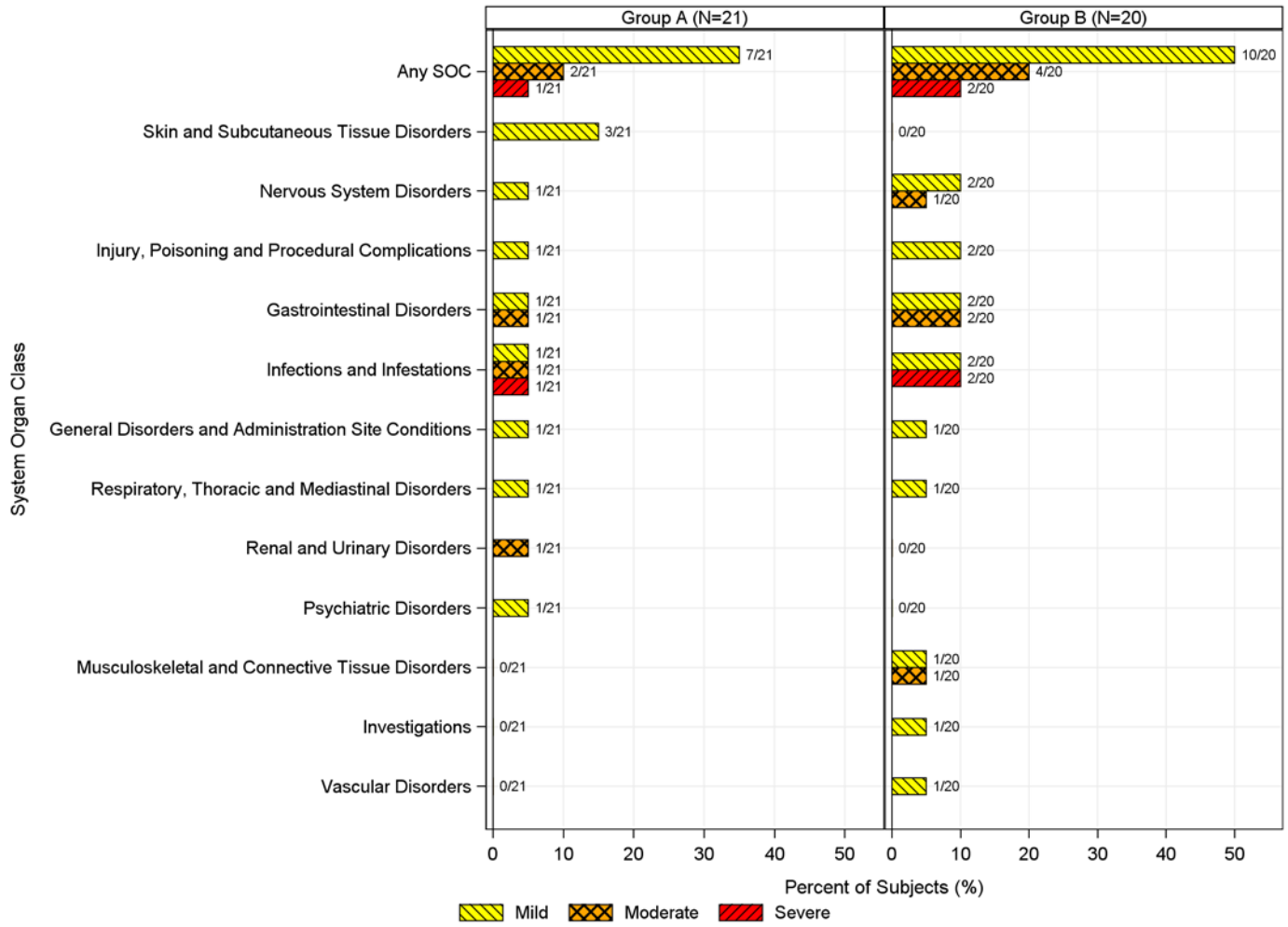
Figure 4: Frequency of Adverse Events by MedDRA System Organ Class and Severity



Implementation Note:

Group A will be Amoxicillin and Group B will be Placebo.

Figure 5: Incidence of Adverse Events by MedDRA System Organ Class and Maximum Severity



Implementation Note:

Group A will be Amoxicillin and Group B will be Placebo.

APPENDIX 3. LISTINGS MOCK-UPS

LISTINGS

Listing of Subjects Receiving Investigational Product

(not included in SAP, but this is a placeholder for the CSR)

Listing 1: Subjects Excluded from Analysis Populations

Actual Treatment Group	Randomized Treatment Group	Subject ID	Analyses in which Subject is Included	Analyses from which Subject is Excluded	Results Available?	Reason(s) Subject Excluded
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	[e.g., Safety, ITT, PP]	[e.g., Safety, ITT, PP, Visit x]	Yes/No	xxxxx
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	[e.g., Safety, ITT, PP]	[e.g., Safety, ITT, PP, Visit x]	Yes/No	xxxxx
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	[e.g., Safety, ITT, PP]	[e.g., Safety, ITT, PP, Visit x]	Yes/No	xxxxx

Note: "Yes" in the "Results available" column indicates that available data were removed from the analysis. If "Yes" the population in which data were removed will be listed in parenthesis. "No" indicates that no data were available for inclusion in the analysis.

Implementation Notes:

1. Sort order will be actual treatment group, Subject ID
2. Reasons Subject Excluded should match the same verbiage that is used on the Analysis population tables
3. If all subjects received the correct treatment, only display "Treatment Group".

Listing 2: Subjects Whose Assigned Treatment Group Does Not Match Their Randomized Treatment Group

Subject ID	Treatment Group at Randomization	Treatment Actually Received
xxxxxx	Amoxicillin/Placebo	Amoxicillin/Placebo
xxxxxx	Amoxicillin/Placebo	Amoxicillin/Placebo

Implementation Note:

1. Sort order is Subject ID.

Listing 3: Early Terminations or Discontinued Subjects-All Enrolled Subjects

Actual Treatment Group	Randomized Treatment Group	Subject ID	Category	Study Day Corresponding to Early Termination/Treatment Discontinuation/Completion	Reason for Early Termination/ Treatment Discontinuation
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxxx	Early Termination/Treatment Discontinuation/Completion	xx	xxxxxxxxxxxxxxxx
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxxx	Early Termination/Treatment Discontinuation/Completion	xx	---

Implementation Notes:

1. Sort order will be by Actual Treatment Group, Subject ID, Category
2. If all subjects received the correct treatment, only display “Treatment Group”.
3. Category will be "Early Termination", "Completion" or "Treatment Discontinuation". If a subject discontinued treatment, they will have two records.
4. In the “Reason” column, concatenate any “specify” fields, including AE number and DV number.

Listing 4: Subject-Specific Protocol Deviations-All Enrolled Subjects

Deviation Number	Study Day	Deviation Description	Deviation Category	Reason for Deviation	Deviation Affected Product Stability?	Deviation Resulted in AE?	Deviation Resulted in Subject Termination?	Deviation Resolution	Comments
Actual Treatment Group: , Randomized Treatment Group: , Subject ID:									
xx	xx	xxxxxxx	xxxxxxxxxxx	xxxxxxx	Yes/No	Yes/No	Yes/No	Yes/No	xxxxxxxxxxx
xx	xx	xxxxxxx	xxxxxxxxxxx	xxxxxxx	Yes/No	Yes/No	Yes/No	Yes/No	--

Note: Deviation description column will contain all subfields concatenated together

Implementation Notes:

1. Sort order will be by Actual Treatment Group, Subject ID, Deviation Number
2. In the Deviation Category column concatenate any specify fields
3. In the Reason for Deviation column concatenate any specify fields.

Listing 5: Non-Subject-Specific Protocol Deviations

Site	Deviation	Start Day	End Day	Reason for Deviation	Deviation Resulted in Subject Termination?	Deviation Affected Product Stability?	Deviation Category	Deviation Resolution	Comments
xxxx	xxxx	xx	xx	xxxx	Yes/No	Yes/No/NA	xxxx	xxxx	xxxx
xxxx	xxxx	xx	xx	xxxx	Yes/No	Yes/No/NA	xxxx	xxxx	Xxxx

Note: Deviation description column will contain all subfields concatenated together

Implementation Notes:

1. Sort order will be by Site Name, Start Date
2. In the Deviation Category column concatenate any specify fields
3. In the Reason for Deviation column concatenate any specify fields.

Listing 6: Individual Efficacy Response Data- All Enrolled Subjects

Study Day	Trichomonas NAAT Result	Vaginal pH	Amine ("whiff") test on KOH wet mount	Clue Cells	Amsel Criteria	Nugent Score	GV NAAT Result	GV Eradication Status
Actual Treatment Group: , Randomized Treatment Group: Subject ID:								
x	Negative/Positive	xx.x	Negative/Positive	Negative/ <20%/ >=20%	x	x	$Xx10^x$/Negative/ LLOQ/ULOQ	Eradicated/Not Eradicated/Not Evaluable

Implementation Notes:

1. Sort order is actual treatment group, Subject ID, Study Day.
2. If all subjects received the correct treatment, only display "Treatment Group".
3. Trichomonas NAAT only performed at screening visit, populate cells at later visits with "—"
4. GV Eradication Status is only available for Visit 2, display "—" for Visit 1.

Listing 7: Individual Clinical Laboratory Results- GV Negative Subjects at Screening

Site	Subject ID	Trichomonas NAAT Result	Vaginal pH	Amine ("whiff") test on KOH wet mount	Clue Cells	Amsel Criteria	Nugent Score	GV NAAT Result
xxxxx	xxxxxx	Negative/Positive	xx.x	Negative/Positive	xx	x	x	$Xx10^{x}$/Negative/ LLOQ/ULOQ

Implementation Notes:

1. Sort order is Subject ID.

Listing 8: Demographic Data - All Enrolled Subjects

Screen Failure?	Actual Treatment Group	Randomized Treatment Group	Subject ID	Age at Enrollment (years)	Ethnicity	Race
Y/N	Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	xxxxxx	xxxxxx
Y/N	Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	xxxxxx	xxxxxx
Y/N	Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	xxxxxx	xxxxxx

Implementation Notes:

1. Sort order will be by screen failure, Actual Treatment Group, Subject ID
2. For the Race column, if a subject is Multi-Racial, all races will be listed, separated by a comma
3. If subject was a screen failure, populate actual treatment group and randomized treatment group with "—"
4. If all subjects received the correct treatment, only display "Treatment Group".

Listing with similar format:

Listing 9: Demographic Data - GV Negative Subjects

Listing 10: Sexual History at Screening - All Enrolled Subjects

Screen Failure?	Actual Treatment Group	Randomized Treatment Group	Subject ID	Day of Subjects Last Menstrual Period	Ever Douched or Used Vaginal Preparations or Drying Agents?	If Yes, Specify Product	Number of Times Douched or Used Vaginal Preparations or Drying Agents in the last 30 Days
Y/N	Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	Yes/No	Summer's Eve/Rephresh/Vagisil/Other(specify)	xx
Y/N	Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	Yes/No	Summer's Eve/Rephresh/Vagisil/Other(specify)	xx

Implementation Notes:

1. Sort order will be by screen failure, Actual Treatment Group, Subject ID
2. If the subject has used "other" Vaginal Preparations or Drying Agents, list the specify field in the cell
3. If subject was a screen failure, populate actual treatment group and randomized treatment group with "—"
4. If all subjects received the correct treatment, only display "Treatment Group".

Listing with similar format:

Listing 11: Sexual History at Screening - GV Negative Subjects

Listing 12: Sexual Behavior History at Screening - All Enrolled Subjects

								Most Recent Sexual Partner			In the Last 30 Days					
Screen Failure?	**Actual Treatment Group**	**Randomized Treatment Group**	**Subject ID**	**Have a history of recurrent BV (more than on episode of BV in the prior 12 months)?**	**Number of episodes of BV in prior 12 months**	**Had a diagnosis of BV within the prior 6 months**	**Day Since the Subject Last had Vaginal Sexual Intercourse**	**A New Partner?**	**A Male?**	**Was a condom used?**	**Total Number of Sexual Partners**	**Number of New Partners**	**Number of Regular Partners**	**Number of Occasional Partners**	**Number of Male Partners**	**How Often was a condom used?**
Y/N	Amoxicillin/ Placebo	Amoxicillin/ Placebo	xxxxxx	Yes/No	xx	Yes/No	xx	Yes/No	Yes/No	Yes/No	xx	xx	xx	xx	xx	Always/ Sometimes/ Never
Y/N	Amoxicillin/ Placebo	Amoxicillin /Placebo	xxxxxx	Yes/No	xx	Yes/No	xx	Yes/No	Yes/No	Yes/No	xx	xx	xx	xx	xx	Always/ Sometimes/ Never

Implementation Notes:

1. Sort order will be by Screen failure, Actual Treatment Group, Subject ID
2. If subject was a screen failure, populate actual treatment group and randomized treatment group with "—"
3. If all subjects received the correct treatment, only display "Treatment Group".

Listing with similar format:

Listing 13: Sexual Behavior History at Screening – GV Negative Subjects

Listing 14: Sexual Behavior History at Screening - Last 3 Months - All Screened Subjects

				In the Last 3 Months					
Screen Failure?	**Actual Treatment Group**	**Randomized Treatment Group**	**Subject ID**	**Total Number of Sexual Partners**	**Number of New Partners**	**Number of Regular Partners**	**Number of Occasional Partners**	**Number of Male Partners**	**How Often was a condom used?**
Y/N	Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	xx	xx	xx	xx	Always/Sometimes/Never
Y/N	Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	xx	xx	xx	xx	Always/Sometimes/Never

Implementation Notes:

1. Sort order will be by Screen Failure, Actual Treatment Group, Subject ID
2. If subject was a screen failure, populate actual treatment group and randomized treatment group with "—"
3. If all subjects received the correct treatment, only display "Treatment Group".

Listing with similar format:

Listing 15: Sexual Behavior History at Screening - Last 3 Months – GV Negative Subjects

Listing 16: Interim Sexual Behavior History - All Enrolled Subjects

				Since Last Visit				
Actual Treatment Group	**Randomized Treatment Group**	**Subject ID**	**Study Day**	**Total Number of Sexual Partners**	**Number of New Partners**	**Number of Regular Partners**	**Number of Occasional Partners**	**Number of Male Partners**
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	xx	xx	xx	xx	xx
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	xx	xx	xx	xx	xx

Implementation Notes:

1. Sort order will be by Actual Treatment Group, Subject ID

2. If all subjects received the correct treatment, only display “Treatment Group”.

Listing 17: Pre-Existing Medical Conditions - All Enrolled Subjects

Actual Treatment Group	Randomized Treatment Group	Subject ID	MH Number	Medical History Term	Condition Start Day	Condition End Day	MedDRA System Organ Class	MedDRA Preferred Term
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xxx	xxxxxx	xx	xx	xxxxxx	xxxxxx
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xxx	xxxxxx	xx	xx	xxxxxx	xxxxxx

Implementation Notes:

1. Sort order is Actual Treatment Group, Subject ID, MH Number.

2. "Condition Start Day" and "Condition End Day" are relative to enrollment (which is Day 1, day before enrollment is Day -1). Rather than use exact study days, categorize as follows:

- > 5 years prior to enrollment
- 1-5 years prior to enrollment
-1-12 months prior to enrollment
-Within 1 month of enrollment
-During Study
-If Ongoing at the end of the study, display "Ongoing' in the "Condition End Day" column.
-If ending is unknown at the end of the study, display "Unknown" in the "Condition End Day" column.

3. If all subjects received the correct treatment, only display “Treatment Group”.

Listing 18: Concomitant Medications - All Enrolled Subjects

Actual Treatment Group	Randomized Treatment Group	Subject ID	Concomitant Medication Number	Medication	Medication Start Day	Medication End Day	Indication	Taken for an AE? (AE Description; AE Number)	Taken for a condition on Medical History? (MH Description; MH Number)
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	xxxxxx	xx	xx	xxxxxx	Yes/No xxxxx; xx	Yes/No xxxxx; xx
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	xx	xxxxxx	xx	xx	xxxxxx	Yes/No xxxxx; xx	Yes/No xxxxx; xx

Implementation Notes:

1. Sort order is actual treatment group, Subject ID, concomitant medication number.

2. 'Medication Start Day' and 'Medication End Day' are relative to enrollment (which is Day 1, day before enrollment is Day -1). For medication start dates that are > 30 days prior to enrollment, rather than use exact days, categorize as follows:

   - > 5 years prior to enrollment
   - 1- 5 years prior to enrollment
   - 1-12 months prior to enrollment.
   - For 'Medication End Day', if medication is Ongoing, display 'Ongoing' in the Medication End Day' column.
   - For 'Medication End Day', if end of medication is unknown, display 'Unknown' in the 'Medication End Day' column.

3. If a Medication is taken for an AE, then concatenate the conmed with the Advere Events by AENUM and report the AETERM, plus the AE Number.

4. If a Medication is taken for an MH, then concatenate the conmed with the Medical History event by MHNUM and report the MHTERM, plus the MH Number.

5. Include the birth control information in this dataset. The birth control information is coming from the RP/SUPPRP or BC1 dataset.

6. If all subjects received the correct treatment, only display “Treatment Group”.

Listing 19: Birth Control Methods - All Enrolled Subjects

Actual Treatment Group	Randomized Treatment Group	Subject ID	Is the subject of childbearing potential?	Method of Birth Control	Start Day	End Day
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	Yes/No	xxxxxx	xx	xx
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	Yes/No	xxxxxx	xx	xx

Implementation Notes:

1. Sort order is actual treatment group, Subject ID.
2. If all subjects received the correct treatment, only display “Treatment Group”.
3. Subject may have multiple records of Method of Birth Control.

Listing 20: Unsolicited Adverse Events - Safety Population

Adverse Event	Study Day	Severity	SAE?	Relationship to Study Treatment	In Not Related, Alternative Etiology	Action Taken with Study Treatment	Subject Discontinued Due to AE	Outcome	MedDRA System Organ Class	MedDRA Preferred Term
Actual Treatment Group: , Randomized Treatment Group: , Subject ID: , AE Number:										
xxxxxxx	**xx**	**xxxxxx**	**xxxxxx**	**xxxxxx**	**xxxxx**	**xxxxxx**	**Y/N**	**xxxxx**	**xxxxx**	**xxxxx**
Comments: xxxxxxxxxxxxx										
Actual Treatment Group: , Randomized Treatment Group: , Subject ID: , AE Number:										
xxxxxxx	**xx**	**xxxxxx**	**xxxxxx**	**xxxxxx**	**xxxxx**	**xxxxxx**	**Y/N**	**xxxxx**	**xxxxx**	**xxxxx**
Comments: xxxxxxxxxxxxx										

Note: For additional details about SAEs, see Table X.

Implementation Notes:

1. Sort order is actual treatment group, Subject ID, AE Number.

2. If all subjects received the correct treatment, only display “Treatment Group”.

Listing 21: Pregnancy Reports – Maternal Information

Actual Treatment Group	Actual Treatment Group	Subject ID	Pregnancy Number	Study Day Corresponding to Estimated Date of Conception	Source of Maternal Information	Pregnancy Status	Mother's Pre-Pregnancy BMI	Mother's Weight Gain During Pregnancy	Tobacco, Alcohol, or Drug Use During Pregnancy?	Medications During Pregnancy?	Maternal Complications During Pregnancy?	Maternal Complications During Labor, Delivery, or Post-Partum?
Amoxicillin /Placebo	Amoxicillin /Placebo	xxxxxxxx	xx	xx	xxx	xxx	xxx	xxx	Y/N	Y/N	Y/N	Y Y/N /N
Amoxicillin /Placebo	Amoxicillin /Placebo	xxxxxxxx	xx	xx	xxx	xxx	xxx	xxx	Y/N	Y/N	Y/N	Y Y/N /N

Note: Maternal Complications are included in the Adverse Event listing. Medications taken during pregnancy are included in the Concomitant Medications Listing.

Implementation Notes:

1. Sort order is actual treatment group, Subject ID
2. If all subjects received the correct treatment, only display "Treatment Group".

Listing 22: Pregnancy Reports – Gravida and Para

			Live Births												
Subject ID	**Pregnancy Number**	**Gravida**	**Extremely Preterm Births**	**Very Preterm Births**	**Early Preterm Births**	**Late Preterm Births**	**Early Term Births**	**Full Term Births**	**Late Term Births**	**Post Term Births**	**Still Births**	**Spontaneous Abortion/ Miscarriage**	**Elective Abortions**	**Therapeutic Abortions**	**Major Congenital Anomaly with Previous Pregnancy?**
xxxxxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	Y/N
xxxxxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	Y/N

Note: Gravida includes the current pregnancy, para events do not.

Listing 23: Pregnancy Reports – Live Birth Outcomes

Subject ID	Pregnancy Number	Fetus Number	Pregnancy Outcome (for this Fetus)	Fetal Distress During Labor and Delivery?	Delivery Method	Gestational Age at Live Birth	Size for Gestational Age	Apgar Score, 1 minute	Apgar Score, 5 minutes	Cord pH	Congenital Anomalies?	Illnesses/ Hospitalizations within 1 Month of Birth?
xxxxxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	Y/N	xxx
xxxxxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	Y/N	xxx

Note: Congenital Anomalies are included in the Adverse Event listing.

Listing 24: Pregnancy Reports – Still Birth Outcomes

Subject ID	Date of Initial Report	Fetus Number	Pregnancy Outcome (for this Fetus)	Fetal Distress During Labor and Delivery?	Delivery Method	Gestational Age at Still Birth	Size for Gestational Age	Cord pH	Congenital Anomalies?	Autopsy Performed?	If Autopsy, Etiology for Still Birth Identified?
xxxxxx	xx	xxx	xxxxxxx	Y/N	xxxxxxx	xxx	xxx	xx	Y/N	Y/N	xxxxxxx

Listing 25: Pregnancy Reports – Spontaneous, Elective, or Therapeutic Abortion Outcomes

Subject ID	Date of Initial Report	Fetus Number	Pregnancy Outcome (for this Fetus)	Gestational Age at Termination	Abnormality in Product of Conception?	Reason for Therapeutic Abortion
xxxxxx	xx	xxx	xxxxx	xxxx	Y/N	xxxxxxx

Listing 26: Pelvic Exam Findings - All Enrolled Subjects

Actual Treatment Group	Randomized Treatment Group	Subject ID	Study Day	Body System	Abnormal Finding	Reported as an AE? (AE Description; AE Number)
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxxx	xxx	xxxxxxxx	xxxxxxxx	Yes/No xxxxxx; xx

Implementation Notes:

1. Sort order is actual treatment group, Subject ID, Study Day.

2. If all subjects received the correct treatment, only display “Treatment Group”.

3. Only abnormal findings will be presented.

4. If the physical exam was reported as an AE, then concatenate the Physical exam with the Adverse Events by AENUM and report the AETERM, plus the AE Number

Listing 27: KOH Saline Microscopy - All Enrolled Subjects

Actual Treatment Group	Randomized Treatment Group	Subject ID	Yeast Forms Identified (buds or hyphal elements)?	Quantity of Yeast forms identified?	Wet mount slide for the microscopic observation of *T. vaginalis* obtained?	*T. vaginalis* Present?
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	Y/N	Rare (<5/HPF)/ Few (5-10 HPF)/ Numerous (>10HPF)	Y/N	Absent/Present
Amoxicillin/Placebo	Amoxicillin/Placebo	xxxxxx	Y/N	Rare (<5/HPF)/ Few (5-10 HPF)/ Numerous (>10HPF)	Y/N	Absent/Present

Implementation Notes:

1. Sort order is Actual Treatment Group, Subject ID
2. If all subjects received the correct treatment, only display “Treatment Group”.

Listing 28: BV Microbiology Results - All Screened Subjects

Screen Failure	Subject ID	Randomized Treatment Group	Actual Treatment Group	Visit	Study Day	Nugent Lactobacillus spp. Score	Nugent Gardnerella/Bateriodes Score	Mobiluncus Score
Y/N	xxxxxx	Amoxicillin/Placebo	Amoxicillin/Placebo	00	xx	xxxxxxxx	xxxxxxxx	xxxxxxxx
				02	xx	xxxxxxxx	xxxxxxxx	xxxxxxxx

Implementation Notes:

1. Sort order is Screen Failure, Actual Treatment Group, Subject ID, Study Day.
2. Unscheduled visits will be included
3. If subject was a screen failure, populate actual treatment group and randomized treatment group with "—"
4. If all subjects received the correct treatment, only display "Treatment Group".