STATISTICAL ANALYSIS PLAN

Project Number:	GLPG0634		
Study Number:	GLPG0634-CL-309		
Study Title:	Combined Phase 3, Double-blind, Randomized, Placebo-Controlled Studies Evaluating the Efficacy and Safety of Filgotinib in the Induction and Maintenance of Remission in Subjects with Moderately to Severely Active Crohn's Disease		
Development Phase:	3		
Status:	Final		
Version:	2.0	Date:	15-Jan-2023
EudraCT:	2016-001367-36	IND:	02914561
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LIST OF ABBREVIATIONS

6-MP	6-mercaptopurine
AE	adverse event
AEI	adverse event of interest
ALT	alanine aminotransferase
ANCOVA	analysis of covariance
AST	aspartate aminotransferase
ASTE	arterial systemic thromboembolism
BLQ	below the limit of quantitation
BMI	body mass index
CD	Crohn's disease
CDAI	Crohn's Disease Activity Index
CI	confidence interval
CMH	Cochran-Mantel-Haenszel
COVID-19	coronavirus disease 2019
CCI	[redacted]
CSR	clinical study report
CTCAE	Common Terminology Criteria for Adverse Events
DMC	data monitoring committee
ECG	electrocardiogram
eCRF	electronic case report form(s)
CCI	[redacted]
CCI	[redacted]
ET	early termination
EU	European Union
FAS	Full Analysis Set
FWER	family-wise type I error rate
CCI	[redacted]
Gilead	Gilead Sciences
CCI	[redacted]
HDL	high-density lipoprotein
HLGT	high-level group term
HLT	high-level term
CCI	[redacted]
CCI	[redacted]
IBD	inflammatory bowel disease
CCI	[redacted]
ID	identification
Ig	immunoglobulin

IWRS	interactive web response system
LDL	low-density lipoprotein
LLOQ	lower limit of quantitation
LLT	lower-level term
LOCF	last observation carried forward
LOQ	limit of quantitation
LS	least squares
LTE	long-term extension
MACE	major adverse cardiovascular events
M-Day	maintenance study day
MedDRA	Medical Dictionary for Regulatory Activities
MH	Mantel-Haenszel
MI	myocardial infarction
MICE	multivariate imputation by chained equations
CCI	[redacted]
MST	MedDRA search term
MTX	methotrexate
NCEP	National Cholesterol Education Program
NLP	natural language processing
CCI	[redacted]
PGIC	Patient Global Impression Change
PGIS	Patient Global Impression Severity
PK	pharmacokinetic
PKAP	Pharmacokinetic analysis plan
PRO2	patient reported outcome consisting of 2 items: abdominal pain severity and liquid stool frequency
PT	preferred term
PTM	placebo-to-match
Q1	first quartile
Q3	third quartile
CCI	[redacted]
SAE	serious adverse event
SAP	statistical analysis plan
SD	standard deviation
SE	standard error
SES-CD	Simple Endoscopic Score for Crohn's Disease
CCI	[redacted]
SMQ	Standardised MedDRA Query
SOC	system organ class
T-Day	subject activation date on the electronic diary device during screening

TEAE	treatment-emergent adverse event
TFLs	tables, figures, and listings
TNF-α	tumor necrosis factor-alpha
ULN	upper limit of normal
US	United States
V-Day	visit day
VAS	visual analogue scale
VTE	venous thromboembolism
WHO	World Health Organization
CCI	[redacted]

PHARMACOKINETIC ABBREVIATIONS

AUC	area under the concentration versus time curve
AUC_{tau}	area under the concentration versus time curve over the dosing interval
C_{max}	the maximum observed concentration of drug in plasma
CL_{ss}/F	apparent oral clearance at steady state
C_{tau}	observed drug concentration at the end of the dosing interval
T_{max}	the time (observed time point) of C_{max}

1. INTRODUCTION

This statistical analysis plan (SAP) describes all statistical analyses methods required to address both the EU and non-EU specific objectives. It also describes all tables, figures, and listings (TFLs) to be included in the clinical study report (CSR) for Study Protocol GS-US-419-3895/GLPG0634-CL-309.

This SAP is based on the study protocol Amendment 9 dated 02 December 2021 and the electronic case report forms (eCRF). The SAP will be approved before database finalization of the final analysis. Any changes made after the finalization of the SAP will be documented in the CSR.

1.1. Study Objectives

The overall objective of the study is to evaluate the effect of treatment with filgotinib on the induction and maintenance of clinical remission and endoscopic response in subjects with moderately to severely active Crohn's disease (CD). Subjects who are biologic-naive or biologic-experienced will be enrolled in Cohort A and subjects who are biologic-experienced will be enrolled in Cohort B, respectively. Treatment assignments will be randomized within each cohort.

1.1.1. Primary Objectives

The primary objectives are:

Induction Studies (Cohorts A and B) (EU-specific)

- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical remission by Patient Reported Outcome (PRO2) at Week 10
- To evaluate the efficacy of filgotinib as compared to placebo in establishing endoscopic response at Week 10

Induction Studies (Cohorts A and B) (other: non-EU)

- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical remission by Crohn's Disease Activity Index (CDAI) at Week 10

To evaluate the efficacy of filgotinib as compared to placebo in establishing endoscopic response at Week 10

Maintenance Study (EU-specific)

- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical remission by PRO2 at Week 58
- To evaluate the efficacy of filgotinib as compared to placebo in establishing endoscopic response at Week 58

Maintenance Study (other: non-EU)

- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical remission by CDAI at Week 58
- To evaluate the efficacy of filgotinib as compared to placebo in establishing endoscopic response at Week 58

1.1.2. Secondary Objectives

The key secondary objectives are:

Induction Studies (Cohorts A and B) (EU-specific)

- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical remission by Crohn's Disease Activity (CDAI) at Week 10
- To evaluate the efficacy of filgotinib as compared to placebo in establishing both clinical remission by PRO2 and endoscopic response (combined into a single endpoint on a patient level at Week 10

Induction Studies (Cohorts A and B) (other: non-EU)

- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical remission by Patient Reported Outcomes (PRO2) at Week 10
- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical response by CDAI at Week 10

Maintenance Study (EU-specific)

- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical remission by CDAI at Week 58
- To evaluate the efficacy of filgotinib as compared to placebo in establishing sustained clinical remission by PRO2 at Weeks 10 and 58
- To evaluate the efficacy of filgotinib as compared to placebo in establishing both clinical remission by PRO2 and endoscopic response (combined into a single endpoint on a patient level) at Week 58
- To evaluate the efficacy of filgotinib as compared to placebo in establishing 6-month corticosteroid-free remission by PRO2 at Week 58

Maintenance Study (other non-EU)

- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical remission by PRO2 at Week 58

- To evaluate the efficacy of filgotinib as compared to placebo in establishing clinical response by CDAI at Week 58
- To evaluate the efficacy of filgotinib as compared to placebo in establishing sustained clinical remission by CDAI at Weeks 10 and 58
- To evaluate the efficacy of filgotinib as compared to placebo in establishing 6-month corticosteroid-free remission by CDAI at Week 58
- To evaluate the efficacy of filgotinib as compared to placebo in establishing sustained clinical remission by PRO2 at Weeks 10 and 58
- To evaluate the efficacy of filgotinib as compared to placebo in establishing 6-month corticosteroid-free remission by PRO2 at Week 58

The other secondary objectives are:

Induction Studies (Cohorts A and B)

- To evaluate the safety and tolerability of filgotinib
- To assess the pharmacokinetic (PK) characteristics of filgotinib

Maintenance Study

- To evaluate the safety and tolerability of filgotinib
- To assess the PK characteristics of filgotinib

CCI [redacted]

[redacted]

CCI [redacted]

- [redacted]
- [redacted]
- [redacted]

- CCI
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

CCI [redacted]

- [redacted]

- To evaluate the efficacy of filgotinib as compared to placebo in establishing both clinical remission by PRO2 and endoscopic response (combined into a single endpoint on a patient level) at Week 10

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CCI [redacted]

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CCI [redacted]

- [redacted]

- To evaluate the efficacy of filgotinib as compared to placebo in establishing both clinical remission by PRO2 and endoscopic response (combined into a single endpoint on a patient level) at Week 58

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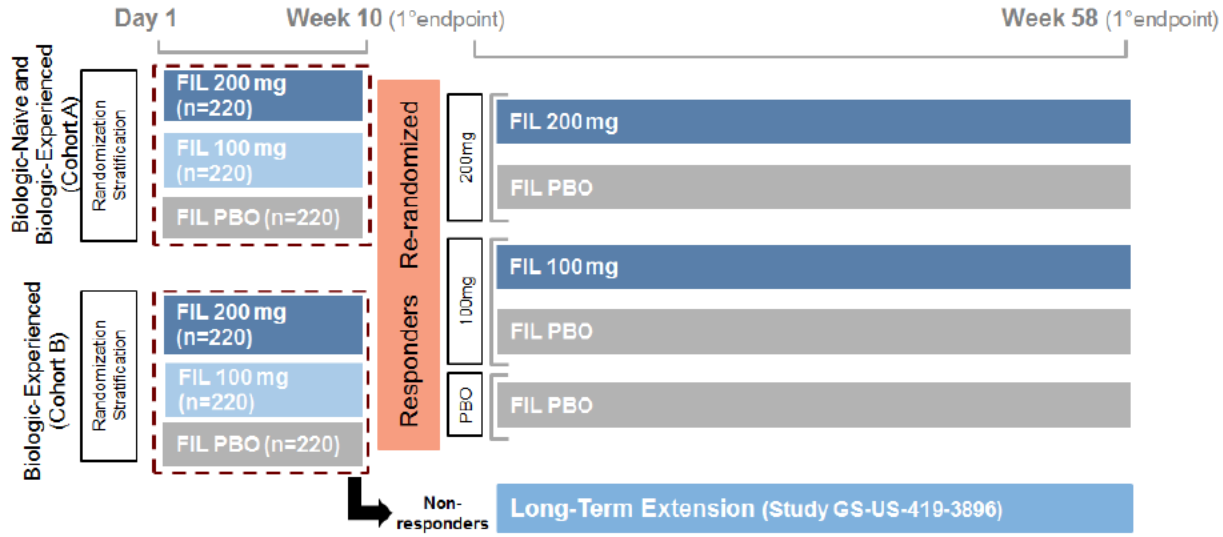
1.2. CCI [redacted] tudy Design

These are combined Phase 3 randomized, double-blind, placebo-controlled studies to evaluate the efficacy and safety of filgotinib in the induction and maintenance of clinical remission, as well as endoscopic response in subjects with moderately to severely active Crohn's disease. A schematic of this study is provided in Figure 1-1.

Figure 1-1. Study Schema



FIL = filgotinib; PBO = placebo; PRO = patient reported outcomes
Non-responders are subjects who achieve neither clinical remission (PRO2) nor endoscopic response at Week 10.
Subjects in the Maintenance Study that meet disease worsening criteria (see protocol Section 3.6) will be offered open-label filgotinib.

1.2.1. Induction Studies (Cohort A and B)

Subjects who meet protocol eligibility criteria will be assigned to the respective cohort and subsequently randomized in a blinded fashion in a 1:1:1 ratio to 1 of 3 treatments as follows:

Treatment Groups (Induction Studies)

Treatment Group 1 (n = 220): Filgotinib 200 mg and placebo-to-match (PTM) filgotinib 100 mg, once daily

Treatment Group 2 (n = 220): Filgotinib 100 mg and PTM filgotinib 200 mg, once daily

Treatment Group 3 (n = 220): PTM filgotinib 200 mg and PTM filgotinib 100 mg, once daily

Note: males in the US and Korea who have not failed at least 2 biologic therapies (ie, any tumor necrosis factor-alpha [TNF-α] antagonist and vedolizumab) will be randomized in a 1:1 ratio to receive either filgotinib 100 mg or matching placebo.

Based on the interactive web response system (IWRS) design, biologic-experienced subjects will not enroll in Cohort A until the enrollment for Cohort B has been closed. For subjects enrolled in Cohort A before the closure of Cohort B enrollment, treatment assignments will be stratified according to the following factors:

Stratification Factors (Cohort A, Biologic-Naive and Biologic-Experienced Induction Study, before Closure of Cohort B Enrollment)

- Concomitant use of oral, systemically absorbed corticosteroids (eg, prednisone) at Day 1, (Yes or No)
- Concomitant use of immunomodulators (eg, 6-mercaptopurine [6-MP], azathioprine, methotrexate [MTX]) at Day 1, (Yes or No)

For subjects enrolled in Cohort A after the closure of Cohort B enrollment, treatment assignments will be stratified according to the following factors:

Stratification Factors (Cohort A, Biologic-Naive and Biologic-Experienced Induction Study, after Closure of Cohort B Enrollment)

- History of exposure to *no* biologic agent, *one* biologic agent, or *more than* one biologic agent
- Concomitant use of oral, systemically absorbed corticosteroids (eg, prednisone) at Day 1, (Yes or No)
- Concomitant use of immunomodulators (eg, 6-MP, azathioprine, MTX) at Day 1, (Yes or No)

For subjects enrolled in Cohort B, treatment assignments will be stratified according to the following factors:

Stratification Factors (Cohort B, Biologic-Experienced Induction Study)

- Exposure to *one* biologic agent versus *more than one* biologic agent
- Concomitant use of oral, systemically absorbed corticosteroids (eg, prednisone) at Day 1, (Yes or No)
- Concomitant use of immunomodulators (eg, 6-MP, azathioprine, MTX) at Day 1, (Yes or No)

1.2.2. Maintenance Study

Subjects in Cohorts A and B who complete the Induction Study and achieve either clinical remission by PRO2 or endoscopic response at Week 10 will be re-randomized into the following treatments in the Maintenance Study at Week 11.

Table 1-1. Re-Randomization of Induction Cohorts A and B to Maintenance Study

Treatment Assignment in Induction Studies, Cohorts A and B	Maintenance Study Re-randomization
Treatment 1, filgotinib 200 mg	Treatment 1, 200 mg
	Treatment 3, placebo
Treatment 2, filgotinib 100 mg	Treatment 2, 100 mg
	Treatment 3, placebo
Treatment 3, placebo	Continue Treatment 3, placebo

Note: Subjects receiving Treatment 1 or 2 in the Induction study will be randomized in a 2:1 ratio to either continue on the assigned filgotinib regimen or to placebo for the duration of the Maintenance Study.

For subjects enrolled in Maintenance before the closure of Induction Cohort B enrollment, treatment assignments will be stratified according to the following factors:

Stratification Factors (Maintenance Study, before the Closure of Induction Cohort B Enrollment)

- Participation in Cohort A or Cohort B
- Concomitant use of oral, systemically absorbed corticosteroids (eg, prednisone) at Day 1, (Yes or No)
- Concomitant use of immunomodulators (eg, 6-MP, azathioprine, MTX) at Day 1, (Yes or No)

For subjects enrolled in Maintenance after the closure of Induction Cohort B enrollment, treatment assignments will be stratified according to the following factors:

Stratification Factors (Maintenance Study, after the Closure of Induction Cohort B Enrollment)

- History of exposure to a biologic agent, (Yes or No)
- Concomitant use of oral, systemically absorbed corticosteroids (eg, prednisone) at Day 1, (Yes or No)
- Concomitant use of immunomodulators (eg, 6-MP, azathioprine, MTX) at Day 1, (Yes or No)

Subjects who achieve neither clinical remission by PRO2 nor endoscopic response at Week 10 will have the option to enter a separate, Long-Term Extension (LTE) study (GS-US-419-3896/GLPG0634-CL-310). The Maintenance Study will run from Weeks 11 to 58 with the primary efficacy assessments at Week 58. Subjects who opt out of the LTE study will return 30 days after the last dose of study drug for post-treatment safety assessments. Subjects who complete all procedures per protocol, including the endoscopy, of the 58-week study will be offered the option to continue into the LTE study. Subjects who are eligible and opt to participate in the LTE study can continue into the study without post-treatment safety assessments.

1.2.3. Pharmacokinetics Substudy

An optional PK substudy will be performed in a subset of subjects (approximately 30 subjects each in Cohort A and Cohort B) who provide separate informed consent. In the PK substudy, the daily dose of study drug should be administered under supervision in the clinic (at any single visit between Week 2 and Week 10, inclusive), and PK samples should be collected predose and at 0.5, 1, 2, 3, 4, and 6 hours after dosing. If a substudy PK sample is scheduled to be collected at the same time as a sparse PK sample, only one sample should be collected.

1.2.4. Schedule of Assessments

Efficacy will be assessed primarily through CDAI, PRO2, and Simple Endoscopic Score for Crohn's Disease (SES-CD). CDAI and PRO2 will be assessed at Screening, Weeks 2, 4, 6, 10, 14, 20, 26, 34, 42, 50, and 58, and ET. SES-CD will be assessed at Screening, Week 10, and Week 58.

For additional details, please see the Schedule of Assessments in Appendix 1.

1.3. Sample Size and Power

Induction Studies (Cohorts A and B)

EU-specific:

The sample size was chosen to ensure that a clinically meaningful difference in both clinical remission rate by PRO2 at Week 10 and endoscopic response rate at Week 10 could be detected when comparing filgotinib 200 mg to placebo within each Induction Study.

A sample size of 220 subjects in each treatment group (N = 660 total) will provide an overall power of 93% for a filgotinib 200 mg dose group comparison to placebo at a 2-sided 0.05 significance level to detect a treatment difference of 15% in clinical remission rate by PRO2 at Week 10 (30% on filgotinib 200 mg and 15% on placebo) and a treatment difference of 15% in endoscopic response rate at Week 10 (25% on filgotinib 200 mg and 10% on placebo). Since each endpoint needs to achieve statistical significance, the overall power of 93% is calculated as the product of the two individual powers based on each endpoint.

Other (non-EU)

The sample size was chosen to ensure that a clinically meaningful difference in both clinical remission rate by CDAI at Week 10 and endoscopic response rate at Week 10 could be detected when comparing filgotinib 200 mg to placebo within each Induction Study.

A sample size of 220 subjects in each treatment group (N = 660 total) will provide an overall power of 97% for a filgotinib 200 mg dose group comparison to placebo at a 2-sided 0.05 significance level to detect a treatment difference of 20% in clinical remission rate by CDAI at Week 10 (45% on filgotinib 200 mg and 25% on placebo) and a treatment difference of 15% in endoscopic response rate at Week 10 (25% on filgotinib 200 mg and 10% on placebo). Since each endpoint needs to achieve statistical significance, the overall power of 97% is calculated as the product of the two individual powers based on each endpoint.

Maintenance Study

Assuming an Induction response rate (ie, proportion of subjects achieving clinical remission by PRO2 or endoscopic response at Week 10) of 40% among subjects receiving filgotinib 200 mg or filgotinib 100 mg treatment, approximately 176 subjects from each filgotinib dose group from Cohorts A and B Induction Studies combined would be eligible to be re-randomized into the Maintenance Study.

The sample size was chosen to ensure that a clinically meaningful difference in both clinical remission rate by CDAI and endoscopic response rate at Week 58 could be detected when comparing the filgotinib 200 mg dose group to placebo in the Maintenance Study.

A sample size of 60 subjects in the placebo group and 120 subjects in the filgotinib group at the same dose level as the induction dose will provide an overall 94% power for a filgotinib 200 mg

comparison to placebo at a 2-sided 0.05 significance level to detect a treatment difference of 30% in maintenance clinical remission rate by CDAI/PRO2 at Week 58 and maintenance endoscopic response rate at Week 58 (50% on filgotinib 200 mg and 20% on placebo). Since each endpoint needs to achieve statistical significance, the overall power of 94% is calculated as the product of the two individual powers based on each endpoint.

2. TYPE OF PLANNED ANALYSIS

2.1. Data Monitoring Committee (DMC) Analyses

The DMC's role and responsibilities and the scope of analysis to be provided to the DMC are described in a mutually agreed upon charter, which defines the DMC membership, meeting logistics, and meeting frequency.

2.1.1. Safety Analyses

An external multidisciplinary DMC will review the progress of the study and perform interim reviews of safety data in order to protect subject welfare and preserve study integrity. The DMC is to recommend to the sponsor whether the nature, frequency, and severity of adverse events (AEs) associated with study treatment warrant the early termination of the study in the best interests of study subjects, whether the study should continue as planned, or whether the study should continue with modifications.

The initial meeting will occur after approximately 100 subjects complete Week 10 or discontinue from the study in Cohorts A and B combined. Following this, subsequent meetings will occur approximately once every 4 months or at a frequency determined by the DMC. Additional meetings may be triggered by safety findings, predetermined or otherwise.

2.1.2. Cohorts A and B End-of-Induction Analysis

Efficacy and safety analyses will be performed after *all* subjects in both cohorts complete Week 10 or prematurely discontinue study drug (and complete post-treatment assessments, if applicable). Please refer to Section 6.5 for details.

2.2. Final Analysis

After all subjects have completed the Maintenance Study, outstanding data queries have been resolved or adjudicated as unresolvable, and the data have been cleaned and finalized, the study blind will be broken and the final analysis of the data will be performed.

3. GENERAL CONSIDERATIONS FOR DATA ANALYSES

Analysis results will be presented using descriptive statistics. For categorical variables, the number and percentage of subjects in each category will be presented; for continuous variables, the number of subjects (n), mean, standard deviation (SD) or standard error (SE), median, first quartile (Q1), third quartile (Q3), minimum, and maximum will be presented.

By-subject listings will be presented for all subjects in the All Randomized Analysis Set. Data collected on log forms, such as AEs, will be presented in chronological order within subject. The treatment group to which subjects were randomized or initially assigned will be used in the listings.

Unless otherwise specified, for the Maintenance Study, the data will be summarized by the Induction dose (ie, filgotinib 200 mg, filgotinib 100 mg, or placebo) and respective Maintenance dose, and overall for subject disposition and baseline characteristics described in Section 4 and Section 5, respectively. The data will be summarized by the Induction dose (ie, filgotinib 200 mg, filgotinib 100 mg) and respective Maintenance dose for efficacy and CCI described in Section 6 and Section 9, respectively. The data will be summarized by the Induction dose (ie, filgotinib 200 mg, filgotinib 100 mg or placebo) and respective Maintenance dose for safety analyses described in Section 7. The data will be summarized by Maintenance treatment group for PK analyses described in Section 8.

3.1. Analysis Sets

Analysis sets define the subjects to be included in an analysis. Analysis sets and their definitions are provided in this section. The analysis set will be identified and included as a subtitle of each TFL.

For each analysis set, the number and percentage of subjects eligible for inclusion, as well as the number and percentage of subjects who were excluded and the reasons for their exclusion (if available), will be summarized by treatment group.

A listing of reasons for exclusion from analysis sets will be provided by subject.

3.1.1. All Randomized Analysis Sets

The All Randomized Analysis Set for each Induction Study (Cohorts A and B) includes all subjects who were randomized on Day 1 into each corresponding study.

The All Randomized Analysis Set for the Maintenance Study includes all subjects who were re-randomized into the Maintenance Study (including subjects randomized to the placebo treatment group in the Induction Studies who continued on placebo treatment in the Maintenance Study).

The All Randomized Analysis Sets are the primary analysis sets for by-subject listings.

3.1.2. Full Analysis Sets

The Full Analysis Set (FAS) for each Induction Study (Cohorts A and B) includes all randomized subjects who took at least 1 dose of study drug in the corresponding Induction Study.

The FAS for the Maintenance Study includes all subjects randomized to either the filgotinib 200 mg or filgotinib 100 mg treatment groups in the Induction Studies who were re-randomized in the Maintenance Study and:

- Took at least 1 dose of study drug in the Maintenance Study, and
- Achieved clinical remission by PRO2 or endoscopic response at Week 10 as specified in the SAP.

The Full Analysis Sets are the primary analysis sets for efficacy analyses.

3.1.3. Safety Analysis Sets

The Safety Analysis Set for each Induction Study (Cohorts A and B) includes all subjects who took at least 1 dose of study drug in the corresponding Induction Study.

The Safety Analysis Set for the Maintenance Study includes all subjects who took at least 1 dose of study drug in the Maintenance Study.

The Safety Analysis Sets are the primary analysis sets for safety analyses.

3.1.4. Pharmacokinetic Analysis Sets

The primary analysis set for general PK analyses will be defined separately for each individual study (Cohort A Induction, Cohort B Induction, and Maintenance). For each study, the PK Analysis Set includes all randomized subjects who took at least 1 dose of filgotinib and have at least 1 nonmissing concentration value for filgotinib and/or its metabolite GS-829845 reported by the PK laboratory.

3.1.5. Pharmacokinetic Substudy Analysis Sets

The primary analysis set for intensive PK analyses will be the PK Substudy Analysis Set for each Induction Study (Cohorts A and B), which includes all randomized subjects from the corresponding Induction Study who took at least 1 dose of filgotinib, participated in the PK substudy, and have at least 1 nonmissing intensive concentration value for filgotinib and/or its metabolite GS-829845 reported by the PK laboratory. This is the primary analysis set for detailed PK analysis of intensive PK sampling.

CCI [redacted]

[redacted]

3.2. Subject Grouping

For analyses based on the All Randomized Analysis Sets and FAS, subjects will be grouped according to the treatment to which they were randomized. For analyses based on the Safety Analysis Sets and CCI [redacted] subjects will be grouped according to actual treatment received. The actual treatment received will differ from the randomized treatment only when their actual treatment differs from randomized treatment for the entire treatment duration.

For the PK Analysis Sets, subjects will be grouped according to the actual treatment they received.

3.3. Strata and Covariates

Subjects will be randomly assigned to treatment groups via IWRS using a stratified randomization schedule into each individual study (Cohort A Induction, Cohort B Induction, and Maintenance). Details of the randomization ratio and stratification variables for each study are provided in Section 1.2.

If there are discrepancies in stratification factor values between the IWRS and the clinical database (eCRF data), the baseline values recorded in the clinical database will be used for analyses. For the derivation of concomitant medication use at Day 1, the start date of such medication should be before or on the same date of the first dose of study drug and with either the stop date of such medication being on or after the first dose of study drug or with "ongoing" status.

Stratification factors will be used as covariates in evaluating efficacy endpoints, as specified in Section 6.

3.4. Examination of Subject Subgroups

Subgroup analyses for the primary and key secondary efficacy endpoints are specified in Section 6.2.7.

3.5. Multiple Comparisons

The graphical approach {Bretz 2009} of sequentially rejective Bonferroni-based iterative multiple test procedures will be used to control a family-wise type I error rate (FWER) at 5% (ie, $\alpha = 0.05$) for hypothesis testing on co-primary and key secondary endpoints for each

individual study (Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study). This procedure strongly protects the FWER on all the primary and key secondary endpoints.

3.5.1. EU-Specific

3.5.1.1. Induction Studies (Cohorts A and B)

The hypotheses to be tested for the Induction Studies are outlined below.

The primary null hypotheses to be tested:

- H_{11}: The clinical remission by PRO2 rate in the filgotinib 200 mg group is equal to the clinical remission by PRO2 rate in the placebo group at Week 10
- H_{12}: The endoscopic response rate in the filgotinib 200 mg group is equal to the endoscopic response rate in the placebo group at Week 10
- H_{21}: The clinical remission by PRO2 rate in the filgotinib 100 mg group is equal to the clinical remission by PRO2 rate in the placebo group at Week 10
- H_{22}: The endoscopic response rate in the filgotinib 100 mg group is equal to the endoscopic response rate in the placebo group at Week 10

The key secondary null hypotheses to be tested:

- H_{13}: The clinical remission by CDAI rate in the filgotinib 200 mg group is equal to the clinical remission by CDAI rate in the placebo group at Week 10
- H_{14}: The clinical remission by PRO2 and endoscopic response rate (combined into a single endpoint on a patient level) in the filgotinib 200 mg group is equal to the clinical remission by PRO2 and endoscopic response rate (combined into a single endpoint on a patient level) in the placebo group at Week 10
- H_{23}: The clinical remission by CDAI rate in the filgotinib 100 mg group is equal to the clinical remission by CDAI rate in the placebo group at Week 10
- H_{24}: The clinical remission by PRO2 and endoscopic response rate (combined into a single endpoint on patient level) in the filgotinib 100 mg group is equal to the clinical remission by PRO2 and endoscopic response rate (combined into a single endpoint on a patient level) in the placebo group at Week 10

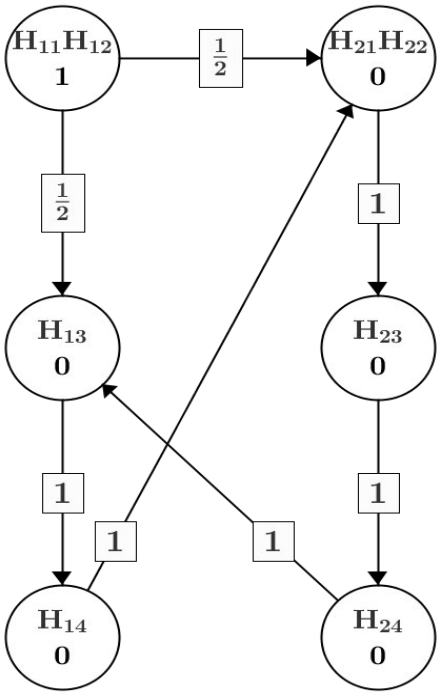
Each co-primary endpoint for filgotinib 200 mg compared with placebo will be tested at 2-sided 0.05 significance level first. If it fails to reject the null hypothesis for at least one co-primary endpoint, then no further formal testing will be performed. If the null hypotheses for both co-primary endpoints are rejected, testing will proceed in two sequences as describe below:

- Key secondary endpoints for filgotinib 200 mg compared with placebo at 2-sided 0.025 significance level in a sequential order
- Each co-primary endpoint for filgotinib 100 mg compared with placebo at 2-sided 0.025 significance level. If the null hypotheses for both co-primary endpoints are rejected, then the key secondary endpoints for filgotinib 100 mg compared with placebo at 2-sided 0.025 significance level will be tested in a sequential order

If all the null hypotheses within the same sequence are rejected, then the respective alpha can be passed on to the other sequence. If an endpoint fails to reach statistical significance within the sequence, then formal testing will stop, and only nominal significance will be reported for the remaining endpoints.

A graphical illustration of the testing strategy for the primary and key secondary hypotheses in the Induction Studies is shown in Figure 3-1.

Figure 3-1. Induction Studies (Cohorts A and B): Testing Strategy for the Primary and Key Secondary Hypotheses



3.5.1.2. Maintenance Study

The hypotheses to be tested for the Maintenance Study are outlined below.

The primary null hypotheses to be tested:

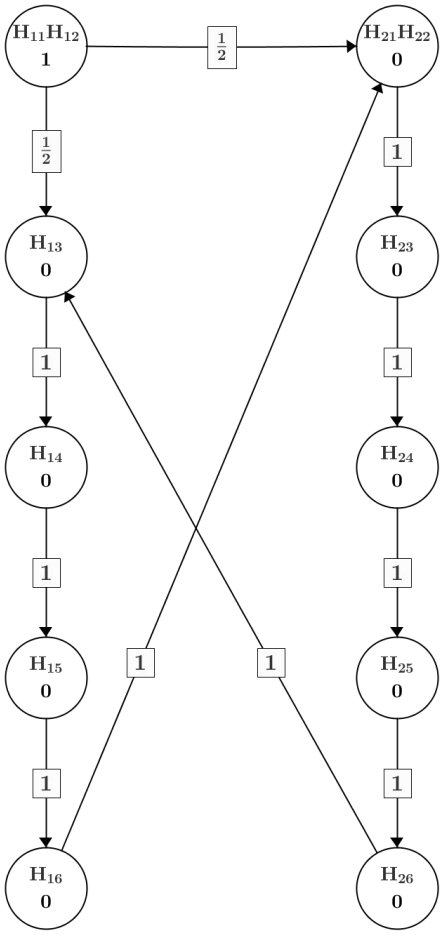
- H_{11}: The clinical remission by PRO2 rate in the filgotinib 200 mg group is equal to the clinical remission by PRO2 rate in the placebo group at Week 58
- H_{12}: The endoscopic response rate in the filgotinib 200 mg group is equal to the endoscopic response rate in the placebo group at Week 58
- H_{21}: The clinical remission by PRO2 rate in the filgotinib 100 mg group is equal to the clinical remission by PRO2 rate in the placebo group at Week 58
- H_{22}: The endoscopic response rate in the filgotinib 100 mg group is equal to the endoscopic response rate in the placebo group at Week 58

The key secondary null hypotheses to be tested:

- H_{13}: The clinical remission by CDAI rate in the filgotinib 200 mg group is equal to the clinical remission by CDAI rate in the placebo group at Week 58
- H_{14}: The sustained clinical remission by PRO2 rate in the filgotinib 200 mg group is equal to sustained clinical remission by PRO2 rate in the placebo group at Weeks 10 and 58
- H_{15}: The clinical remission by PRO2 and endoscopic response rate (combined into a single endpoint on a patient level) in the filgotinib 200 mg group is equal to the clinical remission by PRO2 and endoscopic response rate (combined into a single endpoint on a patient level) in the placebo group at Week 58
- H_{16}: The 6-month corticosteroid-free remission by PRO2 rate in the filgotinib 200 mg group is equal to the 6-month corticosteroid-free remission by PRO2 rate in the placebo group at Week 58
- H_{23}: The clinical remission by CDAI rate in the filgotinib 100 mg group is equal to the clinical remission by CDAI rate in the placebo group at Week 58
- H_{24}: The sustained clinical remission by PRO2 rate in the filgotinib 100 mg group is equal to sustained clinical remission by PRO2 rate in the placebo group at Weeks 10 and 58
- H_{25}: The clinical remission by PRO2 and endoscopic response rate (combined into a single endpoint on a patient level) in the filgotinib 100 mg group is equal to the clinical remission by PRO2 and endoscopic response rate (combined into a single endpoint on a patient level) in the placebo group at Week 58
- H_{26}: The 6-month corticosteroid-free remission by PRO2 rate in the filgotinib 100 mg group is equal to the 6-month corticosteroid-free remission by PRO2 rate in the placebo group at Week 58

A similar approach as in the induction studies will be followed. A graphical illustration for the testing strategies for the primary and key secondary hypotheses in the Maintenance Study is shown in Figure 3-2.

Figure 3-2. Maintenance Study: Testing Strategy for the Primary and Key Secondary Hypotheses



3.5.2. Other (non-EU)

3.5.2.1. Induction Studies (Cohorts A and B)

The hypotheses to be tested for the Induction Studies are outlined below.

The primary null hypotheses to be tested:

- H_{11}: The clinical remission by CDAI rate in the filgotinib 200 mg group is equal to the clinical remission by CDAI rate in the placebo group at Week 10

- H_{12}: The endoscopic response rate in the filgotinib 200 mg group is equal to the endoscopic response rate in the placebo group at Week 10

- H_{21}: The clinical remission by CDAI rate in the filgotinib 100 mg group is equal to the clinical remission by CDAI rate in the placebo group at Week 10

- H_{22}: The endoscopic response rate in the filgotinib 100 mg group is equal to the endoscopic response rate in the placebo group at Week 10

The key secondary null hypotheses to be tested:

- H_{13}: The clinical remission by PRO2 rate in the filgotinib 200 mg group is equal to the clinical remission by PRO2 rate in the placebo group at Week 10

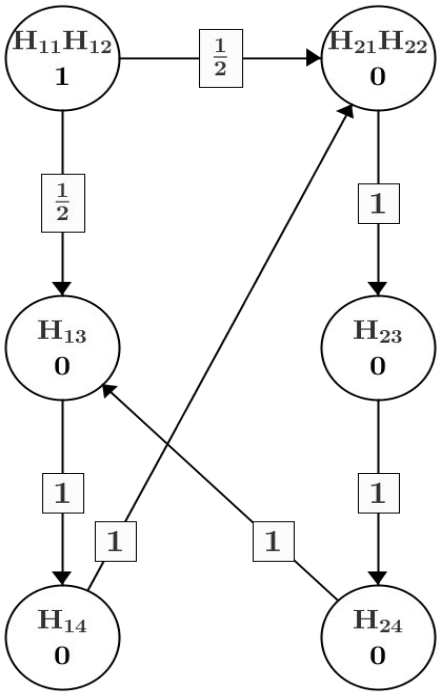
- H_{14}: The clinical response by CDAI rate in the filgotinib 200 mg group is equal to the clinical response by CDAI rate in the placebo group at Week 10

- H_{23}: The clinical remission by PRO2 rate in the filgotinib 100 mg group is equal to the clinical remission by PRO2 rate in the placebo group at Week 10

- H_{24}: The clinical response by CDAI rate in the filgotinib 100 mg group is equal to the clinical response by CDAI rate in the placebo group at Week 10

A similar approach as for the EU-specific endpoints will be followed. A graphical illustration of the testing strategy for the primary and key secondary hypotheses in the Induction Studies is shown in Figure 3-3.

Figure 3-3. Induction Studies (Cohorts A and B): Testing Strategy for the Primary and Key Secondary Hypotheses



3.5.2.2. Maintenance Study

The hypotheses to be tested for the Maintenance Study are outlined below.

The primary null hypotheses to be tested:

- H_{11}: The clinical remission by CDAI rate in the filgotinib 200 mg group is equal to the clinical remission by CDAI rate in the placebo group at Week 58
- H_{12}: The endoscopic response rate in the filgotinib 200 mg group is equal to the endoscopic response rate in the placebo group at Week 58
- H_{21}: The clinical remission by CDAI rate in the filgotinib 100 mg group is equal to the clinical remission by CDAI rate in the placebo group at Week 58
- H_{22}: The endoscopic response rate in the filgotinib 100 mg group is equal to the endoscopic response rate in the placebo group at Week 58

The key secondary null hypotheses to be tested:

- H_{13}: The clinical remission by PRO2 rate in the filgotinib 200 mg group is equal to the clinical remission by PRO2 rate in the placebo group at Week 58

- H_{14}: The clinical response by CDAI rate in the filgotinib 200 mg group is equal to the clinical response by CDAI rate in the placebo group at Week 58

- H_{15}: The sustained clinical remission by CDAI rate in the filgotinib 200 mg group is equal to sustained clinical remission by CDAI rate in the placebo group at Weeks 10 and 58

- H_{16}: The 6-month corticosteroid-free remission by CDAI rate in the filgotinib 200 mg group is equal to the 6-month corticosteroid-free remission by CDAI rate in the placebo group at Week 58

- H_{17}: The sustained clinical remission by PRO2 rate in the filgotinib 200 mg group is equal to the sustained clinical remission by PRO2 rate in the placebo group at Weeks 10 and 58

- H_{18}: The 6-month corticosteroid-free remission by PRO2 rate in the filgotinib 200 mg group is equal to 6-month corticosteroid-free remission by PRO2 rate in the placebo group at Week 58

- H_{23}: The clinical remission by PRO2 rate in the filgotinib 100 mg group is equal to the clinical remission by PRO2 rate in the placebo group at Week 58

- H_{24}: The clinical response by CDAI rate in the filgotinib 100 mg group is equal to the clinical response by CDAI rate in the placebo group at Week 58

- H_{25}: The sustained clinical remission by CDAI rate in the filgotinib 100 mg group is equal to sustained clinical remission by CDAI rate in the placebo group at Weeks 10 and 58

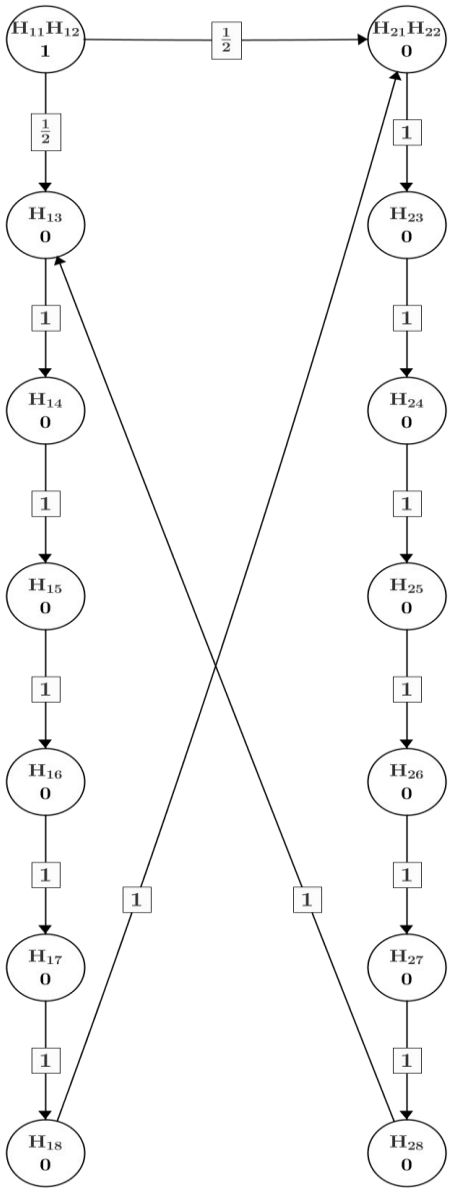
- H_{26}: The 6-month corticosteroid-free remission by CDAI rate in the filgotinib 100 mg group is equal to the 6-month corticosteroid-free remission by CDAI rate in the placebo group at Week 58

- H_{27}: The sustained clinical remission by PRO2 rate in the filgotinib 100 mg group is equal to the sustained clinical remission by PRO2 rate in the placebo group at Weeks 10 and 58

- H_{28}: The 6-month corticosteroid-free remission by PRO2 rate in the filgotinib 100 mg group is equal to 6-month corticosteroid-free remission by PRO2 rate in the placebo group at Week 58

A similar approach as for the EU-specific endpoints will be followed. A graphical illustration for the testing strategies for the primary and key secondary hypotheses in the Maintenance Study is shown in Figure 3-4.

Figure 3-4. Maintenance Study: Testing Strategy for the Primary and Key Secondary Hypotheses



3.6. Missing Data and Outliers

3.6.1. Missing Data

In general, missing data will not be imputed unless methods for handling missing data are specified. Exceptions are presented in this document.

For missing last dosing date of study drug, imputation rules are described in Section 4.2.1. Imputation and calculation rules for missing patient diary data and other CDAI components are described in Appendix 3. Imputation and calculation rules for missing SES-CD data are described in Section 6.1.2. The handling of missing or incomplete dates for AE onset is described in Section 7.1.5.2 and for prior and concomitant medications in Section 7.4.

3.6.2. Outliers

Outliers will be identified during the data management and data analysis process. All data, including outliers, will be included in the data analysis, unless otherwise specified.

3.7. Data Handling Conventions and Transformations

In general, age (in years) on the date of the first dose of study drug will be used for analyses and presentation in listings. If an enrolled subject was not dosed with any study drug, the randomization date will be used instead of the first dosing date of study drug. For screen failures, the date the informed consent was signed will be used for age calculation. If only birth year is collected on the eCRF, “01 July” will be used for the unknown birth day and month for the purpose of age calculation. If only birth year and month are collected, “15” will be used for the unknown birth day.

Duration of CD (years) is the number of years between the diagnosis date of CD and date of first dose of Induction study drug. The partial diagnosis date of CD (if any) will be imputed for calculation as follows:

- If day and month are missing but year is available, then the imputed day and month will be 01 Jan.
- If day is missing but the month and year are available, then the imputed day will be the first day of the month.
- Partial date will not be imputed if the year is missing.

Non-PK Data that are continuous in nature but are less than the lower limit of quantitation (LOQ) or above the upper LOQ will be imputed as follows:

- A value that is 1 unit less than the LOQ will be used for calculation of descriptive statistics if the datum is reported in the form of "< x" (where x is considered the LOQ). For example, if the values are reported as < 50 and < 5.0, values of 49 and 4.9, respectively, will be used for calculation of summary statistics. An exception to this rule is any value reported as < 1 or < 0.1, etc. For values reported as < 1 or < 0.1, a value of 0.9 or 0.09, respectively, will be used for calculation of summary statistics.
- A value that is 1 unit above the LOQ will be used for calculation of descriptive statistics if the datum is reported in the form of "> x" (where x is considered the LOQ). Values with decimal points will follow the same logic as above.
- The LOQ will be used for calculation of descriptive statistics if the datum is reported in the form of "≤ x" or "≥ x" (where x is considered the LOQ).

Natural logarithm transformation will be used for plasma concentrations and analysis of PK parameters. Plasma concentration values that are below the limit of quantitation (BLQ) will be presented as "BLQ" in the concentration data listing. Values that are BLQ will be treated as 0 at predose time points, and one-half the value of the LOQ at postbaseline time points.

The following conventions will be used for the presentation of summary and order statistics:

- If at least 1 subject has a concentration value of BLQ for the time point, the minimum value will be displayed as "BLQ."
- If more than 25% of the subjects have a concentration data value of BLQ for a given time point, the minimum and Q1 values will be displayed as "BLQ."
- If more than 50% of the subjects have a concentration data value of BLQ for a given time point, the minimum, Q1, and median values will be displayed as "BLQ."
- If more than 75% of the subjects have a concentration data value of BLQ for a given time point, the minimum, Q1, median, and Q3 values will be displayed as "BLQ."
- If all subjects have concentration data values of BLQ for a given time point, all order statistics (minimum, Q1, median, Q3, and maximum) will be displayed as "BLQ."

Pharmacokinetic parameters that are BLQ will be imputed as one-half LOQ before log transformation or statistical model fitting.

3.8. Analysis Visit Windows

3.8.1. Definitions

3.8.1.1. Induction Studies (Cohorts A and B)

The First Dosing Date of each Induction Study is defined as the date when subjects take the first dose of Induction study drug, as recorded in the Study Drug Administration eCRF.

The Last Dosing Date of each Induction Study is defined as the date when subjects take the last dose of Induction study drug as recorded in the Study Drug Administration eCRF.

Study Day will be calculated from the first dosing date of study drug and derived as follows:

- For days on or after first dosing date: Assessment Date – First Dosing Date + 1
- For days prior to the first dosing date: Assessment Date – First Dosing Date

Therefore, Study Day 1 is the day of the first dose of study drug administration.

Baseline is defined as the last available observation on or prior to the first dosing date, unless otherwise specified.

3.8.1.2. Maintenance Study

The First Dosing Date of Maintenance Study is defined as the date when subjects take the first dose of Maintenance Study drug, as recorded in the Study Drug Administration eCRF.

The Last Dosing Date of Maintenance Study is defined as the date when subjects take the last dose of Maintenance Study drug as recorded in the Study Drug Administration eCRF.

Maintenance Study Day (M-Day) will be calculated from the First Dosing Date of Maintenance Study and derived as:

- For days on or after First Dosing Date of Maintenance Study:
  Assessment Date – First Dosing Date + 1
- For days prior to First Dosing Date of Maintenance Study:
  Assessment Date – First Dosing Date

Therefore, M-Day 1 is the first dosing date of the Maintenance Study.

Re-randomization baseline (henceforth referred to as maintenance baseline) is defined as the last available observation on or prior to the first dosing date of the Maintenance Study. Maintenance baseline will be considered the baseline of Maintenance Study, unless otherwise specified.

3.8.2. Analysis Visit Windows

Subject visits may not occur on protocol-specified days. Therefore, for the purpose of analysis, observations will be assigned to analysis windows.

For the Induction Studies, the analysis windows for CDAI, PRO2, CCI SES-CD, Patient Global Impression Severity (PGIS) and Patient Global Impression Change (PGIC) are based on study day and provided in Table 3-1. The analysis windows for weight, vital signs, electrocardiogram (ECG), safety laboratory parameters (hematology, chemistry, lipid profile, and serum immunoglobulin), and CCI [redacted] are provided in Table 3-2. The analysis windows for CCI [redacted]

For the Maintenance Study, the analysis windows for CDAI, PRO2, CCI, SES-CD, PGIS and PGIC based on M-Day (defined in Section 3.8.1) and provided in Table 3-4. The analysis windows for CCI [redacted] The analysis windows for weight, vital signs, ECG, safety laboratory parameters (hematology, chemistry, lipid profile, and serum immunoglobulin), and CCI [redacted] are provided in Table 3-6, whereas the analysis windows for CCI [redacted]

Note: the rule for selecting on-treatment data will precede assigning records to analysis windows. Therefore, for 2 lab measurements equidistant to the target day, but only one being on-treatment, then the on-treatment measurement will be selected.

Table 3-1. Analysis Visit Windows for Induction Study: CDAI, PRO2, CCI SES-CD, PGIS, PGIC and CCI

Nominal Visit	Analysis Visit	Nominal Day (Study Day)	Lower Limit (Study Day)	Upper Limit (Study Day)
Screening/Day 1	Baseline	1	(none)	1
Week 2	Week 2	15	2	22
Week 4	Week 4	29	23	36
Week 6	Week 6	43	37	57
Week 10	Week 10	71	58	Minimum of 85 and Study Day of [Maintenance first dose date (if applicable)]

CDAI = Crohn's Disease Activity Index; CCI [redacted];PGIC = patient global impression change; PGIS = patient global impression severity; PRO2 = patient reported outcome consisting of 2 items: abdominal pain severity and liquid stool frequency; SES-CD = simple endoscopic score for Crohn's diseaseNote: For analysis purpose, PRO2 from Screening and Visit Day 1 will be calculated and both visits will be considered for the derivation of baseline, which is defined as the last available observation on or prior to the first dosing date of the study drug.
Note: PGIC at maintenance baseline will not be created.

Table 3-2. Analysis Visit Windows for Induction Study: Weight, Vital Signs, ECG, Hematology, Chemistry, Lipid Profile, Serum Immunoglobulin, CCI

Nominal Visit	Analysis Visit	Nominal Day (Study Day)	Lower Limit (Study Day)	Upper Limit (Study Day)
Screening/Day 1	Baseline	1	(none)	1
Week 2	Week 2	15	2	22
Week 4	Week 4	29	23	36
Week 6	Week 6	43	37	57
Week 10	Week 10	71	58	For subjects who entered Maintenance Study: minimum of 85 and Study Day of [Maintenance first dose date]; For other subjects: ≥ 71

ECG = electrocardiogram; CCI

CCI

CCI

Table 3-4. Analysis Visit Windows for Maintenance Study: CDAI, PRO2, CCI SES-CD, PGIS and PGIC

Nominal Visit	Analysis Visit	Nominal Day (M-Day)	Lower Limit (M-Day)	Upper Limit (M-Day)
Week 10/Week 11	Maintenance -baseline	1	(none)	1
Week 14	Maintenance Week 3	22	2	43
Week 20	Maintenance Week 9	64	44	85
Week 26	Maintenance Week 15	106	86	134
Week 34	Maintenance Week 23	162	135	190
Week 42	Maintenance Week 31	218	191	246
Week 50	Maintenance Week 39	274	247	302
Week 58	Maintenance Week 47	330	303	358

CDAI = Crohn's Disease Activity Index; CCI M-Day = maintenance study day; CCI CCI PGIC = patient global impression change; PGIS = patient global impression severity; PRO2 = patient reported outcome consisting of 2 items: abdominal pain severity and liquid stool frequency; SES-CD = simple endoscopic score for Crohn's disease.
Note: For analysis purpose, PRO2 from Weeks 10 and 11 will be considered for the derivation of maintenance baseline, which is defined as the last available observation on or prior to the first dosing date of the study drug in Maintenance Study.
Note: PGIC at maintenance baseline will not be created.

CCI

CCI

CCI M-Day = maintenance study day

Table 3-6. Analysis Visit Windows for Maintenance Study: Weight, Vital Signs, ECG, Hematology, Chemistry, Lipid Profile, Serum Immunoglobulin and CCI

Nominal Visit	Analysis Visit	Nominal Day (M-Day)	Lower Limit (M-Day)	Upper Limit (M-Day)
Week 10/Week 11	Maintenance baseline	1	(none)	1
Week 14	Maintenance Week 3	22	2	43
Week 20	Maintenance Week 9	64	44	85
Week 26	Maintenance Week 15	106	86	134
Week 34	Maintenance Week 23	162	135	190
Week 42	Maintenance Week 31	218	191	246
Week 50	Maintenance Week 39	274	247	302
Week 58	Maintenance Week 47	330	303	≥ 330

ECG = electrocardiogram; CCI M-Day = maintenance study day
Maintenance baseline will be calculated using Week 11 assessment if available. If there is no Week 11 assessment scheduled, the Week 10 assessment will be used for calculation.

CCI

M-Day = maintenance study day
Maintenance baseline will be calculated using Week 11 assessment if available. If there is no Week 11 assessment scheduled, the Week 10 assessment will be used for calculation.

3.8.3. Selection of Data in the Event of Multiple Records in an Analysis Visit Window

Depending on the statistical analysis method, single values may be required for each analysis window. For example, change from baseline by visit usually requires a single value, whereas a time-to-event analysis would not require 1 value per analysis window.

If multiple, valid, nonmissing, continuous measurements exist in an analysis window, records will be chosen based on the following rules if a single value is needed:

- In general, the baseline/maintenance baseline value will be the last nonmissing value on or prior to the first dosing date of study drug for each individual Induction Study, and Maintenance Study, respectively, unless otherwise specified. If multiple measurements occur on the same day, the last nonmissing value prior to the first dose of study drug will be considered as the baseline value. If these multiple measurements occur at the same time or the time is not available, the average of these measurements (for continuous data) will be considered the baseline/maintenance baseline value.
- For postbaseline visits:
  - The record closest to the nominal day for that visit will be selected.
  - If there are 2 records that are equidistant from the nominal day, the later record will be selected.
  - If there is more than 1 record on the selected day, the average will be taken, unless otherwise specified.

If multiple, valid, nonmissing, categorical measurements exist in an analysis window, records will be chosen based on the following rules if a single value is needed:

- For baseline/maintenance baseline, the last available record on or prior to the date of the first dose of study drug for each individual study (Cohort A Induction, Cohort B Induction, and Maintenance) will be selected. If there are multiple records with the same time or no time recorded on the same day, the value with the lowest severity will be selected (eg, normal will be selected over abnormal for safety ECG findings).
- For postbaseline visits:
  - The record closest to the nominal day for that visit will be selected.
  - If there are 2 records that are equidistant from the nominal day, the later record will be selected.
  - If there is more than 1 record on the selected day, the worst severity will be taken (eg, abnormal will be selected over normal for safety ECG findings), unless otherwise specified.
  - For shift tables for safety endpoints, the worst severity within the analysis window will be used.

3.9. Assessment of Coronavirus Disease 2019 Impact

This study is ongoing during the coronavirus disease 2019 (COVID-19) pandemic, which has had an impact on study conduct. For example, some subjects were unable to attend onsite visits due to shelter-in-place guidelines, site closures, or other public health measures in response to the COVID-19 pandemic. Due to these restrictions, virtual visits may be conducted and alternative assessments (eg, local laboratory tests) may be used to assess subject safety and efficacy.

The assessment on the impact of the COVID-19 pandemic will be provided in the corresponding sections (mainly on subject disposition, efficacy analyses and safety analyses in Sections 4, 6, and 7, respectively) throughout this SAP.

Laboratory results from local laboratories (except hematocrit) due to COVID-19 impact will not be collected in the eCRF. Vital signs collected at home (except body weight) during virtual visits due to COVID-19 impact will not be collected in the eCRF. Hematocrit results collected from local laboratories, body weight measured at home due to COVID-19 impact will be used in CDAI calculations only, and will not be included in the safety summary (Sections 7.2. and 7.3, respectively). All laboratory and vital sign data collected will be included in listings, with a flag to indicate which records were collected at a local laboratory or at home, respectively.

4. SUBJECT DISPOSITION

4.1. Subject Enrollment and Disposition

For each individual study (Cohort A Induction, Cohort B Induction, and Maintenance), key study dates (ie, first subject screened, first subject randomized, last subject randomized, last subject last visit for each co-primary endpoint, and last subject last visit for the CSR) will be provided.

For each individual study (Cohort A Induction, Cohort B Induction, and Maintenance), a summary of subject enrollment will be provided by treatment group for each country, investigator within a country, and overall. The summary will present the number and percentage of subjects enrolled. For each column, the denominator for the percentage calculation will be the total number of subjects analyzed for that column.

For each individual study (Cohort A Induction, Cohort B Induction, and Maintenance), a similar enrollment table will be provided by randomization stratum. The denominator for the percentage of subjects in the stratum will be the total number of enrolled subjects. If there are discrepancies in the value used for stratification assignment between the IWRS and the clinical database, the value collected in the clinical database will be used for the summary. Subjects with discrepancies in the value used for stratification assignment between the IWRS and the clinical database at the time of data finalization will be summarized by treatment group and overall. A corresponding listing will also be provided.

The randomization schedule used for each individual study (Cohort A Induction, Cohort B Induction, and Maintenance) will be provided as an appendix to the CSR.

Cohort A Induction Study and Cohort B Induction Study

A summary of subject disposition will be provided by treatment group and overall for each individual Induction study. This summary will present the number of subjects screened, the number of subjects who met all eligibility criteria but were not randomized with reasons subjects were not randomized, the number of subjects randomized, and the number of subjects in each of the categories listed below:

- Full Analysis Set
- Safety Analysis Set
- PK Analysis Set
- PK Substudy Analysis Set
- CCI [redacted]

- Completed study drug dosing through Week 10 (indicated in Induction Study Drug Completion eCRF)
- Continuing study drug (for analysis other than the final analysis)
- Did not complete study drug up to Week 10 with reasons for premature discontinuation of study drug
- Completed Induction Study through Week 11
- Continuing Induction Study (for analysis other than the final analysis)
- Did not complete Induction Study with reasons for premature discontinuation from the study

Maintenance Study

A summary of subject disposition will be provided by treatment group and overall. This summary will present the number of subjects who completed the Induction Studies, the number of subjects re-randomized, and the number of subjects in each of the categories listed below:

- Full Analysis Set
- Safety Analysis Set
- PK Analysis Set
- CCI
- Completed study drug dosing through Week 58
- Did not complete study drug with reasons for premature discontinuation of study drug as captured in the CRF.
- Completed Maintenance Study (defined as completion of protocol-planned duration of the study through Week 58)
- Did not complete Maintenance Study with reasons for premature discontinuation from the study

For the status of study drug and study completion and reasons for premature discontinuation, the number and percentage of subjects in each category will be provided. The denominator for the percentage calculation will be the total number of subjects in the Safety Analysis Set corresponding to that column in that study.

A similar summary as described for subject disposition summary will be provided for discontinuing study drug or study due to COVID-19.

The following by-subject listings will be provided by subject identification (ID) number in ascending order to support the above summary tables:

- Reasons for premature study drug or study discontinuation (a separate listing of reasons for premature study drug or study discontinuation due to COVID-19 will be created)
- Reasons for screen failure (will be provided by screening ID number in ascending order)
- Lot number and kit ID of assigned study medication

4.2. Extent of Study Drug Exposure and Adherence

Extent of exposure to study drug will be examined by assessing the total duration of exposure to study drug and the level of adherence to the study drug specified in the protocol.

Summaries of extent of study drug exposure and adherence will be provided for:

- Cohort A Induction Study
- Cohort B Induction Study
- Maintenance Study

A by-subject listing will be provided to support summaries.

In addition, a by-subject listing of study drug administration will be created for subjects with study drug interruption due to COVID-19 impact.

4.2.1. Duration of Exposure to Study Drug

Total duration of exposure to study drug will be defined as last dosing date minus first dosing date plus 1, regardless of any temporary interruptions in study drug administration, and will be expressed in weeks using up to 1 decimal place (eg, 4.5 weeks). If the last study drug dosing date is missing (for subjects that haves stopped treatment or the study as indicated by a study disposition record), the latest date among the treatment (study) disposition, clinical visit date, laboratory sample collection date, and vital sign assessment date that occurred during the on-treatment period (e.g. after exposure start date) will be used.

If month and year of the last dose are known, and the last study drug dosing date imputed above is different from the month collected, the last date of that month will be used. If only year of the last dose is known, and the last study drug dosing date imputed above is after the year collected, the last date of that year will be used; if the last study drug dosing date imputed above is before the year collected, the first date of that year will be used.

The total duration of exposure to study drug will be summarized for the following using descriptive statistics and using the number (ie, cumulative counts) and percentage of subjects exposed through the following time periods:

- Cohort A Induction Study: 1 day, 2 weeks, 4 weeks, 6 weeks, 10 weeks, and 11 weeks

- Cohort B Induction Study: 1 day, 2 weeks, 4 weeks, 6 weeks, 10 weeks, and 11 weeks
- Maintenance Study: 1 day, 3 weeks, 9 weeks, 15 weeks, 23 weeks, 31 weeks, 39 weeks, and 47 weeks

Summaries will be provided by treatment group for the Safety Analysis Set.

No formal statistical testing is planned.

4.2.2. Adherence to Study Drug

The total number of tablets administered will be summarized using descriptive statistics.

The presumed total number of tablets administered to a subject will be determined by the data collected on the drug accountability eCRF using the following formula. If the bottle was not returned, it is assumed that the subject took all the study drug tablets from the dispensed bottle. The number of tablets returned will be imputed as zero for the given bottle for study drug adherence calculation purpose.

The total number of tablets administered =

Total number of tables dispensed – total number of tablets returned

4.2.2.1. On-Treatment Adherence

The level of on-treatment adherence to the study drug regimen will be determined by the total amount of study drug administered relative to the total amount of study drug expected to be administered during a subject's actual on-treatment period based on the study drug regimen.

The level of on-treatment adherence will be expressed as a percentage using the following formula:

$$\text{On-Treatment Adherence (\%)} = \left(\frac{\text{Total Amount of Study Drug Administered}}{\text{Study Drug Expected to be Administered on Treatment}} \right) \text{x } 100$$

Descriptive statistics for the level of on-treatment adherence with the number and percentage of subjects belonging to adherence categories (eg, < 80%, ≥ 80% to < 90%, ≥ 90% to <120, ≥120) will be provided by treatment group for the Safety Analysis Set.

No formal statistical testing is planned.

A by-subject listing of study drug administration and drug accountability will be provided by subject ID number (in ascending order) and visit (in chronological order).

4.3. Protocol Deviations

Subjects who did not meet the eligibility criteria for study entry, but enrolled in the study will be summarized. The summary will present the number and percentage of subjects who did not meet at least 1 eligibility criterion and the number of subjects who did not meet specific criteria by treatment group and overall based on the All Randomized Analysis Set. A by-subject listing will be provided for those subjects who did not meet at least 1 eligibility (inclusion or exclusion) criterion. The listing will present the eligibility criterion (or criteria if more than 1 deviation) that subjects did not meet and related comments, if collected.

Protocol deviations occurring after subjects entered the study are documented during routine monitoring. The number and percentage of subjects with major protocol deviations by deviation reason (eg, nonadherence to study drug, violation of key inclusion/exclusion criteria) will be summarized by treatment group and overall for the All Randomized Analysis Set for each individual study. A by-subject listing will be provided for those subjects with any major protocol deviation.

Similar summary and listing will be provided for major protocol deviations due to COVID-19.

4.4. Missed and Virtual Visits due to COVID-19

A summary of subjects with missed or virtual visits due to the COVID-19 pandemic will be provided for each scheduled study visit by treatment group and overall for the All Randomized Analysis Set for each individual study. For each visit, the summary will present the number and percentage of subjects who missed the visit due to COVID-19 or had a virtual visit due to COVID-19.

An overall summary of the number and percentage of subjects with missed or virtual visits (eg, subjects with at least 1 missed or virtual visit, subjects with 1, 2, 3, or > 3 missed or virtual visits) due to the COVID-19 pandemic will be provided by treatment group and overall.

A by-subject listing of subjects with missed or virtual visits due to COVID-19 will be provided by subject ID number in ascending order.

Information regarding missed or virtual visits due to COVID-19 was collected as free text in the CRF comment fields. The determination of missing or virtual visits due to COVID-19 was done using Natural Language Processing (NLP) to search the CRF comment fields. A detailed explanation of the algorithm is given in Appendix 7.

5. BASELINE CHARACTERISTICS

5.1. Demographics and Other Baseline Characteristics

For the Induction Studies (Cohorts A and B), subject demographic variables and other baseline characteristics will be summarized by treatment group and overall using descriptive statistics for continuous variables and using the number and percentage of subjects for categorical variables. The summary of demographic data will be provided for the Safety Analysis Set.

- Age (years, on the date of first dose of the study drug)
- Age group (< 65 years, ≥ 65 years)
- Sex at birth (female, male)
- Race
- Ethnicity (Hispanic or Latino, Not Hispanic or Latino)
- Geographic region (United States [US], non-US)
- Weight
- Height
- Body mass index (BMI; in kg/m^2)
- Smoking status (former, current, never)

For the Maintenance Study, the same demographic variables will be summarized by treatment group and overall. Baseline age from the Induction Study will be used for the Maintenance Study.

A by-subject demographic listing, including the informed consent date, will be provided by subject ID number in ascending order.

5.2. Baseline Disease Characteristics

For the Induction Studies (Cohorts A and B) and Maintenance Study, the following baseline disease characteristics will be summarized for the Safety Analysis Sets using descriptive statistics for continuous variables, and using number and percentage of subjects for categorical variables:

- Duration of CD (years) from date of diagnosis to first dosing date of study drug
- Duration of CD (< 1 year, ≥ 1 to < 3 years, ≥ 3 to < 7 years, ≥ 7 years)

- CDAI score (Induction Studies only)
- PRO2 subscores: liquid or very soft stool subscore and abdominal pain subscore (Induction Studies only)
  - Liquid or very soft stool subscore ≥ 4
  - Abdominal pain subscore (0 = None, 1 = Mild, 2 = Moderate, 3 = Severe)
  - Abdominal pain subscore ≥ 2
  - Liquid or very soft stool subscore ≥ 4 and abdominal pain subscore ≥ 2
- Total PRO2 score (Induction Studies only)
- Total SES-CD score (Induction Studies only)
- Number of available segments with SES-CD at Induction baseline
- Location of CD based on SES-CD at Induction baseline: ileum only, colon only, ileum and colon
- Complications of CD:
  - Fistula (yes, no)
  - Stricture (yes, no)
  - Abscess (yes, no)
- History of surgeries due to CD (yes, no)
- [redacted] CCI [redacted]
- [redacted] CCI [redacted]
- CCI [redacted]
- CCI [redacted]
- CD treatment history
  - Prior use of systemic corticosteroids (yes, no)
  - Prior use of immunomodulators (yes, no)
  - Number of prior exposures to biologic agent (0, 1, 2, ≥ 3) as listed in Appendix 2

- Prior use of TNF-α antagonist as listed in Appendix 2 (yes, no) and for subjects with prior use:
  - Number of TNF-α antagonists used
    - 1
    - 2
    - ≥ 3
  - Worst outcome of prior use of TNF-α antagonist
    - Treatment failure
    - Intolerance, including both allergic and non-allergic intolerance
    - Other
- Prior use of vedolizumab (yes, no) and for subjects with prior use:
  - Worst outcome of prior use of vedolizumab
    - Treatment failure
    - Intolerance, including both allergic and non-allergic intolerance
    - Other
- Prior use of both TNF-α antagonist and vedolizumab (yes, no)
- Prior use of ustekinumab (yes, no) and for subjects with prior use:
  - Worst outcome of prior use of ustekinumab
    - Treatment failure
    - Intolerance, including both allergic and non-allergic intolerance
    - Other

Note: The worst outcome of a prior treatment is treatment failure, followed by intolerance, and then other outcomes.

- Prior failure of both TNF-α antagonist and vedolizumab
  - Yes (dual refractory, defined as those who have failed at least 2 classes of biologic therapies [any TNF-α antagonist and vedolizumab])
    - United States (US)/Korea Males
    - Subjects other than US/Korea Males

  - No
    - US/Korea Males
    - Subjects other than US/Korea Males

- Concomitant treatment at baseline (or maintenance baseline for Maintenance Study)
  - Concomitant use of systemically absorbed corticosteroid and/or immunomodulator at baseline/maintenance baseline, including: a) systemically absorbed corticosteroid only, b) immunomodulator only, c) both, and d) neither;
  - Prednisone equivalent dose for subjects who are on systemically absorbed corticosteroid at baseline/maintenance baseline (mg/day)
  - Prednisone equivalent dose for subjects who are on systemically absorbed corticosteroid at baseline/maintenance baseline (> 0 to 10 mg/day, > 10 to 20 mg/day, > 20 - 30 mg/day, >30 mg/day)
  - Concomitant use of 5-aminosalicylates (yes, no) at baseline/maintenance baseline

In addition, another baseline characteristics table for Maintenance Study using the FAS will be generated, including the above baseline characteristics except those marked as "Induction Studies only" and the following additional variables:

- CDAI score at maintenance baseline
- PRO2 subscores at maintenance baseline: abdominal pain and liquid or very soft stool subscores
- Total PRO2 score at Week 10
- Total SES-CD score at Week 10
- Clinical remission by CDAI (yes, no) at Week 10
- Clinical response by CDAI (yes, no) at Week 10
- Clinical remission by PRO2 (yes, no) at Week 10
- Endoscopic response (yes, no) at Week 10
- CCI [redacted]
- CCI [redacted]

5.3. Medical History

Medical history (disease-specific and general conditions) and IBD family history data will be collected at screening and presented in data listings.

General medical history data will be coded using the current version of Medical Dictionary for Regulatory Activities (MedDRA).

6. EFFICACY ANALYSES

6.1. General Considerations

The efficacy analysis will be conducted on the FAS, defined in Section 3.1.2, unless otherwise specified.

The definitions of selected efficacy endpoints for each individual study (Cohort A Induction, Cohort B Induction, and Maintenance) are provided in Table 6-1. While the endoscopy will be read by both study site investigator and central reader, only the centrally-read endoscopic data will be used in the calculations of SES-CD scores and other related efficacy endpoints.

Appendix 6 includes a detailed definition of study treatment failure and the corresponding data handling rules for efficacy analysis.

Table 6-1. Definitions of Selected Efficacy Endpoints

Study	Type	Endpoint	Definition
Induction	EU: secondary Non-EU: Co-primary	Clinical remission by CDAI at Week 10	CDAI score < 150 points at Week 10
Induction	Co-primary	Endoscopic response at Week 10	≥ 50% reduction from baseline in total SES-CD score at Week 10 based on central reading
Induction	EU: co-primary Other: Secondary	Clinical remission by PRO2 at Week 10	Abdominal pain score ≤ 1 (on a scale of 0 to 3) and liquid or very soft stool (Bristol stool scale type 6 or 7) frequency ≤ 3 at Week 10
Induction	Secondary	Clinical response by CDAI at Week 10	Reduction in CDAI score from Induction baseline by at least 100 points or CDAI score < 150 at Week 10
Induction	CCI	CCI	CCI
Induction	EU: Secondary Non-EU: CCI	Both clinical remission by PRO2 and endoscopic response at Week 10	Clinical remission by PRO2 and endoscopic response at Week 10 combined into a single endpoint on a patient level
Induction	CCI	CCI	CCI
Induction	CCI	CCI	CCI
Induction	CCI	CCI	CCI
Maintenance	Co-primary	Clinical remission by CDAI at Week 58	CDAI score < 150 points at Week 58

Study	Type	Endpoint	Definition
Maintenance	Co-primary	Endoscopic response at Week 58	≥ 50% reduction from Induction baseline in total SES-CD score at Week 58 based on central reading
Maintenance	Secondary	Clinical remission by PRO2 at Week 58	Abdominal pain score ≤ 1 (on a scale of 0 to 3) and liquid or very soft stool (Bristol stool scale type 6 or 7) frequency ≤ 3 at Week 58
Maintenance	Secondary	Clinical response by CDAI at Week 58	Reduction in CDAI score from Induction baseline by at least 100 points or CDAI score < 150 at Week 58
Maintenance	Non-EU: secondary	Sustained clinical remission by CDAI at Weeks 10 and 58	Clinical remission by CDAI at both Week 10 and Week 58
Maintenance	Non-EU: secondary	6-month Corticosteroid-free clinical remission by CDAI at Week 58	Clinical remission by CDAI with no corticosteroid use for the indication of CD for at least 6 months prior to Week 58 among subjects who are on corticosteroid at maintenance baseline (baseline of Maintenance Study). Subjects who weaned off steroids but required re-initiation within 6 months prior to Week 58 assessment will be considered to have not met this endpoint.
Maintenance	Secondary	Sustained clinical remission by PRO2 at Weeks 10 and 58	Clinical remission by PRO2 at both Week 10 and Week 58
Maintenance	Secondary	6-month Corticosteroid-free clinical remission by PRO2 at Week 58	Clinical remission by PRO2 with no corticosteroid use for the indication of CD for at least 6 months prior to Week 58 among subjects who are on corticosteroid at maintenance baseline (baseline of Maintenance Study). Subjects who weaned off steroids but required re-initiation within 6 months prior to Week 58 assessment will be considered to have not met this endpoint.
Maintenance	CCI	CCI	CCI single endpoint on a patient level
Maintenance	EU: secondary Non-EU: CCI	Both clinical remission by PRO2 and endoscopic response at Week 58	Clinical remission by PRO2 and endoscopic response at Week 58 combined into a single endpoint on a patient level
Maintenance	CCI	CCI	CCI
Maintenance	CCI	CCI	CCI
Maintenance	CCI	CCI	CCI

CD = Crohn's Disease; CDAI = Crohn's Disease Activity Index; PRO2 = patient reported outcome consisting of 2 items: abdominal pain severity and liquid stool frequency; SES-CD = Simple Endoscopic Score for Crohn's Disease

Subjects who achieve either clinical remission by PRO2 or endoscopic response at Week 10 will be eligible to be re-randomized into the Maintenance Study.

Summary of Dichotomous Efficacy Endpoints

For the Cohort A Induction Study, the Cohort B Induction Study, and the Maintenance Study, numbers and percentages of subjects achieving each of the dichotomous efficacy endpoints defined above, and numbers and percentages of subjects not achieving those endpoints for the following reasons will be summarized by treatment, in a hierarchy order with the first reason being the highest.

1) Data censored due to initiation or change of rescue medication

2) Subjects who do not meet the endpoint based on observed data

3) Subjects who do not meet the endpoint due to study drug discontinuation led by protocol-specified disease worsening (Maintenance Study only)

4) Subjects who do not have sufficient measurements to determine the endpoint due to study drug discontinuation for other reasons

5) Subjects who do not have sufficient measurements to determine the endpoint for other reasons

Non-Responder Imputation

For analysis of all the above defined efficacy endpoints in Table 6-1, subjects who do not have sufficient measurements due to any reason (eg, study treatment failure, early study discontinuation) to determine the endpoint will be considered non-responders (ie, non-responder imputation).

6.1.1. Calculation of CDAI and PRO2 Scores

The CDAI system is a composite index of 8 disease activity variables with scores ranging from 0 to over 600 based upon a composite of symptoms (eg, abdominal pain), signs (the presence of abdominal mass and weight), laboratory values (eg, hematocrit), and physician assessment amongst others. The CDAI has 3 PRO components: liquid or very soft stool frequency, abdominal pain, and general wellbeing. The clinical remission by CDAI endpoint is defined by the total CDAI score, calculated as a weighted sum of all 8 component subscores. If subjects have 3 or more of the 8 component subscores missing, then the subjects will be considered as having insufficient data to determine response status and their total CDAI score will be considered missing. If subjects have 1 or 2 CDAI components missing, then the missing component will be imputed by the LOCF method using the previous valid component score from the most recent analysis visit (ie, use the component score from Week 6 for missing

component at Week 10, or use the component score from Week 50 for missing component at Week 58. Scores from other post Induction baseline visits will not be used). If the component score from the most recent analysis visit is also missing, the missing value will be imputed with the corresponding component score at Induction baseline.

The PRO2 has 2 patient reported outcome components: liquid or very soft stool frequency subscore and abdominal pain subscore. If either subscore is missing, no imputation will be done, and the subject will be considered as having insufficient data to determine clinical remission status by PRO2 (or total PRO2 score) and treated as not meeting clinical remission. The clinical remission by PRO2 (or total PRO2 score) is defined by the PRO2 subscores as specified in Table 6-1.

For further information on the CDAI/PRO2 and calculation rules at screening and post-screening, reference is made to Appendix 3.

6.1.2. Calculation of SES-CD and Other Endoscopy Endpoints

The total SES-CD will be calculated at Screening (used as the baseline), Week 10, and Week 58. It is the sum of the values of the 4 variables (size of ulcers, ulcerated surface, affected surface and presence of narrowings) for 5 bowel segments (ileum, right colon, transverse colon, left colon and rectum). The detailed subscores for each variable of SES-CD are given in Appendix 5.

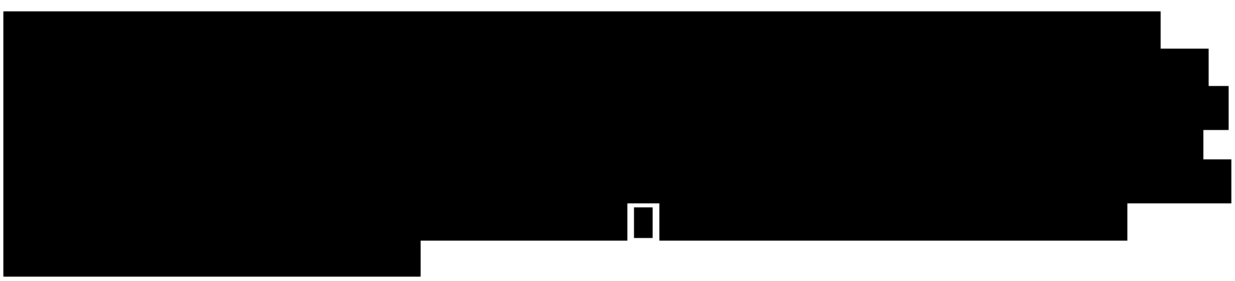
Endoscopic Response

For each of the 5 bowel segments, if the subscore of a segment is missing at baseline, this segment will not be included in the calculation of the total SES-CD for all the visits for the purpose of evaluating endoscopic response. If the subscore of a segment is observed at baseline but missing at Week 10 (or Week 58), it will be imputed using a score of 12 (worst subscore from the sum of the 4 variables in a segment). This is the primary approach to impute missing data in a segment.

If the percentage reduction from baseline in total SES-CD is $\geq$ 50%, then the subject will be defined as achieving endoscopic response.

If the above criteria are not met, the subject will be considered as not achieving endoscopic response.

CCI



CCI

CCI

6.1.3. COVID-19 Impact on Primary Efficacy Endpoints

The number of subjects with the following categories due to COVID-19 will be summarized by treatment at Week 10 for Induction Studies and at Week 58 for Maintenance Study.

- Missed visit (including out of efficacy analysis window, as defined in Section 3.8.2)
- Delayed visit (occurring after the upper limit of the efficacy analysis visit window, as defined in Section 3.8.2)

For CDAI assessments, the number of subjects with the following categories due to COVID-19 will be summarized by treatment at Week 10 for Induction Studies and at Week 58 for Maintenance Study.

- Number of missed components (including out of analysis window, as defined in Section 3.8.2)
- Number of delayed components (occurring after the upper limit of the analysis visit window, as defined in Section 3.8.2)
- Number of virtually or locally conducted components. Only the following 3 components may be conducted virtually or locally: use of anti-diarrheal medications, hematocrit (from local laboratory), and weight (at home).

For SES-CD assessments, the number of subjects with the following categories due to COVID-19 will be summarized by treatment at Week 10 for Induction Studies and at Week 58 for Maintenance Study.

- Missed ileocolonoscopy (including out of analysis window, as defined in Section 3.8.2)

- Delayed ileocolonoscopy (occurring after the upper limit of the analysis visit window, as defined in Section 3.8.2)

6.2. Primary Efficacy Endpoints

6.2.1. Definition of the Primary Efficacy Endpoints

EU-specific:

The co-primary efficacy endpoints are the proportion of subjects achieving clinical remission by PRO2 at Week 10 and the proportion of subjects achieving endoscopic response at Week 10 for each Induction Study (Cohorts A and B), and the proportion of subjects achieving clinical remission by PRO2 at Week 58 and the proportion of subjects achieving endoscopic response at Week 58 for the Maintenance Study. Refer to Table 6-1 for the endpoint definitions.

Other (non-EU):

The co-primary efficacy endpoints are the proportion of subjects achieving clinical remission by CDAI at Week 10 and the proportion of subjects achieving endoscopic response at Week 10 for each Induction Study (Cohorts A and B), and the proportion of subjects achieving clinical remission by CDAI at Week 58 and the proportion of subjects achieving endoscopic response at Week 58 for the Maintenance Study. Refer to Table 6-1 for the endpoint definitions.

6.2.2. Statistical Hypotheses for the Primary Efficacy Endpoints

For each Induction Study (Cohorts A and B), the primary analysis will compare a filgotinib dose group to placebo on the proportion of subjects achieving clinical remission by CDAI at Week 10 and on the proportion of subjects achieving endoscopic response at Week 10. The primary statistical hypotheses at Weeks 10 for each Induction Study are listed in Section 3.5.2.1.

Similarly, for the Maintenance Study, the primary analysis will compare a filgotinib dose group to placebo among the subjects from Cohort A and Cohort B Induction Studies combined being treated with the same filgotinib dose in Induction Studies on the proportion of subjects achieving clinical remission by CDAI at Week 58 and on the proportion of subjects achieving endoscopic response at Week 58. The primary statistical hypotheses at Weeks 58 for the Maintenance Study are listed in Section 3.5.2.2.

For EU-specific analyses, for a filgotinib dose group to demonstrate a significant treatment effect over placebo, statistical significance needs to be achieved on both clinical remission by PRO2 and endoscopic response endpoints at the significance level as specified in Section 3.5. For other (non-EU) analyses, for a filgotinib dose group to demonstrate a significant treatment effect over placebo, statistical significance needs to be achieved on both clinical remission by CDAI and endoscopic response endpoints.

6.2.3. Estimands for the Primary Efficacy Endpoints

The EU-specific co-primary endpoints are:

- Clinical remission by PRO2
- Endoscopic response

The other (non- EU) co-primary endpoints are:

- Clinical remission by CDAI
- Endoscopic response

6.2.3.1. Clinical Remission by PRO2

The ICH E9 (R1) guidance {U. S. Department of Health & Human Services (DHHS) 2021} specifies that an estimand is characterized by five attributes (the treatment, the population, the subject level endpoint, handling of intercurrent events, and the population level summary).

Based on the definitions of the different types of estimands in the ICH E9 (R1), our primary estimate of clinical remission by PRO2 endpoint will use a composite estimand (Table 6-2). A second composite estimand is also proposed as a sensitivity analysis (Table 6-3).

Table 6-2. Composite Estimand 1 (Primary Analysis) for Clinical Remission by PRO2

Attributes	Composite Estimand 1
Treatment	Filgotinib 200 mg, filgotinib 100 mg, or placebo
Population	Full Analysis Set as defined in Section 3.1.2
Subject level endpoint	PRO2 clinical remission status (Yes/No) at Week 10 for Induction Studies and at Week 58 for Maintenance Study If abdominal pain score ≤ 1 and liquid or very soft stool frequency ≤ 3, then the subject will be defined as achieving clinical remission at Week 10 or at Week 58, respectively. If the above remission criterion is not met or the PRO2 (any component) is missing, the subject will be considered as not achieving clinical remission by PRO2.
Handling of missing data due to intercurrent events	Subjects who meet treatment failure criteria (ie, take potentially effective medications other than study treatment as defined in Appendix 6) or prematurely discontinue from the study without available assessment result are considered as not achieving clinical remission by PRO2
Population-level summary	Difference in proportions in clinical remission by PRO2, comparing a filgotinib dose group to placebo group

Table 6-3. Composite Estimand 2 (Sensitivity Analysis) for Clinical Remission by PRO2

Attributes	Composite Estimand 2
Treatment	Filgotinib 200 mg, filgotinib 100 mg, or placebo
Population	Full Analysis Set as defined in Section 3.1.2
Subject-level endpoint	PRO2 clinical remission status (Yes/No) at Week 10 for Induction Studies and at Week 58 for Maintenance Study

	If abdominal pain score ≤ 1 and liquid or very soft stool frequency ≤ 3, then the subject will be defined as achieving clinical remission at Week 10 or at Week 58, respectively. If the above remission criterion is not met, the subject will be considered as not achieving clinical remission by PRO2. If PRO2 is missing (any subcomponent), then data will be analyzed using MICE as outlined in section 6.2.5.
Handling of missing data due to intercurrent events	Subjects who meet treatment failure criteria (ie, take potentially effective medications other than study treatment as defined in Appendix 6) or prematurely discontinue from the study without available assessment result are considered as not achieving clinical remission by PRO2
Population-level summary	Difference in proportions in clinical remission by PRO2, comparing a filgotinib dose group to placebo group

6.2.3.2. Clinical Remission by CDAI

The ICH E9 (R1) guidance {U. S. Department of Health & Human Services (DHHS) 2021} specifies that an estimand is characterized by five attributes (the treatment, the population, the subject level endpoint, handling of intercurrent events, and the population level summary). Because the 8 components of CDAI come from different data sources, the CDAI data may have missing data at component level (only some components are missing) as well as at subject level (all 8 components are missing). Because of this complication, the definition of the estimand is expanded to include 2 additional attributes in addition to the 5 delineated above. These 2 additional attributes are: (1) the component level endpoint; and (2) the handling of missing data at component level endpoint.

Using this expanded definition of an estimand and based on the definitions of the different types of estimands in the ICH E9 (R1), our primary estimate of clinical remission by CDAI endpoint will use a composite estimand (Table 6-4). For this composite estimand (estimand 1), the handling of missing data will be expanded to the component level in addition to the subject level. A second composite estimand is also proposed as a sensitivity analysis (Table 6-5).

Table 6-4. Composite Estimand 1 (Primary Analysis) for Clinical Remission by CDAI

Attributes	Composite Estimand 1
Treatment	Filgotinib 200 mg, filgotinib 100 mg, or placebo
Population	Full Analysis Set as defined in Section 3.1.2
Component-level endpoint	CDAI subscore for each component at Week 10 for Induction Studies and at Week 58 for Maintenance Study
Subject-level endpoint	CDAI clinical remission status (Yes/No) at Week 10 for Induction Studies and at Week 58 for Maintenance Study If CDAI < 150, then the subject will be defined as achieving clinical remission at Week 10 or at Week 58, respectively. If the above remission criterion is not met

	or the CDAI is missing, the subject will be considered as not achieving clinical remission by CDAI.
Handling of missing data (component-level endpoint)	If the subscore for 1 or 2 components are missing at Week 10 (or Week 58), then the subscore will be imputed using LOCF imputation method (see Section 6.1.1). If the subscores for 3 or more components are missing, then missing subscores will not be imputed, and the CDAI will be considered missing.
Handling of missing data due to intercurrent events (subject-level endpoint)	Subjects who meet treatment failure criteria (ie, take potentially effective medications other than study treatment as defined in Appendix 6) or prematurely discontinue from the study without available assessment result are considered as not achieving clinical remission by CDAI
Population-level summary	Difference in proportions in clinical remission by CDAI, comparing a filgotinib dose group to placebo group

CDAI = Crohn's Disease Activity Index; LOCF = last observation carried forward

Table 6-5. Composite Estimand 2 (Sensitivity Analysis) for Clinical Remission by CDAI

Attributes	Composite Estimand 2
Treatment	Filgotinib 200 mg, filgotinib 100 mg, or placebo
Population	Full Analysis Set as defined in Section 3.1.2
Subject-level endpoint	CDAI clinical remission status (Yes/No) at Week 10 for Induction Studies and at Week 58 for Maintenance Study If CDAI < 150, then the subject will be defined as achieving clinical remission at Week 10 or at Week 58, respectively. If the above remission criterion is not met, the subject will be considered as not achieving clinical remission by CDAI. If the CDAI is missing, then data will be analyzed using MICE as outlined in section 6.2.5.
Handling of missing data due to intercurrent events (subject-level endpoint)	Subjects who meet treatment failure criteria (ie, take potentially effective medications other than study treatment as defined in Appendix 6) or prematurely discontinue from the study without available assessment result are considered as not achieving clinical remission by CDAI
Population-level summary	Difference in proportions in clinical remission by CDAI, comparing a filgotinib dose group to placebo group

CDAI = Crohn's Disease Activity Index

6.2.3.3. Endoscopic Response

Intercurrent events can impact subjects at the segment level (eg, stricture) or at the subject level (eg, early termination of the study) for SES-CD data. Similar to the estimand for clinical remission by CDAI, the definition of the estimand for endoscopic response is expanded to include 2 additional attributes. These 2 additional attributes are: (1) the segment level outcome to be measured; and (2) the handling of intercurrent events impacting the segment.

Using this expanded definition of an estimand and based on the definitions of the different types of estimands in the ICH E9(R1) guidance, the primary estimate of endoscopic response endpoint

will use a composite estimand (Table 6-6). A second composite estimand is also proposed as a sensitivity analysis (Table 6-7). For each estimand, the handling of missing data due to the intercurrent events will be expanded to the segment level in addition to the subject level.

Table 6-6. Composite Estimand 1 (Primary Analysis) for Endoscopic Response

Attributes	Composite Estimand 1
Treatment	Filgotinib 200 mg, filgotinib 100 mg, or placebo
Population	Full Analysis Set as defined in Section 3.1.2
Segment-level outcome to be measured	SES-CD subscore for each segment at baseline and Week 10 for Induction Studies and at Week 58 for Maintenance Study
Subject-level outcome to be measured	Endoscopic response status (Yes/No) at Week 10 for Induction Studies and at Week 58 for Maintenance Study If the percentage reduction of total SES-CD from Induction baseline is ≥ 50%, then the subject will be defined as achieving endoscopic response at Week 10 or at Week 58, respectively. If the above responder criterion is not met or total SES-CD is missing, the subject will be considered as not achieving endoscopic response.
Measure of intervention effect & handling of missing data due to intercurrent events (segment-level outcome)	If the subscore of a segment is missing at baseline, this segment will not be included in the calculation of the total SES-CD for all the visits. If the subscore of a segment is observed at baseline, but missing at Week 10 or Week 58, it will be imputed using a score of 12 (worst subscore from the sum of the 4 variables in a segment).
Measure of intervention effect & handling of missing data due to intercurrent events (subject-level outcome)	Subject who met treatment failure criteria (ie, take potentially effective medications rather than study treatment as defined in Appendix 6) or prematurely discontinued from study without available assessment result is considered a non-responder.
Population-level summary measure	Difference in proportions in endoscopic response, comparing a filgotinib dose group to placebo group

SES-CD = Simple Endoscopic Score for Crohn's Disease

Table 6-7. Composite Estimand 2 (Sensitivity Analysis) for Endoscopic Response

Attributes	Composite Estimand 2
Treatment	Filgotinib 200 mg, filgotinib 100 mg, or placebo
Population	Full Analysis Set as defined in Section 3.1.2
Segment-level outcome to be measured	SES-CD subscore for each segment at baseline and Week 10 for Induction Studies and at Week 58 for Maintenance Study
Subject-level outcome to be measured	Endoscopic response status (Yes/No) at Week 10 for Induction Studies and at Week 58 for Maintenance Study If the percentage reduction of total SES-CD from Induction baseline is ≥ 50%, then the subject will be defined as achieving endoscopic response at

	Week 10 or at Week 58, respectively. If the above responder criterion is not met, the subject will be considered as not achieving endoscopic response. If total SES-CD is missing, then data will be analyzed using MICE as outlined in section 6.2.5.
Measure of intervention effect & handling of missing data due to intercurrent events (segment-level outcome)	All segments will be included in the total SES-CD calculation regardless of being missing or not.
Measure of intervention effect & handling of missing data due to intercurrent events (subject-level outcome)	Subject who met treatment failure criteria (ie, take potentially effective medications rather than study treatment as defined in Appendix 6) or prematurely discontinued from study without available assessment result is considered a non-responder.
Population-level summary measure	Difference in proportions in endoscopic response, comparing a filgotinib dose group to placebo group

SES-CD = Simple Endoscopic Score for Crohn's Disease

6.2.4. Primary Analysis of the Primary Efficacy Endpoints

Primary analysis will be conducted according to the composite estimand 1 specified in Section 6.2.3.

For the individual Induction Studies (Cohort A and Cohort B), a stratified Cochran-Mantel-Haenszel (CMH) test will be used to compare the treatment effect between a filgotinib dose group (eg, 200 mg) and placebo. The CMH tests will be stratified by the following factors:

Cohort A Induction Study:

- Number of prior exposures to biologic agent (0, 1, > 1) as listed in Appendix 2
- Concomitant use of oral, systemically absorbed corticosteroids at Day 1
- Concomitant use of immunomodulators at Day 1

Cohort B Induction Study:

- Number of prior exposures to biologic agent (≤ 1, > 1) as listed in Appendix 2
- Concomitant use of oral, systemically absorbed corticosteroids at Day 1
- Concomitant use of immunomodulators at Day 1

For the Maintenance Study, a stratified CMH test will be used to compare the treatment effect between a filgotinib dose group and placebo among the subjects from Induction Cohorts A and B combined being treated with the same dose of filgotinib. The CMH test will be stratified by the following factors:

- History of exposure to a biologic agent, (Yes or No)
- Concomitant use of oral, systemically absorbed corticosteroids at maintenance baseline
- Concomitant use of immunomodulators at maintenance baseline

Stratification factors based on the clinical database will be used for the analysis. The stratified CMH chi-square p-value for each of the above comparison will be provided. Strata with low numbers of subjects might be aggregated for the analysis. The 2-sided 95% CI of clinical remission rate by CDAI and endoscopic response rate based on normal approximation method with a continuity correction will be provided for each treatment group. In addition, stratified proportion difference along with its 95% 2-sided CI using stratum-adjusted Mantel-Haenszel (MH) approach {Koch 1989} for each comparison will be provided as follows:

The stratified point estimates for difference in proportion of subjects achieving an endpoint between each filgotinib (F) treatment group and the placebo (P) group will be calculated following formula (1).

$$\hat{p}_F - \hat{p}_P = \frac{\sum W_h d_h}{\sum W_h} \quad (1)$$

where $d_h = \hat{p}_{Fh} - \hat{p}_{Ph}$ is the difference in the proportion of subjects who achieved the endpoint between the filgotinib group and the placebo group in stratum h (h = 1, 2, …, K), and $W_h = \frac{n_{Fh} n_{Ph}}{n_{Fh}+n_{Ph}}$ is the weight based on the harmonic mean of sample size per treatment group for each stratum where $n_{Fh}$and n_{Ph} are the sample sizes of the filgotinib group and the placebo group in stratum h, respectively.

The 95% stratum-adjusted MH CIs will be calculated following formula (2).

$$\hat{p}_F - \hat{p}_P \pm Z_{1-\alpha/2} \cdot SE(\hat{p}_F - \hat{p}_P) \quad (2)$$

Where $SE(\hat{p}_F - \hat{p}_P) = \frac{\sqrt{\sum W_h^2 \left(\frac{\hat{p}^*_{Fh}(1-\hat{p}^*_{Fh})}{n_{Fh}-1} + \frac{\hat{p}^*_{Ph}(1-\hat{p}^*_{Ph})}{n_{Ph}-1}\right)}}{\sum W_h}$, $\hat{p}^*_{Fh} = \frac{m_{Fh}+0.5}{n_{Fh}+1}$, $\hat{p}^*_{Ph} = \frac{m_{Ph}+0.5}{n_{Ph}+1}$, and m_{Fh} and m_{Ph} are the number of subjects who achieved the endpoint from the filgotinib group and the placebo group in stratum h, respectively. $Z_{(1-\alpha/2)}$ is the 97.5% percentile of normal distribution with α = 0.05.

If the computed lower confidence bound is less than −1, the lower bound is defined as −1. If the computed upper confidence bound is greater than 1, then the upper bound is defined as 1.

The significance level specified in Section 3.5 will be used to declare a statistically significant treatment effect for a filgotinib dose group.

Bar charts of the proportions of subjects achieving clinical remission by PRO2 (EU), CDAI (non-EU) and endoscopic response at Week 10 (for the Induction Studies) and Week 58 (for the Maintenance Study) will be provided by treatment group with corresponding p-values.

In addition, the proportion of subjects with percentage reduction of ≥ 25% from Induction baseline in total SES-CD score will be summarized for Week 10 (Induction Studies) and Week 58 (Maintenance Study), respectively. The number of available segments with SES-CD score at baseline and Week 10, and change from baseline at Week 10 for Induction Studies will be summarized. Similarly, the number of available segments with SES-CD score at Induction baseline and Week 58, and change from Induction baseline at Week 58 for Maintenance Study will be summarized. The score for each segment will be displayed in a data listing. If there is a missing segment score, the reason of missingness (if available) will be included.

6.2.5. Sensitivity Analyses for the Primary Efficacy Endpoints

6.2.5.1. Clinical Remission by PRO2 (EU-specific)

Sensitivity analysis will be conducted according to the composite estimand 2 specified in Section 6.2.3.

The multivariate imputation by chained equations (MICE) {Azur 2011} through regression model will be used to impute each missing subscore in PRO2. For Induction Studies, each subscore in PRO2 at baseline, Weeks 2, 4, 6, and 10, treatment, and stratification factors will be included in the imputation model using the Full Analysis Set. For the Maintenance Study, each subscore in PRO2 at maintenance baseline, Weeks 14, 20, 26, 34, 42, 50, and 58, treatment, and stratification factors will be included in the imputation model using the Full Analysis Set among the subjects from Induction Cohorts A and B combined being treated with the same dose of filgotinib.

For each imputed dataset, the clinical remission status by PRO2 will be derived. The subjects who met treatment failure criteria or prematurely discontinued from the study without available result from the study will be set as not achieving clinical remission in each imputed dataset. The parameters of interest for each imputed dataset will be estimated using a similar method as the primary approach. The results from multiple imputations will be combined using Rubin's rule {Rubin 1987}.

In addition, tipping point analysis with delta-adjusting pattern-mixture approach {Ratitch 2013} will be conducted to assess the robustness of analysis result under the MNAR (missing not at random) assumption. The proposed method will perform a series of analyses after adjusting for stratification factors with a range of different values of the shift parameter δ applied to the imputed datasets at which the conclusion about the statistical significance of result will be altered. Specifically, the analysis is characterized by two-dimensional sequences (one sequence associated with missing data in the placebo group and the other associated with missing data in the filgotinib group). In the first step for both sequences, the missing data in both treatment groups are imputed under the missing at random (MAR) assumption. For each subsequent step of the placebo sequence, the missing data are imputed assuming incrementally more favorable than in the previous step of that sequence while holding the shift parameter constant in the filgotinib

group. Similarly, for each subsequent step of the filgotinib group sequence, the missing data are imputed assuming incrementally less favorable than in the previous step of that sequence while holding the shift parameter constant in the placebo group.

Appendix 8 provides sample SAS model statements for the tipping point analysis. Each δ value is classified as either "altering the statistical significance conclusion" or "keeping the statistical significance conclusion unchanged." The tipping points that alter the statistical significance conclusion will be provided. The same analysis method for the primary analysis as specified in Section 0 will be applied when analyzing the adjusted data generated under different δ values.

6.2.5.2. Clinical Remission by CDAI (other: non-EU)

Sensitivity analysis will be conducted according to the composite estimand 2 specified in Section 6.2.3.

The multivariate imputation by chained equations (MICE) {Azur 2011} through regression model will be used to impute the missing CDAI. If the subscore for at least 1 component is missing, then the CDAI is considered missing. For Induction Studies, the CDAI at baseline, Weeks 2, 4, 6, and 10, treatment, and stratification factors will be included in the imputation model using the Full Analysis Set. For the Maintenance Study, the CDAI at maintenance baseline, Weeks 14, 20, 26, 34, 42, 50, and 58, treatment, and stratification factors will be included in the imputation model using the Full Analysis Set among the subjects from Induction Cohorts A and B combined being treated with the same dose of filgotinib.

For each imputed dataset, the clinical remission status by CDAI will be derived. The subjects who met treatment failure criteria or prematurely discontinued from study without available result from study will be set as not achieving clinical remission in each imputed dataset. The parameters of interest for each imputed dataset will be estimated using a similar method as the primary approach. The results from multiple imputations will be combined using Rubin's rule {Rubin 1987}.

In addition, tipping point analysis with delta-adjusting pattern-mixture approach {Ratitch 2013} will be conducted to assess the robustness of analysis result under the MNAR (missing not at random) assumption. The proposed method will perform a series of analyses after adjusting for stratification factors with a range of different values of the shift parameter δ applied to the imputed datasets at which the conclusion about the statistical significance of result will be altered. Specifically, the analysis is characterized by two-dimensional sequences (one sequence associated with missing data in the placebo group and the other associated with missing data in the filgotinib group). In the first step for both sequences, the missing data in both treatment groups are imputed under the missing at random (MAR) assumption. For each subsequent step of the placebo sequence, the missing data are imputed assuming incrementally more favorable than in the previous step of that sequence while holding the shift parameter constant in the filgotinib group. Similarly, for each subsequent step of the filgotinib group sequence, the missing data are imputed assuming incrementally less favorable than in the previous step of that sequence while holding the shift parameter constant in the placebo group.

Appendix 8 provides sample SAS model statements for the tipping point analysis. Each δ value is classified as either "altering the statistical significance conclusion" or "keeping the statistical significance conclusion unchanged." The tipping points that alter the statistical significance conclusion will be provided. The same analysis method for the primary analysis as specified in Section 6.2.4 will be applied when analyzing the adjusted data generated under different δ values.

6.2.5.3. Endoscopic Response

Sensitivity analysis will be conducted according to the composite estimand 2 specified in Section 6.2.3.

The MICE {Azur 2011} through regression model will be used to impute the missing segmental subscores. For Induction Studies, the segmental score at baseline and Week 10, treatment, and stratification factors will be included in the imputation model using the FAS. For the Maintenance Study, the segmental score at maintenance baseline and Week 58, treatment, and stratification factors will be included in the imputation model using the Full Analysis Set among the subjects from Induction Cohorts A and B combined being treated with the same dose of filgotinib.

For each imputed dataset, the percentage change from Induction baseline in the total SES-CD score will be calculated for each subject and the endoscopic response status will be derived. The subjects who met treatment failure criteria or prematurely discontinued from study without available result will be set as non-responders in each imputed dataset. The parameters of interest for each imputed dataset will be estimated using a similar method as the primary approach. The results from multiple imputations will be combined using Rubin's rule {Rubin 1987}.

In addition, tipping point analysis with delta-adjusting pattern-mixture approach {Ratitch 2013} will be conducted to assess the robustness of analysis result under the MNAR (missing not at random) assumption (see Section 6.2.5.1).

6.2.5.4. Clinical remission by PRO2 and Endoscopic Response

A cross tabulation will be created showing number and proportion of subjects with response at Week 58 (clinical remission and endoscopic response, clinical remission by PRO2 only, endoscopic response only, and no endoscopic response and no clinical remission by PRO2) by outcome at Week 10: clinical remission by PRO2 and endoscopic response, clinical remission by PRO2 alone, clinical endoscopic response only, and no endoscopic response and no clinical remission by PRO2). This table will be based on the Safety Analysis Set.

6.2.6. Analysis of the Primary Efficacy Endpoints for Japan Submission

The following analysis will be conducted as the primary analysis for evaluating the co-primary endpoints for the filgotinib 200 mg dose group in each Induction Study in order to support a Japanese marketing application.

Given the restriction in the US/Korea of only allowing dual refractory males to receive filgotinib 200 mg, there exists an inherent imbalance in each Induction Study between subjects randomized to filgotinib 200 mg and the placebo group with respect to US/Korea non-dual refractory males who will only be present in the placebo group, but not in the filgotinib 200 mg group. Recognizing this imbalance and the theoretical potential for non-dual refractory subjects to have better disease prognosis and a higher chance of response, an analysis excluding US/Korea non-dual refractory males from the placebo group in the FAS for each Induction Study will be conducted. Similar analysis method as specified in Section 6.2.4 will be used for the treatment comparison between the filgotinib 200 mg and the placebo group on clinical remission by CDAI and endoscopic response at Week 10.

The primary analysis to support Japanese marketing application to evaluate efficacy of the filgotinib 100 mg dose group in each Induction Study will still be based on all the subjects in the FAS.

6.2.7. Subgroup Analyses for the Primary and key secondary Efficacy Endpoints

The following subgroup analyses of the primary efficacy endpoints will be performed for each individual study (Cohort A Induction, Cohort B Induction, and Maintenance).

Subgroups based on study stratification factors include:

Cohort A Induction Study Stratification Factors:

- Number of prior exposures to biologic agent as listed in Appendix 2 (0, ≥1)
- Concomitant use of oral, systemically absorbed corticosteroids at Day 1 (yes, no)
- Concomitant use of immunomodulators at Day 1 (yes, no)

Cohort B Induction Study Stratification Factors:

- Number of prior exposures to biologic agent as listed in Appendix 2 (≤ 1, > 1)
- Concomitant use of oral, systemically absorbed corticosteroids at Day 1 (yes, no)
- Concomitant use of immunomodulators at Day 1 (yes, no)

Cohort A and B Induction Studies Combined for Prior Exposure to Biologic Agent

- Number of prior exposures to biologic agent as listed in Appendix 2 (0, ≥ 1)

Maintenance Study Stratification Factors:

- History of exposure to a biologic agent (yes, no)
- Concomitant use of oral, systemically absorbed corticosteroids at maintenance baseline (yes, no)
- Concomitant use of immunomodulators at maintenance baseline (yes, no)

Other subgroups for each individual study include:

- Age group on the date of first dose of the study drug (< 65 years, ≥ 65 years)
- Sex at birth (female, male)
- Race (Asian, Black or African American, White, and Other)
- Geographic region (US, non-US)
- CCI [redacted]
- CCI [redacted]
- Duration of CD (years from date of diagnosed to first dosing date of Induction study drug) (< 1 year, ≥ 1 to < 3 years, ≥ 3 to < 7 years, ≥ 7 years)
- Baseline disease activity (based on Induction baseline CDAI score) (< 300, ≥ 300)
- Induction baseline SES-CD score (< 16, ≥ 16)
- Previous exposure to TNF-α antagonist (yes, no)
- Prior TNF-α antagonist failure (yes, no)
- Previous exposure to vedolizumab (yes, no)
- Prior vedolizumab failure (yes, no)
- Dual refractory (yes, no)
- The following 4 subgroups:
  - US/Korean males who are dual refractory
  - US/Korean males who are not dual refractory
  - Non-US/Korean males (US/Korea females and subjects from countries other than US and Korea) who are dual refractory
  - Non-US/Korean males who are not dual refractory

For a subject, if the value of the grouping variable cannot be determined, this subject will be excluded from the corresponding subgroup analysis. Non-stratified risk difference between treatment groups will be evaluated for each of the subgroups using Fisher's exact test. A forest plot will graphically present the non-stratified risk difference and 95% CI using normal approximation with a continuity correction on the treatment differences (filgotinib – placebo) in each co-primary endpoint for each of the subgroups.

Additional subgroup analyses for geographic region may be added based on the distribution of study enrollment prior to study unblinding.

6.3. Secondary Efficacy Endpoints

6.3.1. Definition of the Secondary Efficacy Endpoints

6.3.1.1. EU-specific

The key secondary efficacy endpoints are:

Induction Studies (Cohorts A and B)

- The proportion of subjects achieving clinical remission by CDAI at Week 10
- The proportion of subjects achieving both clinical remission by PRO2 and endoscopic response (combined into a single endpoint on a patient level) at Week 10

Maintenance Study

- The proportion of subjects achieving clinical remission by CDAI at Week 58
- The proportion of subjects achieving sustained clinical remission by PRO2 at Weeks 10 and 58
- The proportion of subjects achieving both clinical remission by PRO2 and endoscopic response (combined into a single endpoint on a patient level) at Week 58
- The proportion of subjects achieving 6-month corticosteroid-free remission by PRO2 at Week 58

Refer to Table 6-1 for the endpoint definitions.

6.3.1.2. Other (non-EU)

The key secondary efficacy endpoints are:

Induction Studies (Cohorts A and B)

- The proportion of subjects achieving clinical remission by PRO2 at Week 10

- The proportion of subjects achieving clinical response by CDAI at Week 10

Maintenance Study

- The proportion of subjects achieving clinical remission by PRO2 at Week 58
- The proportion of subjects achieving clinical response by CDAI at Week 58
- The proportion of subjects achieving sustained clinical remission by CDAI at Weeks 10 and 58
- The proportion of subjects achieving 6 month corticosteroid-free clinical remission by CDAI at Week 58
- The proportion of subjects achieving sustained clinical remission by PRO2 at Weeks 10 and 58
- The proportion of subjects achieving 6 month corticosteroid-free clinical remission by PRO2 at Week 58

Refer to Table 6-1 for the endpoint definitions.

6.3.2. Analysis of the Secondary Efficacy Endpoints

The same primary statistical analysis method described in Section 6.2.4 for testing the primary efficacy endpoints will be utilized for testing the key secondary efficacy endpoints. The secondary efficacy endpoints will be tested in the order of clinical importance and interest and at the significance level as specified in Section 3.5.

Bar charts of the proportions of subjects achieving each of the key secondary efficacy endpoint by treatment group with corresponding p-values will be provided.

CCI [redacted]

CCI

CCI

CCI [redacted]

[redacted]

[redacted]

[redacted]

- The proportion of subjects achieving both clinical remission by PRO2 and endoscopic response (combined into a single endpoint on a patient level) at Week 10
- CCI [redacted]
- CCI [redacted]
- CCI [redacted]
- CCI [redacted]
- CCI [redacted]

CCI [redacted]

- CCI [redacted]
- The proportion of subjects achieving both clinical remission by PRO2 and endoscopic response (combined into a single endpoint on a patient level) at Week 58
- CCI [redacted]
- CCI [redacted]
- CCI [redacted]
- CCI [redacted]
- CCI [redacted]
- CCI [redacted]

- CCI [redacted]

CCI [redacted]

CCI [redacted]

[redacted]

[redacted]

CCI [redacted]

[redacted]

[redacted]

CCI

CCI

CCI

CCI

CCI

CCI

CCI

CCI

CCI

CCI

CCI

6.5. Cohorts A and B End-of-Induction Analysis

After all subjects from Cohorts A and B have completed the Week 10 visit or have terminated prior to Week 10 (and completed post-treatment assessments, if applicable) and corresponding data entry is complete, an End-of-Induction safety and efficacy analysis will be performed for DMC review including cumulative safety analysis and efficacy analysis on primary endpoints. Gilead blinded statistical programmers will provide the unblinded external statistician, who is independent of Gilead and not a member of Gilead's Study Management Team, with the datasets and programs necessary to complete the analysis. The unblinded external statistician will apply the unblinded treatment codes to the datasets and generate the unblinded analysis results.

Both cohorts will be examined independently by the DMC:

Taking into account data in Cohort A and Cohort B, if ALL the following 4 criteria are met for BOTH cohorts, the DMC may recommend overall study discontinuation.

- 2-sided p-value for filgotinib 200 mg vs placebo comparison is larger than 0.05 on clinical remission by CDAI at Week 10
- 2-sided p-value for filgotinib 100 mg vs placebo comparison is larger than 0.05 on clinical remission by CDAI at Week 10
- 2-sided p-value for filgotinib 200 mg vs placebo comparison is larger than 0.05 on endoscopic response at Week 10
- 2-sided p-value for filgotinib 100 mg vs placebo comparison is larger than 0.05 on endoscopic response at Week 10

If the condition above is not met from either cohort, the DMC may recommend that the study continues without modification.

6.6. Change from Protocol-Specified Efficacy Analyses

CCI [redacted]

- CCI [redacted]
- CCI [redacted]
- CCI [redacted]

- CCI [redacted]
- CCI [redacted]

CCI [redacted]

Subgroup analyses as defined for the co-primary endpoints, were added for all secondary endpoints.

7. SAFETY ANALYSES

Unless otherwise specified, summaries of safety data will be provided for the Safety Analysis Set for Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study, and will include data collected as specified below:

Induction Studies (Cohorts A and B)

- No later than 30 days after the last dosing date of Induction Study, for subjects who did not take any study treatment from Maintenance Study, or
- On or before the first dosing date of Maintenance Study, for subjects who took any study treatment in Maintenance Study

Maintenance Study

- No later than 30 days after the last dosing date of Maintenance Study

7.1. Adverse Events and Deaths

7.1.1. Adverse Event Dictionary

Clinical and laboratory AEs will be coded using a current version of MedDRA. System organ class (SOC), high-level group term (HLGT), high-level term (HLT), preferred term (PT), and lower-level term (LLT) will be provided in the AE dataset.

7.1.2. Adverse Event Severity

The severity of AEs was grade using the modified Common Terminology Criteria for Adverse Events (CTCAE), version 4.03. For each episode, the highest grade attained should be reported. If a CTCAE criterion does not exist, the adverse events are graded by the investigator as Grade 1, 2, 3, 4, or 5 according to toxicity criteria specified in the protocol. The severity grade of events for which the investigator did not record severity will be categorized as “missing” for tabular summaries and data listings. The missing category will be listed last in the summary presentation.

7.1.3. Relationship of Adverse Events to Study Drug

Related AEs are those for which the investigator selected “Related” on the AE eCRF to the question of “Related to Study Treatment.” Relatedness will always reflect the investigator assessment of causality rather than the sponsor’s. Events for which the investigator did not record relationship to study drug will be considered related to study drug for summary purposes. However, by-subject data listings will show the relationship as missing.

7.1.4. Serious Adverse Events

Serious adverse events (SAEs) will be identified and captured as SAEs if AEs met the definitions of SAE specified in the study protocol. SAEs captured and stored in the clinical database will be reconciled with the safety database before data finalization.

7.1.5. Treatment-Emergent Adverse Events

7.1.5.1. Definition of Treatment-Emergent Adverse Events

Treatment-emergent adverse events (TEAEs) are defined as 1 or both of the following:

Induction Studies (Cohorts A and B)

- Any AEs with an onset date on or after the study drug start date for each Induction Study (Day 1) and
  - No later than 30 days after the last dosing date of Induction Study, for subjects who did not take any study treatment from Maintenance Study, or
  - Before the first dosing date of Maintenance Study, for subjects who took any study treatment in Maintenance Study
- Any AEs leading to premature discontinuation of Induction Study drug

Maintenance Study

- Any AEs with an onset date on or after the study drug start date for the Maintenance Study and no later than 30 days after last dosing date of Maintenance Study
- Any AEs leading to premature discontinuation of Maintenance Study drug

7.1.5.2. Incomplete Dates

If the onset date of the AE is incomplete and the AE stop date is not prior to the first dosing date of study drug, then the month and year (or year alone if month is not recorded) of onset determine whether an AE is treatment-emergent. For first dosing date and last dosing date defined for Induction Studies (Cohorts A and B) and Maintenance Study, please refer to Section 3.8.1. The event is considered treatment-emergent if both of the following 2 criteria are met:

Induction Studies (Cohorts A and B)

- The AE onset date is the same as or after the month and year (or year) of the first dosing date of study drug, and
- The AE onset date is the same as or before the month and year (or year) of the date corresponding to
  - 30 days after the last dosing date of Induction Study, for subjects who did not take any study treatment in Maintenance Study, or
  - The day before the first dosing date of Maintenance Study, for subjects who took any study treatment in Maintenance Study

Maintenance Study

- The AE onset date is the same as or after the month and year (or year) of the first dosing date of Maintenance Study, and
- The AE onset date is the same as or before the month and year (or year) of the date corresponding to 30 days after the last dosing date of Maintenance Study

An AE with completely missing onset and stop dates, or with the onset date missing and a stop date later than the first dosing date of study drug, will be considered to be treatment emergent. In addition, an AE with the onset date missing and an incomplete stop date with the same or later month and year (or year alone if month is not recorded) as the first dosing date of study drug will be considered treatment emergent.

7.1.6. Summaries of Adverse Events and Deaths

Treatment-emergent AEs will be summarized based on the Safety Analysis Set for Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study.

No formal statistical testing is planned.

7.1.6.1. Summaries of AE Incidence

The number and percentage of subjects who experienced at least 1 TEAE will be provided and summarized by SOC, HLT, PT, and treatment group. For other AEs described below, summaries will be provided by SOC, PT, and treatment group:

- TEAEs of Grade 3 or higher (by maximum severity)
- TEAEs of Grade 2 or higher (by maximum severity)
- All TE treatment-related AEs
- TE treatment-related AEs of Grade 3 or higher (by maximum severity)

- TE treatment-related AEs of Grade 2 or higher (by maximum severity)
- All TE SAEs
- All TE treatment-related SAEs
- All TEAEs leading to premature discontinuation of study drug
- All TEAEs leading to premature discontinuation of study
- All TE SAEs leading to death (ie, outcome of death)
- All TEAEs leading to temporary dose interruption of study drug

A brief, high-level summary of AEs described above will be provided by treatment group presenting the number and percentage of subjects who reported the above AEs. All deaths observed in the study will be also included in this summary.

Multiple events will be counted only once per subject in each summary. Adverse events will be summarized and listed first in alphabetic order of SOC and HLT within each SOC (if applicable), and then by PT in descending order of total frequency within each SOC. In addition, a summary of all AEs occurring at least 2% of subjects will be summarized by SOC and PT in order of descending frequency. For summaries by severity grade, the most severe grade will be used for those AEs that occurred more than once in an individual subject during the study.

In addition, the following tables will be generated and summarized by PT only, in descending order of total frequency:

- TEAEs
- TEAEs of Grade 3 or higher
- TEAEs of Grade 2 or higher
- TE SAEs
- TE treatment-related AEs
- TE treatment-related SAEs
- TEAEs leading to premature discontinuation of study drug

Data listings will be provided for the following:

- All AEs, indicating whether the event is treatment-emergent
- All AEs of Grade 3 or higher
- All AEs of Grade 2 or higher
- SAEs
- Deaths
- All AEs leading to death (ie, outcome of death)
- AEs leading to premature discontinuation of study drug
- AEs leading to premature discontinuation of study
- AEs leading to dose temporary interruption of study drug
- AEs related to COVID-19, as determined by the COVID-19 Standardised MedDRA Query (SMQ) narrow search

In addition, an XML file will be created to support EUDRACT reporting containing serious AEs, non-serious AEs and non-serious AEs occurring in at least 5% of subjects in at least one treatment arm, either at a system organ class level or at PT level (this XML file will be created in-house).

7.1.7. Adverse Events of Interest

Adverse events of interest (AEI) include infections, malignancies (excluding nonmelanoma skin cancers), nonmelanoma skin cancers, gastrointestinal perforations, major adverse cardiovascular events (MACE), and thromboembolic events. Summaries of the following treatment-emergent AEI will be produced to enhance the analysis of safety data.

- Events of infections, presented in the following subcategories:
  - AEs of infections, utilizing all AEs in the MedDRA Infections and Infestations SOC
  - AEs of serious infections, using all AEs in the MedDRA Infections and Infestations SOC that are classified as SAEs
  - AEs of herpes zoster, utilizing an MST list developed by the Sponsor
  - AEs of opportunistic infections (SMQ), utilizing a narrow scope PTs

- AEs of malignancies, excluding nonmelanoma skin cancers, utilizing an MST list developed by the Sponsor
- AEs of nonmelanoma skin cancers, utilizing an MST list developed by the Sponsor
- AEs of gastrointestinal perforations, utilizing an MST list developed by the Sponsor
- AEs of MACE, utilizing a positively adjudicated event list, presented in the following subcategories (Section 7.1.7.1):
  - Cardiovascular (CV) death
  - Non-fatal myocardial infarction (MI)
  - Non-fatal stroke
- AEs of arterial systemic thromboembolism (ASTE), utilizing a positively adjudicated event list (Section 7.1.7.1)
- AEs of venous thromboembolism (VTE), utilizing a positively adjudicated event list (Section 7.1.7.1)

A list of all AE PTs is provided in Appendix 9.

The number and percentage of subjects with a reported event will be summarized for each treatment group by PT for each AEI category. A data listing for each category of AEI will also be provided.

A by-subject listing for subjects with potential events for adjudication. For each AE, it will be described if the AE was adjudicated for a specific category (cardiovascular death, myocardial infarction, stroke, arterial systemic thromboembolism and venous thromboembolism) and their respective adjudication results (NA if not adjudicated for a specific category) will be provided.

A by-subject listing of thromboembolic history and risk factors will be provided for subjects with potential events for adjudication (MACE, ASTE, and VTE).

7.1.7.1. Cardiovascular Safety Endpoint Adjudication Committee

An independent cardiovascular safety endpoint adjudication committee (CVEAC) will be formed to periodically review and adjudicate all potential MACE and thromboembolic events in a blinded manner. To identify potential MACE and thromboembolic events, the following AEs will be sent for adjudication. Please refer to the Cardiovascular Event Adjudication Charter for more details.

- All AEs leading to death

- CV events (meeting seriousness criteria), utilizing an MST list developed by the Sponsor
- MI, utilizing a narrow scope SMQ
- Unstable angina (meeting hospitalization criteria), utilizing an MST list developed by the Sponsor
- Transient ischemic attack, utilizing an MST list developed by the Sponsor
- Stroke, utilizing an MST list developed by Sponsor
- Cardiac failure (meeting hospitalization criteria), utilizing an MST list developed by the Sponsor
- Percutaneous coronary intervention, utilizing an MST list developed by the Sponsor
- Embolic and thrombotic events, utilizing a narrow scope SMQ

The CVEAC will review the above AEs, and related clinical data to adjudicate whether the criteria for MACE (CV death, MI, and/or stroke), ASTE, and VTE have been met for each AE.

7.2. Laboratory Evaluations

Laboratory data collected during the study will be analyzed and summarized using both quantitative and qualitative methods. Summaries of laboratory data will be provided for the Safety Analysis Set for Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study.

The analysis will be based on values reported in conventional units. When values are below the LOQ, they will be listed as such, and the closest imputed value will be used for the purpose of calculating summary statistics as specified in Section 3.7. Test results from hemolyzed samples will not be included in the analysis, but they will be listed in by-subject laboratory listings.

A by-subject listing for laboratory test results will be provided by subject ID number and time point in chronological order for hematology, serum chemistry, urinalysis, lipid profile, and serum immunoglobulin separately. Values falling outside of the relevant reference range and/or having a severity grade of 1 or higher on the Common Terminology Criteria for Adverse Events (CTCAE) severity grade will be flagged in the data listings, as appropriate.

Hematocrit results collected from local laboratories due to COVID-19 impact will not be included in the safety laboratory summary but will be included in the listing with a flag to indicate which records were collected at local laboratories.

No formal statistical testing is planned.

7.2.1. Summaries of Numeric Laboratory Results

Descriptive statistics will be provided by treatment group for each laboratory test specified in the study protocol within hematology and chemistry panels, and also laboratory tests from lipids panel (under fasting status) including total cholesterol, low-density lipoprotein (LDL), high-density lipoprotein (HDL), triglycerides, non-HDL cholesterol (total cholesterol minus HDL cholesterol), LDL/HDL ratio, and total immunoglobulin (Ig), IgA, IgM, and IgG, as follows for each Induction Study:

- Baseline values
- Values at each postbaseline time point
- Change from baseline at each postbaseline time point

In addition, descriptive statistics for the laboratory tests described from above will be provided by treatment group for the Maintenance Study:

- maintenance baseline values
- Values at each postbaseline time point after maintenance baseline
- Change from maintenance baseline at each postbaseline time point after maintenance baseline

A baseline laboratory value will be defined as the last measurement obtained on or prior to the date of first dose of study drug. Change from baseline to a postbaseline visit will be defined as the visit value minus the baseline value. A maintenance baseline laboratory value will be defined as the last measurement obtained on or prior to the date of first dose of study drug for the Maintenance Study, and change from maintenance baseline will be defined as the visit value minus the maintenance baseline value. The mean, median, Q1, Q3, minimum, and maximum values will be displayed to the reported number of digits; SD values will be displayed to the reported number of digits plus 1.

Median (Q1, Q3) of the observed change from baseline (or maintenance baseline) values for aspartate aminotransferase (AST), alanine aminotransferase (ALT), total bilirubin, alkaline phosphatase, serum creatinine, creatinine clearance, creatine phosphokinase, white blood cell count, absolute neutrophils, absolute lymphocytes, hemoglobin, platelets, fasting total cholesterol, fasting LDL, fasting HDL, total Ig, IgG, IgA and IgM, will be plotted using a line plot by treatment group and visit.

In the case of multiple values in an analysis window, data will be selected for analysis as described in Section 3.8.3.

7.2.2. Graded Laboratory Values

Modified CTCAE 4.03 (see Appendix 6 of the protocol) will be used for assigning toxicity grades (0 to 4) to laboratory results for analysis. Grade 0 includes all values that do not meet the criteria for an abnormality of at least Grade 1. For laboratory tests with criteria for both increased and decreased levels, analyses for each direction (ie, increased, decreased) will be presented separately.

7.2.2.1. Treatment-Emergent Laboratory Abnormalities

Induction Studies (Cohorts A and B)

Treatment-emergent laboratory abnormalities are defined as values that increase at least 1 toxicity grade from baseline at any postbaseline time point, and

- No later than 30 days after the last dosing date of Induction Study, for subjects who did not take any study treatment from Maintenance Study, or
- On or before the first dosing date of Maintenance Study, for subjects who took any study treatment in Maintenance Study

Maintenance Study

Treatment-emergent laboratory abnormalities are defined as values that increase at least 1 toxicity grade from maintenance baseline at any post maintenance baseline time point after first dosing date of Maintenance Study, no later than 30 days after the last dosing date of Maintenance Study drug.

7.2.2.2. Treatment-Emergent Marked Laboratory Abnormalities

Induction Studies (Cohorts A and B)

Treatment-emergent marked laboratory abnormalities are defined as values that increase at least 3 toxicity grades from baseline at any postbaseline time point, and

- No later than 30 days after the last dosing date of Induction Study, for subjects who did not take any study treatment from the Maintenance Study, or
- On or before the first dosing date of Maintenance Study, for subjects who took any study treatment in the Maintenance Study

Maintenance Study

Treatment-emergent marked laboratory abnormalities are defined as values that increase at least 3 toxicity grades from maintenance baseline at any post maintenance baseline time point after the first dosing date of Maintenance Study, no later than 30 days after the last dosing date of Maintenance Study.

7.2.2.3. Summaries of Laboratory Abnormalities

Laboratory data that are categorical will be summarized using the number and percentage of subjects in the study with the given response at baseline and each scheduled postbaseline time point for Cohort A Induction Study, Cohort B Induction Study, and at maintenance baseline and each scheduled time point after maintenance baseline for Maintenance Study.

The following summaries (number and percentage of subjects) for treatment-emergent laboratory abnormalities will be provided by laboratory test and treatment group for Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study. Subjects will be categorized according to the most severe postbaseline abnormality grade for a given laboratory test:

- Graded laboratory abnormalities
- Grade 3 or higher laboratory abnormalities
- Marked laboratory abnormalities

For all summaries of laboratory abnormalities, the denominator is the number of subjects with nonmissing postbaseline values.

A by-subject listing of treatment-emergent Grade 3 or 4 laboratory abnormalities will be provided by subject ID number and time point in chronological order. This listing will include all test results that were collected throughout the study for the laboratory test of interest, with all applicable severity grades displayed.

7.2.3. Liver-Related Laboratory Evaluations

Liver-related abnormalities after initial study drug dosing will be examined and summarized using the number and percentage of subjects who were reported to have the following laboratory test values for postbaseline measurements for Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study:

- AST: (a) > 3 times of upper limit of the normal range (ULN); (b) > 5 × ULN; (c) > 10 × ULN; (d) > 20 × ULN
- ALT: (a) > 3 × ULN; (b) > 5 × ULN; (c) > 10 × ULN; (d) > 20 × ULN
- AST or ALT > 3 × ULN and total bilirubin > 2 × ULN

For individual laboratory tests, subjects will be counted once based on the most severe postbaseline values. For both the composite endpoint of AST or ALT and total bilirubin, subjects will be counted once when the criteria are met at the same postbaseline visit date. The denominator is the number of subjects in the Safety Analysis Set who have nonmissing postbaseline values of all relevant tests at the same postbaseline visit date. A listing of subjects who met at least 1 of the above criteria will be provided.

7.2.4. Complete Blood Count-Related Laboratory Evaluations

Complete blood count-related abnormalities such as anemia, leucopenia, neutropenia, lymphopenia, and thrombocytopenia after initial study drug dosing will be examined and summarized using the number and percentage of subjects who were reported to have the following laboratory test values for postbaseline measurements for Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study, respectively.

The list of laboratory tests to be examined is:

- Hemoglobin
- White blood cell count
- Absolute neutrophil count
- Lymphocyte count
- Platelet count

For each of the above laboratory test, the following will be summarized:

- Postbaseline worsening CTCAE grade from baseline
- Baseline value of less than Grade 3 and increase to Grade 3 or 4 at worst postbaseline
- Baseline value of less than Grade 3 and increase to Grade 4 at worst postbaseline

For Maintenance Study, maintenance baseline will be used in the summaries described above.

7.2.5. Shifts Relative to the Baseline Value

Shift tables will be presented by showing change in CTCAE grade for hemoglobin, platelet count, white blood cell count, absolute lymphocyte count, absolute neutrophils, triglycerides, and total cholesterol.

Shift tables will be presented by showing change in lab normal range (low, normal, and high) for hematocrit, absolute monocyte count, absolute eosinophil count, and absolute basophil count. In addition, shift tables for fasting LDL and HDL will be presented using the following National Cholesterol Education Program (NCEP) ATP III categories {National Cholesterol Education Program (NCEP) 2001}:

- For LDL (mg/dL): < 100, 100-129, 130-159, 160-189, and ≥ 190
- For HDL (mg/dL): < 40, ≥ 40 to < 60, and ≥ 60

In all shift tables, the number and proportion of subjects for each category of each laboratory result will be summarized by its baseline/maintenance baseline category for Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study.

For Induction Studies, shift tables will be presented for Week 10. For Maintenance Study, shift tables will be presented for Weeks 26 and 58.

7.3. Body Weight and Vital Signs

Descriptive statistics will be provided by treatment group for body weight, BMI and vital signs (resting blood pressure [systolic blood pressure and diastolic blood pressure], respiratory rate, pulse, and temperature) as follows for each Induction Study:

- Baseline value
- Values at each postbaseline time point
- Change from baseline at each postbaseline time point

In addition, descriptive statistics will be provided by treatment group for the Maintenance Study as follows:

- Maintenance baseline values
- Values at each time point after maintenance baseline
- Change from maintenance baseline at each time point after maintenance baseline

A baseline value will be defined as the last available value collected on or prior to the date of first dose of study drug. Change from baseline to a postbaseline visit will be defined as the postbaseline value minus the baseline value. A maintenance baseline value will be defined as the last measurement obtained on or prior to the date of first dose of study drug for the Maintenance Study, and change from maintenance baseline will be defined as the visit value minus the maintenance baseline value. Body weight and vital signs measured at unscheduled visits will be included for the baseline/maintenance baseline value selection.

In the case of multiple values in an analysis window, data will be selected for analysis as described in Section 3.8.3. No formal statistical testing is planned.

A by-subject listing of vital signs will be provided by subject ID number and time point in chronological order. Body weight, height, and BMI will be included in the vital signs listing, if space permits. If not, they will be provided separately.

Body weight results measured by subjects at home from virtual visits due to COVID-19 impact will not be included in the vital signs summary, but will be included in the listing with a flag to indicate which records were collected at home.

7.4. Prior and Concomitant Medications

Medications reported at screening and during the study will be coded using the current version of the World Health Organization (WHO) Drug dictionary.

7.4.1. Prior Medications

Prior medications are defined as any medication taken before a subject took the first dose of Induction Study drug for Induction Studies, and the first dose of Maintenance Study drug for Maintenance Study.

General prior and CD-specific prior medications will be summarized separately by preferred name using the number and percentage of subjects for each treatment group and overall. A subject reporting the same medication more than once will be counted only once when calculating the number and percentage of subjects who received that medication. The summary will be ordered by 2nd WHO ATC level and PT in descending overall frequency (for both ATC level and PT). For drugs with the same frequency, sorting will be done alphabetically.

For the purposes of analysis, any medication with a start date prior to the first dosing date of study drug will be included in the prior medication summary regardless of when the stop date is. If a partial start date is entered the medication will be considered prior unless the month and year (if day is missing) or year (if day and month are missing) of the start date are after the first dosing date. Medications with a completely missing start date will be included in the prior medication summary, unless otherwise specified.

Summaries will be based on the Safety Analysis Set for Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study. No formal statistical testing is planned.

7.4.2. Concomitant Medications

General concomitant and CD-specific concomitant medications are defined as medications taken while a subject took study drug. Use of concomitant medications will be summarized by 2nd WHO ATC level and preferred name using the number and percentage of subjects in descending overall frequency (for both ATC level and PT). For drugs with the same frequency, sorting will be done alphabetically. A subject reporting the same medication more than once will be counted only once when calculating the number and percentage of subjects who received that medication. The summary will be ordered by PT in descending overall frequency. For drugs with the same frequency, sorting will be done alphabetically.

First dosing date and last dosing date for Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study are defined in Section 3.8. For the purposes of analysis, any medication with a start date prior to or on the first dosing date of study drug and continued to take after the first dosing date, or started after the first dosing date but prior to or on the last dosing date of study drug will be considered concomitant medications. Medications started and stopped on the same day as the first dosing date or the last dosing date of study drug will also be considered concomitant. Medications with a stop date prior to the date of first dosing date of study drug or a start date after the last dosing date of study drug will be excluded from the concomitant

medication summary. If a partial stop date is entered, any medication with the month and year (if day is missing) or year (if day and month are missing) prior to the date of first study drug administration will be excluded from the concomitant medication summary. If a partial start date is entered, any medication with the month and year (if day is missing) or year (if day and month are missing) after the study drug stop date will be excluded from the concomitant medication summary. Medications with completely missing start and stop dates will be included in the concomitant medication summary, unless otherwise specified. Summaries will be based on the Safety Analysis Set. No formal statistical testing is planned.

All prior and concomitant medications (other than per-protocol study drugs) will be provided in a by-subject listing sorted by subject ID number and administration date in chronological order.

7.5. Electrocardiogram Results

A shift table of the investigators' assessment of ECG results at each visit compared with baseline (or maintenance baseline) values will be presented by treatment group for each Induction Study and Maintenance Study, using the following categories: normal; abnormal, not clinically significant; abnormal, clinically significant. The number and percentage of subjects in each cross-classification group of the shift table will be presented. Subjects with a missing value at baseline (or maintenance baseline) or postbaseline will not be included in the denominator for percentage calculation.

No formal statistical testing is planned.

A by-subject listing for ECG assessment results will be provided by subject ID number and time point in chronological order.

7.6. Other Safety Measures

A data listing will be provided for subjects who become pregnant during the study.

7.7. Changes from Protocol-Specified Safety Analyses

The following overall (Induction and Maintenance) safety analysis, indicated in the protocol, will not be conducted for this study. Details of the pooled analyses will be specified in the analysis plan for integrated safety summary.

Overall (Induction and Maintenance)

All safety data collected on or after the first dose of study drug administration for the entire study (Day 1) up to 30 days after permanent discontinuation of study drug will be summarized by treatment group according to the study drug received.

8. PHARMACOKINETIC ANALYSES

The pharmacokinetic analyses are detailed in the pharmacokinetic analysis plan (PKAP) (see appendix 10).

Additional PK analysis may be performed and exposure-response relationships may be explored.


CCI

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11. SOFTWARE

SAS® Software Version 9.4 (SAS Institute Inc., Cary, NC, USA) is to be used for all programming of tables, listings, and figures.

nQuery + nTerim Version 4.0 (Statistical Solutions, Cork, Ireland) was used for sample size and power calculation.

12. SAP REVISION

Revision Date (DD MMM YYYY)	Section	Summary of Revision	Reason for Revision
Original Final Draft (7 September 2016)			
Final Draft 0.2 (13 March 2019)	1.1, 1.2	Modified to include biologic-experienced subjects in cohort A	To be consistent with the most updated protocol
	1.3, 3.5	Modified multiple testing strategy to allow alpha recycling between the two tested filgotinib doses	To be consistent with the most updated protocol
	3.1	Modified definition for Per-Protocol Analysis Sets	To better conduct Per-Protocol analysis
	3, 7	Added Cohorts A and B pooled safety summary	To support safety evaluation of study drug across Induction Studies
	3, 7	Clarified overall safety summaries only include adverse events and laboratory abnormalities including data collected across Cohort A Induction Study, Cohort B Induction Study and Maintenance Study	To support safety evaluation of study drug across Induction and Maintenance Studies
	5	Modified the list of variables to be summarized in baseline characteristic tables	To provide better characterization of the investigated patient populations
	CCI	CCI [redacted]	To support the primary and secondary endpoints
	7	Clarified AEs of interest to be summarized	To better address safety concerns
	7	Added summary of complete blood count-related laboratory evaluations	To better address safety concerns
	Appendix 1	Updated Schedule of Assessments	To align with the most updated Protocol Amendment
	Global	Administrative and editorial changes have been made throughout the SAP, where appropriate	To improve clarity and consistency

Revision Date (DD MMM YYYY)	Section	Summary of Revision	Reason for Revision
Final Draft 0.3 (01 April 2021)	1.1, 1.2, 1.3, 6	Modified study objectives randomization stratification factors for Induction Cohort A and Maintenance Study, study power and some of the efficacy endpoints	To be consistent with the most updated protocol
	3.1.3, 7.1, 7.2	Deleted overall (Induction and Maintenance) safety analysis set and corresponding analysis for AE and laboratory results	To focus on the purpose of this SAP, which is to conduct analyses separately for each study (Induction Cohort A, Induction Cohort B, and Maintenance). Any details about pooled analyses will be specified in the analysis plan for the integration safety summary.
	3.5	Modified the alpha control strategy	To be consistent with the most updated protocol
	3.9, 4, 6.1.3, 7.2, 7.3, Appendix 7	Added assessment of COVID-19 impact	To better understand the COVID-19 impact on subject disposition and missing data
	4.2, 7	Deleted extent of study drug exposure and safety analysis for Cohorts A and B combined	To better streamline CSR process and will conduct these analyses in the integrated safety summary when appropriate
	6.1.1	Modified the LOCF method to impute the missing CDAI components by using only available values from two visits: most recent analysis visit or Induction baseline	To use a more conservative approach per FDA feedback
	6.1.2	Modified the imputation method for SES-CD by using the worst score	To use a more conservative and reasonable approach per FDA feedback
	6.2.3	Added estimands	To clearly state the strategy to handle intercurrent events
	6.2.4	Used stratum-adjusted proportion difference estimate and corresponding 95% CI instead of non-stratified proportion difference estimate and corresponding 95% CI	To be consistent with the way how the p-value is generated (stratified CMH test)
	6.3.3, 6.2.5	Deleted some imputation methods on missing data as sensitivity analyses	Some of these imputation methods are not the best strategies to handle intercurrent events in the estimands framework for the study
	6.5	Modified the criteria to stop the study based on End of Induction Analysis results	To be consistent with the most updated protocol
	6.5	Deleted the language regarding Gilead Executive team to review the End of Induction analysis results in parallel with DMC review	To better protect the integrity of the study data and reduce potential bias in final analysis
	7.1	Deleted subgroup analysis for adverse events	To better streamline CSR process and will conduct these analyses in the integrated safety summary when appropriate
	7.1.7	Added adverse event of interest for MACE, ASTE, and VTE based on positively adjudicated events by the cardiovascular safety endpoint adjudication committee	To be consistent with the most updated protocol

Revision Date (DD MMM YYYY)	Section	Summary of Revision	Reason for Revision
	Appendix 7 to 12	Deleted the list of preferred terms for each category of adverse events of interest in Appendix 7 to 12 in previous version	To reduce the burden to keep track of the list of preferred terms due to MedDRA up-versioning. The lists will be provided in the CSR.
	Appendix 7	Added appendix for determining missing and virtual visits due to COVID-19	To provide details of the determination algorithm
	Global	Administrative and editorial changes have been made throughout the SAP, where appropriate	To improve clarity and consistency
Version 1.0 (07 February 2022)	3.8.3	Added the data handling rule for shift tables in safety endpoints	To use a conservative rule for shift tables in safety endpoints
	4.1	Added key study dates table	To provide information for the clinical study report
	4.5	Added overall assessment of COVID-19 impact	To address the overall COVID-19 impact at subject level
	5.2	Added summary of each abdominal pain subscore	To better assess the baseline characteristics of the analysis population
	5.2	Added the number of available segments with SES-CD score for Maintenance study	In response to comments from FDA
	6.2.4	Added summary of the number of available segments with SES-CD score at Induction baseline and post Induction baseline, and change from Induction baseline	In response to comments from FDA
	6.2.5	Added tipping point analysis as a sensitivity analysis for the primary endpoints	To assess the robustness of analysis result under the MNAR (missing not at random) assumption.
	CCI [redacted]	CCI [redacted]	CCI [redacted]
	Appendix 8	Added the SAS programming for the tipping point analysis for binary endpoint	To provide clear guidance on the tipping point analysis
	Global	Editorial changes or clarification languages have been provided throughout the SAP, where appropriate	To improve clarity and consistency
Version 2.0 (xx January 2022)	Global	This SAP is a combination of the SAP for submission within EU and the SAP for submission outside EU. Objectives for both regions and corresponding analyses methods are combined in this SAP	To have one SAP covering all regions
	3.4 and 6.2.7	Add subgroups for key secondary endpoints in addition to the co-primary endpoints	To further explore consistency of the results

Revision Date (DD MMM YYYY)	Section	Summary of Revision	Reason for Revision
	3.8.2	Gaps between analyses visit windows were removed by extending the windows	To make sure all data is included in the analyses
	4.2.1	Improved on the calculation of extent of exposure	To cover all possible scenarios of (partially) missing data
	4.2.2	Modified the calculation of treatment adherence + modified the treatment adherence categories	To be able to summarize overdoses
	4.3	Removed tabulation of minor protocol deviations	Because the database will not allow this summary
	4.5 7.1.6	Remove overall assessment of COVID-19 pandemic impact Added a listing on the COVID-19 related AEs	To avoid duplication in the listings. All aspects of the removed listing were covered in other more detailed listings, except for the COVID-19 AEs, for which a listing was added in section 7.1.6
	5.2	Add additional categories for baseline prednisone equivalent dose	To better characterize baseline prednisone equivalent dose
	6.2.5.4	Added a cross-tabulation of CDAI remission and SES-CD response at Week 58 versus Week 10	Not all subjects entering the Maintenance study achieved CDAI remission. The cross-tabulation was added to explore those subjects
	6.2.7	- Added subgroup for prior exposure to biologic agents in Cohorts A and B combined - subgroup on number of prior exposure combined categories with low numbers for Cohort A	- Cohort A includes both subjects with and without prior experience to biologic agents. Cohort B only has subjects with prior exposure. Therefore, the best comparison between those with and without treatment experience is the comparison combining both Cohorts. - To avoid subgroups with very low numbers
	6.6	Updated to include all changes to protocol-specific efficacy analyses	Because the list was incomplete
	7.1.6	- Added a summary of AEs with pre-specified cut-off - added a listing for COVID-19 related AEs	- To streamline CSR writing (table with cut-off in the body of the CSR and the complete table in the CSR appendices) - to describe all aspects of the pandemic
	7.4	Change the sorting order of prior and concomitant therapies	To streamline CSR writing
	8 Appendix 10	- Description of PK analyses replaced by the PKAP in appendix 10 - Additional PK parameters were added	- To allow for a better flow of the SAP - To characterize the pharmacokinetics in more detail
	Appendix 9	Add the list of preferred terms based on the latest MeDRA version	Even though previously removed to reduce the burden of updating the list with each MedDRA up-versioning, it was decided to put the lists back in based on the latest MedDRA version.
	Global	The EU-specific SAP and the SAP for non-EU submission were combined into 1 SAP	To have 1 SAP covering all submissions

Revision Date (DD MMM YYYY)	Section	Summary of Revision	Reason for Revision
	Global	Editorial changes or clarification languages have been provided throughout the SAP, where appropriate	To improve clarity and consistency

13. APPENDIX

Appendix 1. Schedule of Assessments

Period	Screen	Treatment																			Follow-Up	
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**PTx[a]**	**ET**
Week		**0**	**2**	**4**	**6**	**10**	**11**	**14**	**17**	**20**	**23**	**26**	**30**	**34**	**38**	**42**	**46**	**50**	**54**	**58**		
Study Day	**-30 to -1**	**1**	**15**	**29**	**43**	**71**	**78**	**99**	**120**	**141**	**162**	**183**	**211**	**239**	**267**	**295**	**323**	**351**	**379**	**407**		
Visit Window (±)			**±3**	**±3**	**±3**	**±2**	**±3**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±3**	**±3**	
Written Informed Consent	X																					
Medical History & Demographics	X																					
Crohn's Disease & Treatment History	X																					
12-lead ECG	X					X						X								X		X[b]
Review of Inclusion/ Exclusion Criteria	X	X																				
Complete Physical Exam[c]	X																					
Symptom-directed Exam[c] (as needed)		X	X	X	X	X	X	X		X		X		X		X		X		X	X	X
Vital Signs	X	X	X	X	X	X	X	X		X		X		X		X		X		X	X	X
Height	X																					
Weight	X	X	X	X	X	X		X		X		X		X		X		X		X	X	X
Adverse Events	X	X	X	X	X	X	X	X		X		X		X		X		X		X	X	X
Concomitant Medications	X	X	X	X	X	X	X	X		X		X		X		X		X		X	X	X
Randomization		X					X															

Period	**Screen**	**Treatment**																			**Follow-Up**	
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**PTx[a]**	**ET**
Week		**0**	**2**	**4**	**6**	**10**	**11**	**14**	**17**	**20**	**23**	**26**	**30**	**34**	**38**	**42**	**46**	**50**	**54**	**58**		
Study Day	**-30 to -1**	**1**	**15**	**29**	**43**	**71**	**78**	**99**	**120**	**141**	**162**	**183**	**211**	**239**	**267**	**295**	**323**	**351**	**379**	**407**		
Visit Window (±)			**±3**	**±3**	**±3**	**±2**	**±3**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±3**	**±3**	
Study Drug Dispensing		X		X			X	X		X		X		X		X		X				
Ileocolonoscopy (with Biopsies)[d]	X					X														X		
Local Endoscopic Assessment[e]	X					X														X		
SES-CD	X					X														X		
CDAI[f]	X		X	X	X	X		X		X		X		X		X		X		X		X
PRO2[f]	X		X	X	X	X		X		X		X		X		X		X		X		X
Abdominal pain assessment[g]	X	X	X	X	X	X		X		X		X		X		X		X		X		X
Anchor Questions	X																					
Patient Global Impression Scales[h]		X				X														X		
eDiary instruction & review[i]	X	X	X	X	X	X	X	X		X		X		X		X		X		X		
Stool for *C. diff* toxin, pathogenic *E. coli*, *Salmonella* spp, *Shigella* spp, *Campylobacter* spp or *Yersinia* spp testing [j]	X																					

Period	Screen	Treatment																			Follow-Up	
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**PTx[a]**	**ET**
Week		**0**	**2**	**4**	**6**	**10**	**11**	**14**	**17**	**20**	**23**	**26**	**30**	**34**	**38**	**42**	**46**	**50**	**54**	**58**		
Study Day	**-30 to -1**	**1**	**15**	**29**	**43**	**71**	**78**	**99**	**120**	**141**	**162**	**183**	**211**	**239**	**267**	**295**	**323**	**351**	**379**	**407**		
Visit Window (±)			**±3**	**±3**	**±3**	**±2**	**±3**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±3**	**±3**	
Stool O&P[j]	X																					
CCI																						
Urine drug screen[k]	X																					
Urinalysis	X	X				X														X		
Pregnancy Test[l]	X	X		X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TB[m]	X																					
Chest x-ray [n]	X																					
HBV, HCV, HIV screening[o]	X																					
HBV DNA monitoring (Japan)[p]				X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
HBV DNA monitoring (other regions)[p]						X				X				X				X		X		
Hematology	X	X	X	X	X	X		X		X		X		X		X		X		X	X	X
Chemistry	X	X	X	X	X	X		X		X		X		X		X		X		X	X	X
Lipid profile (fasting)[q]		X				X						X								X		X
CCI																						

Period	Screen	Treatment																			Follow-Up	
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**PTx[a]**	**ET**
Week		**0**	**2**	**4**	**6**	**10**	**11**	**14**	**17**	**20**	**23**	**26**	**30**	**34**	**38**	**42**	**46**	**50**	**54**	**58**		
Study Day	**-30 to -1**	**1**	**15**	**29**	**43**	**71**	**78**	**99**	**120**	**141**	**162**	**183**	**211**	**239**	**267**	**295**	**323**	**351**	**379**	**407**		
Visit Window (±)			**±3**	**±3**	**±3**	**±2**	**±3**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±5**	**±3**	**±3**	
Serum immunoglobulin		X		X		X						X								X	X	X
Blood TCR/BCR repertoire sample[rp]		X		X		X						X								X		
CCI																						
PK collection (sparse) [s]				X		X						X								X		
CCI																						
PK substudy[u]				X																		
CCI																						

a. The Post-Treatment (PTx) visit should occur 30 days after the last dose of study drug. Only subjects who roll over into the LTE study (GS-US-419-3896/GLPG0634-CL-310) will not complete PTx assessments.
b. For subjects who terminate prior to Week 10.
c. A complete physical examination (PE) including, vital signs, body weight, and height will be performed at screening. A symptom directed PE may be done at other time points.
d. Once a subject meets all other eligibility criteria (centrally calculated CDAI, PRO2 and labs), perform the screening full video ileocolonoscopy with biopsies within 14 days prior to Day 1 visit.
e. The investigator (ie local endoscopist) may enter endoscopic assessment data based on the SES-CD in the eCRF (see Appendix 5). The locally read SES-CD score may not be used for eligibility or assessing endoscopic response for primary efficacy analysis, and it is not a substitute for the centrally read score. CCI [redacted]
f. The screening CDAI will be used to determine subject eligibility for the study on Day 1. The CDAI patient reported outcomes of stool frequency and abdominal pain will be used to derive the PRO2 score.
g. CCI [redacted]
h. Patient global impression change (PGI-C) should be assessed at Weeks 10 and 58 only. Patient global impression of severity (PGI-S) should be assessed at Day 1, Weeks 10 and 58.
i. Subjects should begin filling out the e-Diary the day of their initial screening visit and continue to fill it out throughout the remainder of the study.
j. Stool samples should be collected to rule out infectious causes when disease worsens.
k. Positive cocaine test disqualifies subject; positive amphetamines, barbiturates, benzodiazepines, and opioids require medical monitor review.
l. All females meeting the childbearing potential criteria must have a serum pregnancy testing at screening and a urine pregnancy test must be completed in clinic every 4 weeks at a minimum. If any pregnancy test is positive, study drug should be immediately interrupted and the subject should have a serum pregnancy test in clinic.
m. Proof of no active or untreated latent TB at screening. Subjects who are diagnosed with latent TB at screening must initiate an adequate course of prophylaxis as per local standard of care for a minimum of 4 weeks prior to randomization. Subject may initiate study drug dosing only after consultation with the medical monitor.
n. Chest x-ray (views as per local guidelines) taken at screening or within the 3 months prior to screening (with the report or films available for investigator review) without evidence of active or latent TB infection
o. Hepatitis B surface Ag, surface Ab and core Ab, reflex HBV DNA, Hepatitis C Ab, reflex HCV RNA, HIV Ag/Ab, reflex HIV 1/2 Ab at Screening (Protocol Section 6.2.1).
p. In Japan, subjects with negative HBsAg, positive HBcAb and/or positive HBsAb at Screening require HBV DNA monitoring every 4 weeks in accordance with local guidelines (Protocol Section 6.2.1). In other regions, subjects with negative HBsAg and positive HBcAb require HBV DNA monitoring every 3 months in accordance with local guidelines (Protocol Section 6.2.1)
q. Fasting means no food or drink, except water, for 8 hours
r. TCR: T-cell receptor; BCR: B-cell receptor.
s. This PK sample at Weeks 10 and 58 are collected at pre-dose (within 2 hours prior to dosing). The PK sample at Week 4 is collected post-dose dose (at least 30 minutes and up to 3 hours after study drug dosing . For this visit, it is preferred that study drug dosing is in clinic. The PK sample at Week 26 can be collected at any time without regard to dosing. For these visits, the time of dose taken on the day of and the dose taken prior to the PK sample being drawn will be noted in the eCRF.
t. CCI [redacted]
u. Subjects who consent to optional PK substudy will have an additional plasma PK sample at any single visit from Week 2 to 10, collected pre-dose and at 0.5, 1, 2, 3, 4 and 6 hours after supervised dosing in the clinic. For all visits with PK sampling, the time of dose taken prior to and on the day of visit will be noted in the eCRF
v. CCI [redacted]
CCI [redacted]

Appendix 2. List of Biologics for CD Treatment

The drug names of biologics considered as CD treatment are listed below.

No.	Drug Class	Drug Name
1	TNF-α antagonist	Adalimumab
2	TNF-α antagonist	Certolizumab/Certolizumab Pegol
3	TNF-α antagonist	Infliximab
4	TNF-α antagonist	TNF-α antagonist biosimilar (to adalimumab, Certolizumab/Certolizumab Pegol, or infliximab)
5	Integrin antagonist	Natalizumab
6	Integrin antagonist	Vedolizumab
7	Interleukin antagonist	Ustekinumab

Appendix 3. Crohn's Disease Activity Index (CDAI) and Patient Reported Outcomes – 2 items (PRO2)

The total CDAI score is a weighted sum of all 8 variables as specified in Table 13-1, and the PRO2 scores will be assessed according to Table 13-2 and Table 13-3. Details for the calculations of CDAI and PRO2 scores at screening and post-screening visits are provided in this appendix.

Table 13-1. Calculation of Total CDAI Score

Variable no.	Variable	Variable description	Multiplier
1	Liquid or very soft stool	Daily stool count is summed for 7 days	2
2	Abdominal pain	Sum of 7 days of daily ratings as 0 = none, 1 = mild, 2 = moderate, 3 = severe	5
3	General wellbeing	Sum of 7 days of daily ratings as 0 = generally well, 1 = slightly below par, 2 = poor, 3 = very poor, 4 = terrible	7
4	Complications	Number of listed complications: - Arthritis or arthralgia - Erythema nodosum, pyoderma gangrenosum or apthous stomatitis - Iritis or uveitis - Anal fissures or fistulae or abscess - Other fistula - Fever over 37.8 C [100 F] during past week	20 each
5	Use of anti-diarrheal medications	Use of diphenoxylate or loperamide or other opiate for diarrhea 0 = No, 1 = Yes	30
6	Abdominal mass	0 = none, 2 = questionable, 5 = definite	10
7	Hematocrit*	Males: 47 – Hct [%] Females: 42 – Hct [%] *Result must be greater than or equal to 0. If negative result enter 0	6 × difference
8	Weight*	Percentage deviation from standard weight (1 – weight / standard weight) × 100 *Limit of -10 (Result must be greater than or equal to -10)	1
CDAI score			TOTAL

CDAI = Crohn's Disease Activity Index; Hct = hematocrit
{Sandborn 2002}

Table 13-2. Calculation of PRO2 Components

Variable no.	Variable	Variable Description
1	Liquid or very soft stool	**Mean** of the daily (liquid or very soft) stool count for 7 days
2	Abdominal pain	**Mean** of 7 days of daily ratings as 0 = none, 1 = mild, 2 = moderate, 3 = severe

{Khanna 2015}
Each PRO2 subscore will be rounded to the nearest integer (eg, 2) in the determination of subject eligibility for the study and calculation of endpoints.

Table 13-3. Calculation of Total PRO2 score

Variable no.	Variable	Variable Description	Multiplier
1	Liquid or very soft stool	**Mean** of the daily (liquid or very soft) stool count for 7 days	2
2	Abdominal pain	**Mean** of 7 days of daily ratings as 0 = none, 1 = mild, 2 = moderate, 3 = severe	5
Total PRO2 scoreg			**TOTAL**

{Khanna 2015}

The 3 patient-reported outcome components for CDAI (and each subscore for PRO2) are determined using an electronic daily diary, which collects subject reported components directly. Given that the ileocolonoscopy procedure (including protocol-directed and non-protocol-directed procedures) may impact the validity of the diary data, diary data collected 1 day prior to and on the day of the procedure will not be used in the calculation of CDAI and PRO2 subscores for all visits. Those days are called non-evaluable days.

Calculation of CDAI and PRO2 Scores at Screening

Ileocolonoscopy is required to be performed during screening. The calculations of CDAI and PRO2 at screening are specified below:

1) Define T-Day 1 = subject activation date on the electronic diary device during screening

2) Define a 10-day window using T-Day 1 as the anchor date, and the window starts the day after T-Day 1 and ends 10 days after T-Day 1.

3) For each CDAI patient-reported outcome component, if there are 7 or more evaluable records within the 10-day window, take the **sum** of the 7 evaluable records closest to T-Day 1. For

each PRO2 component, take the **average** of the 7 evaluable records within the 10-day window closest to T-Day 1.

a) If there are 4 or more (but less than 7) evaluable records within this 10-day window, the average of the available records will be taken, and then multiplied by 7 for the corresponding CDAI patient-reported component. For the corresponding PRO2 component, the average of the available records will be taken.

b) If subjects do not have at least 4 evaluable records within this 10-day window, the corresponding CDAI patient-reported component and PRO2 component will not be calculated and will be considered as missing.

A schema of this approach and some examples are included below for further illustration:

Figure 13-1. Selection of Diary Data for the Calculation at Screening

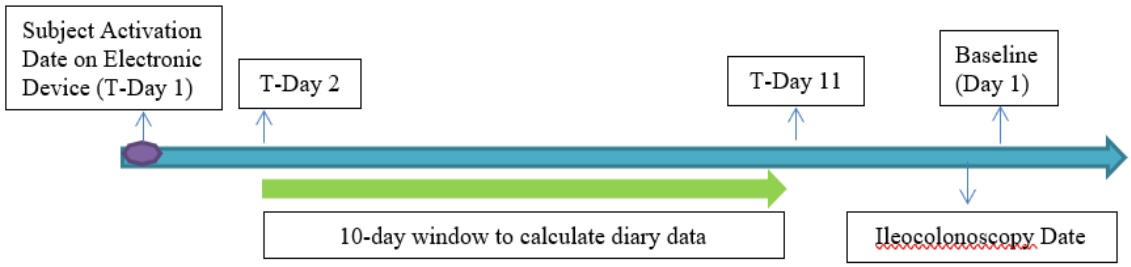

Table 13-4. Calculation of CDAI Patient-Reported Outcome Components and PRO2 Scores at Screening

Example	Diary Day Looking Forward from subject activation date (T-Day)										Days for Calculation	Sum of 7 Days (CDAI Patient-Reported Component)	Average of 7 Days (PRO2)
	2	3	4	5	6	7	8	9	10	11			
Diary Subscore 1	1	2	M	1	2	2	M	0	1	2	2,3,5,6,7,9,10	9.0	1.3
Diary Subscore 2	M	M	1	M	2	1	M	2	M	M	4,6,7,9	10.5	1.5
Diary Subscore 3	2	M	M	0	M	2	M	M	M	M	2,5,7	Missing	Missing
Diary Subscore 4	1	2	1	1	X	IL	3	3	1	2	2,3,4,5,8,9,10	12.0	1.7

M = Missing. IL = Ileocolonoscopy day; X = non-evaluable (due to preparation for ileocolonoscopy).
Days are named relative to subject activation date on electronic diary device during screening (T-Day 1). Rounding of subscores into one decimal place is for displaying purpose only. When calculating the total CDAI scores, the subscores will not be rounded.

4) For the non-diary components (ie, complications, use of anti-diarrheal medications, abdominal mass, hematocrit, and weight) of the CDAI, in the case of multiple records collected during screening, the value collected on the same date as T-Day 1 will be used; otherwise, the earliest valid value during screening (for re-screened subjects, most recent screening period will be used first before using previous screening period) will be used. If no valid value is available during screening, then the value on Day 1 will be used.

5) The CDAI total score at screening is based on a weighted sum (rounded to the nearest integer) of all 8 components (no rounding applied to the subscore for each component when calculating the CDAI total score, but the subscore will be displayed with one decimal place for displaying purpose). The weight (multiplier) of each component is specified in Table 13-1. For example, if the sum of the 7-day scores for abdominal pain is 10, then the abdominal pain CDAI subscore is 10 x 5 = 50, where 5 is the multiplier for abdominal pain. The CDAI total score will be set to 0 in the case the calculation leads to a CDAI total score of < 0.

6) The PRO2 subscores at screening are based on the calculation of liquid or very soft stool frequency and abdominal pain subscores individually (rounded to the nearest integer).

Calculation of CDAI and PRO2 Scores at Post-Screening Visits

The calculations of CDAI and PRO2 scores at post-screening visits are specified below:

1) CDAI and PRO2 are not assessed on Day 1 and Week 11 by the study sites, but for baseline (or maintenance baseline) summary purpose, the PRO2 subscore and Total PRO2 score will be calculated for Day 1 and Week 11. Both screening and Day 1 values will be considered for the derivation of Induction baseline for PRO2 subscores and total PRO2 score. Similarly, both Weeks 10 and 11 values will be considered for the derivation of maintenance baseline for PRO2 subscores and total PRO2 score. CDAI at Day 1 and Week 11 will not be calculated, and CDAI at screening will be Induction baseline, and at Week 10 will be maintenance baseline.

2) The visit date will be used as the anchor day for post-screening visits. The visit date for each analysis visit will be selected among all scheduled visits and unscheduled visits where CDAI were assessed within the analysis window as defined in Section 3.8.2. For Day 1, the date of visit from the nominal visit Day 1 will be used. Only diary data collected on evaluable days within a 10-day window which starts 10 days prior to the visit date (V-Day 1) and ends on the day prior to V-Day 1 will be used for calculation.

3) If there are 7 or more evaluate records within the 10-day window, take the **sum** of the 7 evaluable records closest to V-Day 1 for the corresponding CDAI subject-reported component. For the corresponding PRO2 component, take the **average** of the 7 evaluable records within the 10-day window closest to V-Day 1.

    a) If there are 4 or more (but less than 7) evaluable records within this 10-day window, the average of the available records will be taken, and then multiplied by 7 for the corresponding CDAI patient-reported component. For the corresponding PRO2 component, the average of the available records will be taken.

    b) If subjects do not have at least 4 evaluable records within this 10-day window, the corresponding CDAI patient-reported component, and the corresponding PRO2 component will not be calculated and will be considered as missing for that visit.

A schema of this approach and some examples are included below for further explanation:

Figure 13-2. Selection of Diary Data for the Calculation at Post-Screening Visits

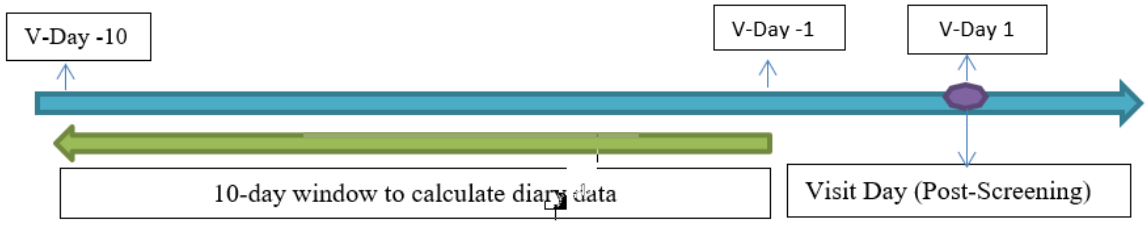

Table 13-5. Calculation of CDAI Patient-Reported Outcome Components and PRO2 Scores at Post-Screening Visits

Example	Diary Day Looking Backwards from Visit Date (V-Day)										Days for Calculation	Sum of 7 Days (CDAI Patient-Reported Component)	Average of 7 Days (PRO2)
	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1			
Diary Subscore 1	1	2	2	M	0	1	2	2	1	X	-2,-3,-4,-5,-6,-8,-9	10.0	1.4
Diary Subscore 2	M	M	1	M	X	IL	2	2	1	M	-2,-3,-4, -8	10.5	1.5
Diary Subscore 3	M	M	1	X	IL	M	M	2	1	M	-2,-3,-8	Missing	Missing
Diary Subscore 4	0	M	2	2	1	0	M	2	X	IL	-3,-5,-6,-7,-8,-10	8.2	1.2

M = Missing; IL = Ileocolonoscopy day; X = non-evaluable (due to preparation for ileocolonoscopy).
Days are named relative to visit date (V-Day 1), where V-Day -1 is the day prior to V-Day 1.
Rounding of subscores into one decimal place is for displaying purpose only. When calculating the total CDAI scores, the subscores will not be rounded.

4) The CDAI total score for a specific visit is based on a weighted sum (rounded to the nearest integer) of all 8 components. The CDAI total score will be set to 0 in the case the calculation leads to a CDAI total score of < 0. Each component will be selected within the analysis window as defined in

5) If subjects have 3 or more of the 8 CDAI components missing, then the subjects will be considered as having insufficient data to determine response status and their total CDAI score will be considered missing. If at least 1 out of the 6 complications under the complication component is missing, then the complication component will be considered missing.

a) If subjects have 1 or 2 CDAI components missing, then the missing component will be imputed by the LOCF method using the previous valid component score calculated from the most recent analysis visit (ie, use the component score from Week 6 for missing component at Week 10, or use the component score from Week 50 for missing component at Week 58. Scores from other post Induction baseline visits will not be used). If the component score from the most recent analysis visit is also missing, the missing value will be imputed with the corresponding component score at Induction baseline.

   The PRO2 subscores for a specific visit are based on the evaluation of liquid or very soft stool frequency and abdominal pain subscores individually (rounded to the nearest integer) within the analysis window as defined in Section 3.8.2. If either subscore is missing, no imputation will be done and the subject will be considered as having insufficient data to determine clinical remission status and treated as not meeting clinical remission.

6) The total PRO2 score for a specific visit is the sum (rounded to the nearest integer) of liquid or very soft stool subscore (without rounding) × 2 and abdominal pain subscore (without rounding) × 5 within the analysis window as defined in Section 3.8.2. If either subscore is missing, no imputation will be done, and the subject will be considered as having insufficient data to determine clinical remission status and treated as not meeting clinical remission by total PRO2 score.

Source of Information Used for Calculation

The sources of information used for the calculations of CDAI and PRO2 subscores and total PRO2 score as described above are given in Table 13-6 (the calculated scores from ERT data will not be used for data analysis). Hematocrit results collected from local laboratories and body weight measured at home due to COVID-19 impact will be used in CDAI calculation.

Table 13-6. Sources of Information for Calculating CDAI and PRO2 Scores

Variable in Calculation	Data Source
Ileocolonoscopy Procedure Date	ILEODAT in ILEO dataset from eCRF data for Screening, Week 10 and Week 58; QSTEST = "Date of Colonoscopy" in CDAI dataset from vendor ERT data for the rest of the visits
Visit Date	VISITDAT in VISDT dataset from eCRF data
Subject Activation Date on Electronic Device	QSORRES in CDAI dataset with QSTEST="Date of Visit" and Visit="Screening" from vendor ERT data
Stool Frequency Diary Data	QSSTRESN in DIARY dataset with QSTESTCD="SOFSTOOL" from vendor ERT data
Abdominal Pain Diary Data	QSSTRESN in DIARY dataset with QSTESTCD="ABDPAIN" from vendor ERT data
Subject Standard Weight	SEX_STD in DM dataset and HEIGHT_STD in VSPERF dataset from eCRF data will be used to determine the standard weight based on Appendix 4.
Subject Actual Weight	WEIGHT_STD in VSPERF dataset from eCRF data
Hematocrit Value	CNVRESN in COVLAB dataset with LBTEST="Hematocrit" from vendor Covance data or LBORRES in LB_HEM dataset with LBTEST="Hematocrit" from eCRF data if collected in local laboratory due to COVID-19 impact

Note: eCRF = electronic case report form(s). ERT is the vendor that electronically collects patient and investigator reported outcomes.

Appendix 4. Calculation of Standard Body Weight

The following table will be used to determine the standard body weight for each subject. Height from the eCRF will be used and is assumed to be measured without shoes.

Women			
Height in *cm* (in shoes)*	**Standard Weight in *kg***	**Height in *cm* (in shoes)***	**Standard Weight in *kg***
127	41.2	163	60.2
128	41.7	164	60.7
129	42.3	165	61.3
130	42.8	166	61.9
131	43.3	167	62.4
132	43.8	168	62.9
133	44.4	169	63.4
134	44.9	170	63.9
135	45.4	171	64.5
136	45.9	172	65.0
137	46.4	173	65.5
138	47.0	174	66.0
139	47.5	175	66.6
140	48.0	176	67.2
141	48.6	177	67.7
142	49.1	178	68.3
143	49.6	179	68.8
144	50.2	180	69.3
145	50.7	181	69.8
146	51.2	182	70.3
147	51.8	183	70.8
148	52.3	184	71.3
149	52.8	185	71.8
150	53.1	186	72.3
151	54.1	187	72.8
152	54.5	188	73.3
153	55.0	189	73.8
154	55.4	190	74.3
155	55.9	191	74.9
156	56.4	192	75.4
157	57.0	193	76.0
158	57.5	194	76.5
159	58.1	195	77.0
160	58.6	196	77.6
161	59.1	197	78.1

162	59.6	198	78.6

* add 2.0 cm if shoeless. Please round height to a whole number and select the appropriate standard weight (eg, height 157.4 cm will be rounded to 157 cm; 157.5 cm will be rounded to 158 cm.)

Men			
Height in *cm* (in shoes)*	**Standard Weight in *kg***	**Height in *cm* (in shoes)***	**Standard Weight in *kg***
142	54.4	179	71.9
143	54.9	180	72.4
144	55.4	181	73.0
145	55.8	182	73.6
146	56.3	183	74.3
147	56.8	184	74.8
148	57.2	185	75.5
149	57.7	186	76.2
150	58.2	187	76.9
151	58.6	188	77.6
152	59.1	189	78.2
153	59.6	190	78.8
154	60.0	191	79.6
155	60.5	192	80.4
156	61.0	193	81.2
157	61.4	194	82.1
158	61.9	195	82.9
159	62.2	196	83.8
160	62.6	197	84.7
161	62.9	198	85.4
162	63.3	199	86.1
163	63.7	200	86.7
164	64.1	201	87.4
165	64.6	202	88.0
166	65.0	203	88.8
167	65.5	204	89.4
168	66.0	205	90.1
169	66.6	206	90.7
170	67.1	207	91.4
171	67.6	208	92.1
172	68.1	209	92.7
173	68.7	210	93.4
174	69.2	211	94.1
175	69.7	212	94.8

176	70.3	213	95.5
177	70.8	214	96.1
178	71.3		

* add 2.0 cm if shoeless. Please round height to a whole number and select the appropriate standard weight (eg, height 157.4 cm will be rounded to 157 cm; 157.5 cm will be rounded to 158 cm.)

Appendix 5. Simple Endoscopic Score for Crohn's Disease (SES-CD)

Variables	Score			
	0	**1**	**2**	**3**
Size of ulcers (cm)	None	Aphthous ulcers (diameter 0.1-0.5)	Large ulcers (diameter 0.5-2)	Very large ulcers (diameter > 2)
Ulcerated Surface (%)	None	< 10	10-30	> 30
Affected surface (%)	Unaffected segment	< 50	50-75	> 75
Presence of narrowings	None	Single, can be passed	Multiple, can be passed	Cannot be passed

Total SES-CD: sum of the values of the 4 variables for the 5 bowel segments. Values are given to each variable and for every examined bowel segment (eg, rectum, left colon, transverse colon, right colon, and ileum)
{Daperno 2004}

Appendix 6. Study Treatment Failure Rules

Study treatment failure rules apply to treatment failure that occurs during the course of the study. Study treatment failure rules will be applied to all efficacy endpoints, unless otherwise specified. All efficacy data will be censored (set to missing) after treatment failure criteria are met, regardless of the observed data. Subjects who do not have sufficient measurements after censoring to determine the dichotomized endpoint(s) will be considered non-responder for corresponding endpoint(s). Study treatment failure rules override other data handling rules.

Subjects who have any of the following events will be considered a study treatment failure after the earliest event through the end of the Induction Study (if the event occurred during Induction) or through the end of the Maintenance Study (if the event occurred during Maintenance), regardless of the actual efficacy data collected. Induction baseline will be referenced when calculating the potentially effective use for Induction Studies, and Maintenance baseline will be referenced when calculating the potentially effective use for Maintenance Study.

1) Potentially effective corticosteroid use

Potentially effective corticosteroids, for the purpose of this SAP, are corticosteroids that may impact the disease under study. **Potentially effective corticosteroids** include the following corticosteroids when administered for the indication of CD:

a) Commencement of:

Any steroid administered intramuscularly (IM), intravenously (IV), orally (PO), or rectally (PR) at any dose for 7 or more continuous days

- This rule applies regardless if a change in drug, dose, or route (from IM to IV to PO or PR or vice versa) occurs within the seven continuous days; and it includes oral steroids with intended local actions (eg, budesonide)

b) Escalation of concomitant steroid dose above the baseline dose for 7 or more continuous days. The baseline steroid dose is defined as the dose at Day 1 of induction if the escalation occurs in the Induction Study, or Day 1 of maintenance (maintenance baseline) if the escalation occurs in the Maintenance Study. Prednisone equivalent dose will be used to determine escalation of concomitant systemic steroid dose even if there is a change in drug or route. For steroids with predominant local effect (eg, budesonide or any rectally administered steroid), the dose escalation rule will apply to scenarios where the post-baseline dose is above the baseline dose via the same drug and the same route for 7 or more continuous days.

Potentially effective steroid use only includes use of steroids administered via routes that are IM, PO, IV, or PR. The below steroids will **not** be considered potentially effective steroids regardless of indication for use:

A) ocular steroids (ie, eye drops)

B) topical steroids (eg, cutaneously applied solely to the skin, or topically applied to the nasal mucosa)

C) inhaled steroids (eg, inhalational fluticasone for asthma)

D) intra-articular steroids (steroids administered directly into a joint)

E) neuraxial steroids (steroids administered into the epidural or spinal space)

2) Potentially effective immunomodulator use

Commencement of a different class of oral, IM, SC, or IV immunomodulator drugs (where the subject was not previously taking concomitant immunomodulators of the same class on Day 1 of induction or maintenance), including but not limited to 6-MP, azathioprine, MTX, 6-thioguanine, and prohibited immunomodulators including but not limited to cyclosporine, leflunomide, tacrolimus, thalidomide regardless of dose, for 7 continuous days. The use of an immunomodulator will be considered potentially effective when it is administered for the indication of CD.

3) Potentially effective biologic agent use

Commencement of a biologic agent including but not limited to TNF-α antagonists, IL-12/23 antagonists, and vedolizumab (or similar agents), regardless of indication for use and duration.

Appendix 7. Determining Missing and Virtual Visits due to COVID-19

This appendix describes the clinical trial site collection of COVID-19 data pertaining to missed/virtual visits and the data processing algorithm used to determine which visits were missing and which visits were virtual.

Data collection

A COVID-19 supplement to the eCRF Completion Guidelines was provided by data management to instruct clinical trial sites with respect to data entry expectations pertaining to scenarios related to the COVID-19 pandemic. If a visit was missed, sites should enter "Visit missed due to COVID-19." If an in-person visit was conducted virtually, sites should enter "Virtual visit due to COVID-19."

Determination of Missed and Virtual visits

Natural Language Processing (NLP) was used to search the CRF comment fields to identify instances of "COVID-19" (or synonyms, see Table 13-7) and "Virtual" (or synonyms, see Table 13-7). The search terms are maintained in a global lookup table and can be modified to tune the NLP model. For any comments with COVID-19 search terms, assign "Missed visit" or "Virtual visit" as follows:

i) If COVID-19 terms are identified through NLP and the visit date is missing, then result is "Missed Visit."

ii) If COVID-19 and Virtual terms are identified through NLP for a visit, then result is "Virtual Visit". When there are multiple records for the same subject and the same visit, NLP will be based on multiple records to ensure that only 1 unique visit type (either Missing Visit or Virtual Visit) is assigned for all the records belong to the same visit for a subject.

iii) Otherwise the visit type is missing.

Table 13-7. Examples of Search Terms for "COVID-19" and "Virtual" Used to Identify Missed and Virtual Visits

Search terms for "COVID-19"	Search terms for "Virtual"
COVID19	VIRTUAL
CORONA	TELEMED
CORONAVIRUS	TELEHEALTH
PANDEMIC	TELEPHONE
OUTBREAK	REMOTE
CRISIS	TELEMEDICINE
LOCKDOWN	TELECONSULTATION

QUARANTINE SHELTER	TELEPHONICALLY PHONE HOME VISIT ZOOM SKYPE

Appendix 8. SAS Programming for Tipping Point Analysis for Binary Endpoint

The following **%tp_binary** macro generates multiple imputed data and a set of the shift parameters that adjust the imputed values will be examined.

```
/*-------------------------------------------------------------------------------------------------------------------------*/
/*--- Delta-Adjusting Method for Tipping Point Analysis for Binary Endpoint                                           ---*/
/*---                                                                                                                 ---*/
/*--- Generate imputed data set for specified shift parameters                                                        ---*/
/*--- data= input data set                                                                                            ---*/
/*--- smin= min shift parameter for active drug                                                                       ---*/
/*--- smax= max shift parameter for active drug                                                                       ---*/
/*--- sinc= increment of the shift parameter for active drug                                                          ---*/
/*--- pmin= min shift parameter for placebo drug                                                                      ---*/
/*--- pmax= max shift parameter for placebo drug                                                                      ---*/
/*--- pinc= increment of the shift parameter for placebo drug                                                         ---*/
/*--- trt= treatment group indicator                                                                                  ---*/
/*--- out= output imputed data set                                                                                    ---*/
/*-------------------------------------------------------------------------------------------------------------------------*/

%macro tp_binary( data=, smin=, smax=, sinc=, pmin=, pmax=, pinc=, trt=, out=);
        data &out;
        set _null_;
        run;

/*------------ # of shift values ------------*/
        %let ncase_pbo = %sysevalf( (&pmax-&pmin)/&pinc, ceil );

        %do pc=0 %to &ncase_pbo;

        %let pj= %sysevalf( &pmin + &pc * &pinc);

                /*------------ # of shift values ------------*/
                %let ncase= %sysevalf( (&smax-&smin)/&sinc, ceil );

                /*------- Imputed data for each shift -------*/
                %do jc=0 %to &ncase;

                %let sj= %sysevalf( &smin + &jc * &sinc);

                        proc mi data=&data seed=14823 nimpute=20 out=outmi;
                                var trt01pn strat1V strat2V strat3V RESP;
                                class trt01pn strat1V strat2V strat3V RESP;
                                monotone logistic (RESP / link=glogit);
                                mnar adjust(RESP (event='1') / adjustobs=(trt01pn="&trt") shift= &sj)
                                        adjust(RESP (event='1') / adjustobs=(trt01pn='3') shift= &pj);
                                run;
                data outmi;
```

```
                set outmi;
                Shift_Trt= &sj;
                Shift_Pbo= &pj;
                run;

                data &out;
                set &out outmi;
                run;

                %end;
        %end;
%mend tp_binary;
```

Appendix 9. MST lists for AEs of Interest

Herpes Zoster - Galapagos Search Term List
MedDRA Version 25.0

TERM_CODE	TERM_NAME	TERM_TYPE
10019974	Herpes zoster	PT
10030865	Ophthalmic herpes zoster	PT
10061208	Herpes zoster infection neurological	PT
10063491	Herpes zoster oticus	PT
10065038	Herpes zoster disseminated	PT
10072210	Genital herpes zoster	PT
10074241	Varicella zoster gastritis	PT
10074243	Varicella zoster oesophagitis	PT
10074245	Herpes zoster pharyngitis	PT
10074248	Herpes zoster meningoencephalitis	PT
10074251	Herpes zoster meningomyelitis	PT
10074253	Herpes zoster necrotising retinopathy	PT
10074254	Varicella zoster pneumonia	PT
10074259	Herpes zoster meningitis	PT
10074297	Herpes zoster cutaneous disseminated	PT
10074298	Varicella zoster sepsis	PT
10075611	Varicella zoster virus infection	PT
10076667	Disseminated varicella zoster vaccine virus infection	PT
10079327	Herpes zoster meningoradiculitis	PT
10080516	Herpes zoster reactivation	PT
10082717	Herpetic radiculopathy	PT
10084396	Disseminated varicella zoster virus infection	PT
10086594	Oral herpes zoster	PT
10086746	Varicella encephalitis	PT
10086747	Varicella meningitis	PT

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Malignancies, Excluding Nonmelanoma Skin Cancers - Galapagos Search Term List
MedDRA Version 25.0

TERM_CODE	TERM_NAME	TERM_TYPE
10000583	Acral lentiginous melanoma	PT
10000585	Acral lentiginous melanoma stage I	PT
10000586	Acral lentiginous melanoma stage II	PT
10000587	Acral lentiginous melanoma stage III	PT
10000588	Acral lentiginous melanoma stage IV	PT
10000739	Acute erythroid leukaemia	PT
10000830	Acute leukaemia	PT
10000846	Acute lymphocytic leukaemia	PT
10000847	Acute lymphocytic leukaemia (in remission)	PT
10000860	Acute megakaryocytic leukaemia	PT
10000871	Acute monocytic leukaemia	PT
10000872	Acute monocytic leukaemia (in remission)	PT
10000880	Acute myeloid leukaemia	PT
10000881	Acute myeloid leukaemia (in remission)	PT
10000890	Acute myelomonocytic leukaemia	PT
10001019	Acute promyelocytic leukaemia	PT
10001141	Adenocarcinoma	PT
10001150	Adenocarcinoma gastric	PT
10001167	Adenocarcinoma of colon	PT
10001197	Adenocarcinoma of the cervix	PT
10001244	Adenosquamous carcinoma of the cervix	PT
10001245	Adenosquamous cell lung cancer	PT
10001247	Adenosquamous cell lung cancer recurrent	PT
10001248	Adenosquamous cell lung cancer stage 0	PT
10001249	Adenosquamous cell lung cancer stage I	PT
10001250	Adenosquamous cell lung cancer stage II	PT
10001251	Adenosquamous cell lung cancer stage III	PT
10001254	Adenosquamous cell lung cancer stage IV	PT
10001388	Adrenocortical carcinoma	PT
10001413	Adult T-cell lymphoma/leukaemia	PT
10001416	Adult T-cell lymphoma/leukaemia recurrent	PT
10001417	Adult T-cell lymphoma/leukaemia refractory	PT
10001418	Adult T-cell lymphoma/leukaemia stage I	PT
10001419	Adult T-cell lymphoma/leukaemia stage II	PT
10001420	Adult T-cell lymphoma/leukaemia stage III	PT

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Malignancies, Excluding Nonmelanoma Skin Cancers - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10001421	Adult T-cell lymphoma/leukaemia stage IV	PT
10001433	Aesthesioneuroblastoma	PT
10001660	Aleukaemic leukaemia	PT
10001882	Alveolar soft part sarcoma	PT
10001884	Alveolar soft part sarcoma metastatic	PT
10001887	Alveolar soft part sarcoma recurrent	PT
10002133	Anal cancer recurrent	PT
10002134	Anal cancer stage 0	PT
10002135	Anal cancer stage I	PT
10002136	Anal cancer stage II	PT
10002137	Anal cancer stage III	PT
10002138	Anal cancer stage IV	PT
10002224	Anaplastic astrocytoma	PT
10002227	Anaplastic large cell lymphoma T- and null-cell types	PT
10002229	Anaplastic large cell lymphoma T- and null-cell types recurrent	PT
10002230	Anaplastic large cell lymphoma T- and null-cell types refractory	PT
10002231	Anaplastic large cell lymphoma T- and null-cell types stage I	PT
10002232	Anaplastic large cell lymphoma T- and null-cell types stage II	PT
10002233	Anaplastic large cell lymphoma T- and null-cell types stage III	PT
10002234	Anaplastic large cell lymphoma T- and null-cell types stage IV	PT
10002240	Anaplastic thyroid cancer	PT
10002411	Angiocentric lymphoma	PT
10002414	Angiocentric lymphoma recurrent	PT
10002415	Angiocentric lymphoma refractory	PT
10002416	Angiocentric lymphoma stage I	PT
10002417	Angiocentric lymphoma stage II	PT
10002418	Angiocentric lymphoma stage III	PT
10002419	Angiocentric lymphoma stage IV	PT
10002449	Angioimmunoblastic T-cell lymphoma	PT
10002452	Angioimmunoblastic T-cell lymphoma recurrent	PT
10002453	Angioimmunoblastic T-cell lymphoma refractory	PT
10002454	Angioimmunoblastic T-cell lymphoma stage I	PT
10002455	Angioimmunoblastic T-cell lymphoma stage II	PT
10002456	Angioimmunoblastic T-cell lymphoma stage III	PT
10002457	Angioimmunoblastic T-cell lymphoma stage IV	PT

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Malignancies, Excluding Nonmelanoma Skin Cancers - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10002476	Angiosarcoma	PT
10002477	Angiosarcoma metastatic	PT
10002480	Angiosarcoma recurrent	PT
10003506	Aspiration bone marrow abnormal	PT
10003571	Astrocytoma	PT
10003890	B precursor type acute leukaemia	PT
10003899	B-cell lymphoma	PT
10003902	B-cell lymphoma recurrent	PT
10003903	B-cell lymphoma refractory	PT
10003904	B-cell lymphoma stage I	PT
10003905	B-cell lymphoma stage II	PT
10003906	B-cell lymphoma stage III	PT
10003907	B-cell lymphoma stage IV	PT
10003908	B-cell small lymphocytic lymphoma	PT
10003911	B-cell small lymphocytic lymphoma recurrent	PT
10003912	B-cell small lymphocytic lymphoma refractory	PT
10003913	B-cell small lymphocytic lymphoma stage I	PT
10003914	B-cell small lymphocytic lymphoma stage II	PT
10003915	B-cell small lymphocytic lymphoma stage III	PT
10003916	B-cell small lymphocytic lymphoma stage IV	PT
10003917	B-cell type acute leukaemia	PT
10003922	B-cell unclassifiable lymphoma high grade	PT
10003923	B-cell unclassifiable lymphoma low grade	PT
10004585	Bile duct adenocarcinoma	PT
10004589	Bile duct adenosquamous carcinoma	PT
10004593	Bile duct cancer	PT
10004596	Bile duct cancer recurrent	PT
10004633	Bile duct squamous cell carcinoma	PT
10004738	Biopsy bone marrow abnormal	PT
10004798	Biopsy lymph gland abnormal	PT
10004986	Bladder adenocarcinoma recurrent	PT
10004987	Bladder adenocarcinoma stage 0	PT
10004988	Bladder adenocarcinoma stage I	PT
10004989	Bladder adenocarcinoma stage II	PT
10004990	Bladder adenocarcinoma stage III	PT

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Malignancies, Excluding Nonmelanoma Skin Cancers - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10004991	Bladder adenocarcinoma stage IV	PT
10004992	Bladder adenocarcinoma stage unspecified	PT
10005003	Bladder cancer	PT
10005005	Bladder cancer recurrent	PT
10005006	Bladder cancer stage 0, with cancer in situ	PT
10005007	Bladder cancer stage 0, without cancer in situ	PT
10005008	Bladder cancer stage I, with cancer in situ	PT
10005009	Bladder cancer stage I, without cancer in situ	PT
10005010	Bladder cancer stage II	PT
10005011	Bladder cancer stage III	PT
10005012	Bladder cancer stage IV	PT
10005075	Bladder squamous cell carcinoma recurrent	PT
10005076	Bladder squamous cell carcinoma stage 0	PT
10005077	Bladder squamous cell carcinoma stage I	PT
10005078	Bladder squamous cell carcinoma stage II	PT
10005079	Bladder squamous cell carcinoma stage III	PT
10005080	Bladder squamous cell carcinoma stage IV	PT
10005081	Bladder squamous cell carcinoma stage unspecified	PT
10005084	Bladder transitional cell carcinoma	PT
10005949	Bone cancer	PT
10006007	Bone sarcoma	PT
10006032	Borderline ovarian tumour	PT
10006131	Brain neoplasm malignant	PT
10006143	Brain stem glioma	PT
10006187	Breast cancer	PT
10006189	Breast cancer in situ	PT
10006198	Breast cancer recurrent	PT
10006199	Breast cancer stage I	PT
10006200	Breast cancer stage II	PT
10006201	Breast cancer stage III	PT
10006202	Breast cancer stage IV	PT
10006417	Bronchial carcinoma	PT
10006595	Burkitt's lymphoma	PT
10006598	Burkitt's lymphoma recurrent	PT
10006599	Burkitt's lymphoma refractory	PT

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Malignancies, Excluding Nonmelanoma Skin Cancers - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10006600	Burkitt's lymphoma stage I	PT
10006601	Burkitt's lymphoma stage II	PT
10006602	Burkitt's lymphoma stage III	PT
10006603	Burkitt's lymphoma stage IV	PT
10007275	Carcinoid tumour	PT
10007279	Carcinoid tumour of the gastrointestinal tract	PT
10007280	Carcinoid tumour of the prostate	PT
10007281	Carcinoid tumour of the stomach	PT
10007282	Carcinoid tumour pulmonary	PT
10007368	Carcinoma in situ of eye	PT
10007384	Carcinoma in situ of penis	PT
10007401	Carcinoma in situ of trachea	PT
10007953	Central nervous system lymphoma	PT
10008342	Cervix carcinoma	PT
10008344	Cervix carcinoma recurrent	PT
10008345	Cervix carcinoma stage I	PT
10008346	Cervix carcinoma stage II	PT
10008347	Cervix carcinoma stage III	PT
10008348	Cervix carcinoma stage IV	PT
10008583	Chloroma	PT
10008584	Chloroma (in remission)	PT
10008593	Cholangiocarcinoma	PT
10008734	Chondrosarcoma	PT
10008736	Chondrosarcoma metastatic	PT
10008738	Chondrosarcoma recurrent	PT
10008747	Chordoma	PT
10008757	Choriocarcinoma	PT
10008773	Choroid melanoma	PT
10008943	Chronic leukaemia	PT
10008958	Chronic lymphocytic leukaemia	PT
10008959	Chronic lymphocytic leukaemia (in remission)	PT
10008961	Chronic lymphocytic leukaemia recurrent	PT
10008962	Chronic lymphocytic leukaemia refractory	PT
10008963	Chronic lymphocytic leukaemia stage 0	PT
10008964	Chronic lymphocytic leukaemia stage 1	PT

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Malignancies, Excluding Nonmelanoma Skin Cancers - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10008965	Chronic lymphocytic leukaemia stage 2	PT
10008966	Chronic lymphocytic leukaemia stage 3	PT
10008967	Chronic lymphocytic leukaemia stage 4	PT
10009013	Chronic myeloid leukaemia	PT
10009014	Chronic myeloid leukaemia (in remission)	PT
10009018	Chronic myelomonocytic leukaemia	PT
10009019	Chronic myelomonocytic leukaemia (in remission)	PT
10009252	Clear cell endometrial carcinoma	PT
10009253	Clear cell sarcoma of the kidney	PT
10009944	Colon cancer	PT
10009952	Colon cancer recurrent	PT
10009953	Colon cancer stage I	PT
10009954	Colon cancer stage II	PT
10009955	Colon cancer stage III	PT
10009956	Colon cancer stage IV	PT
10010030	Colorectal cancer recurrent	PT
10010032	Colorectal cancer stage I	PT
10010033	Colorectal cancer stage II	PT
10010034	Colorectal cancer stage III	PT
10010035	Colorectal cancer stage IV	PT
10010038	Colorectal carcinoma stage 0	PT
10011548	CSF lymphocyte count abnormal	PT
10011549	CSF lymphocyte count increased	PT
10011683	Cutaneous T-cell lymphoma stage IV	PT
10012818	Diffuse large B-cell lymphoma	PT
10012821	Diffuse large B-cell lymphoma recurrent	PT
10012822	Diffuse large B-cell lymphoma refractory	PT
10012823	Diffuse large B-cell lymphoma stage I	PT
10012824	Diffuse large B-cell lymphoma stage II	PT
10012825	Diffuse large B-cell lymphoma stage III	PT
10012826	Diffuse large B-cell lymphoma stage IV	PT
10014720	Endometrial adenocarcinoma	PT
10014733	Endometrial cancer	PT
10014734	Endometrial cancer metastatic	PT
10014736	Endometrial cancer recurrent	PT

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Malignancies, Excluding Nonmelanoma Skin Cancers - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10014737	Endometrial cancer stage 0	PT
10014738	Endometrial cancer stage I	PT
10014739	Endometrial cancer stage II	PT
10014740	Endometrial cancer stage III	PT
10014741	Endometrial cancer stage IV	PT
10014958	Eosinophilic leukaemia	PT
10014968	Ependymoma malignant	PT
10015099	Epithelioid sarcoma	PT
10015101	Epithelioid sarcoma metastatic	PT
10015104	Epithelioid sarcoma recurrent	PT
10015246	Erythraemic myelosis (in remission)	PT
10015493	Essential thrombocythaemia	PT
10015560	Ewing's sarcoma	PT
10015562	Ewing's sarcoma metastatic	PT
10015564	Ewing's sarcoma recurrent	PT
10015759	Extra-osseous Ewing's sarcoma	PT
10015761	Extra-osseous Ewing's sarcoma metastatic	PT
10015764	Extra-osseous Ewing's sarcoma recurrent	PT
10015789	Extragonadal primary embryonal carcinoma	PT
10015800	Extragonadal primary germ cell tumour mixed stage I	PT
10015801	Extragonadal primary germ cell tumour mixed stage II	PT
10015802	Extragonadal primary germ cell tumour mixed stage III	PT
10015805	Extragonadal primary non-seminoma stage I	PT
10015806	Extragonadal primary non-seminoma stage II	PT
10015809	Extragonadal primary non-seminoma stage III	PT
10015810	Extragonadal primary non-seminoma stage IV	PT
10015811	Extragonadal primary seminoma (pure) stage I	PT
10015812	Extragonadal primary seminoma (pure) stage II	PT
10015815	Extragonadal primary seminoma (pure) stage III	PT
10015816	Extragonadal primary seminoma (pure) stage IV	PT
10015823	Extranodal marginal zone B-cell lymphoma (MALT type) recurrent	PT
10015824	Extranodal marginal zone B-cell lymphoma (MALT type) refractory	PT
10015825	Extranodal marginal zone B-cell lymphoma (MALT type) stage I	PT
10015826	Extranodal marginal zone B-cell lymphoma (MALT type) stage II	PT
10015827	Extranodal marginal zone B-cell lymphoma (MALT type) stage III	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10015828	Extranodal marginal zone B-cell lymphoma (MALT type) stage IV	PT
10015831	Extraocular retinoblastoma	PT
10015840	Extraskeletal chondrosarcoma metastatic	PT
10015843	Extraskeletal chondrosarcoma recurrent	PT
10015847	Extraskeletal osteosarcoma	PT
10015849	Extraskeletal osteosarcoma metastatic	PT
10015852	Extraskeletal osteosarcoma recurrent	PT
10016180	Fallopian tube cancer	PT
10016182	Fallopian tube cancer metastatic	PT
10016184	Fallopian tube cancer stage I	PT
10016185	Fallopian tube cancer stage II	PT
10016186	Fallopian tube cancer stage III	PT
10016187	Fallopian tube cancer stage IV	PT
10016632	Fibrosarcoma	PT
10016635	Fibrosarcoma metastatic	PT
10016897	Follicle centre lymphoma diffuse small cell lymphoma recurrent	PT
10016898	Follicle centre lymphoma diffuse small cell lymphoma refractory	PT
10016899	Follicle centre lymphoma diffuse small cell lymphoma stage I	PT
10016900	Follicle centre lymphoma diffuse small cell lymphoma stage II	PT
10016901	Follicle centre lymphoma diffuse small cell lymphoma stage III	PT
10016902	Follicle centre lymphoma diffuse small cell lymphoma stage IV	PT
10016905	Follicle centre lymphoma, follicular grade I, II, III recurrent	PT
10016906	Follicle centre lymphoma, follicular grade I, II, III refractory	PT
10016907	Follicle centre lymphoma, follicular grade I, II, III stage I	PT
10016908	Follicle centre lymphoma, follicular grade I, II, III stage II	PT
10016909	Follicle centre lymphoma, follicular grade I, II, III stage III	PT
10016910	Follicle centre lymphoma, follicular grade I, II, III stage IV	PT
10016935	Follicular thyroid cancer	PT
10017614	Gallbladder cancer	PT
10017619	Gallbladder cancer recurrent	PT
10017701	Ganglioglioma	PT
10017708	Ganglioneuroblastoma	PT
10017758	Gastric cancer	PT
10017761	Gastric cancer recurrent	PT
10017762	Gastric cancer stage 0	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10017763	Gastric cancer stage I	PT
10017764	Gastric cancer stage II	PT
10017765	Gastric cancer stage III	PT
10017940	Gastrointestinal carcinoma	PT
10017973	Gastrointestinal lymphoma	PT
10018160	Genital neoplasm malignant female	PT
10018336	Glioblastoma	PT
10018337	Glioblastoma multiforme	PT
10018338	Glioma	PT
10018340	Gliosarcoma	PT
10018395	Glottis carcinoma	PT
10018404	Glucagonoma	PT
10018825	Haemangiopericytoma	PT
10018826	Haemangiopericytoma of meninges	PT
10019053	Hairy cell leukaemia	PT
10019823	Hepatoblastoma recurrent	PT
10020067	High grade B-cell lymphoma Burkitt-like lymphoma	PT
10020070	High grade B-cell lymphoma Burkitt-like lymphoma recurrent	PT
10020071	High grade B-cell lymphoma Burkitt-like lymphoma refractory	PT
10020072	High grade B-cell lymphoma Burkitt-like lymphoma stage I	PT
10020073	High grade B-cell lymphoma Burkitt-like lymphoma stage II	PT
10020074	High grade B-cell lymphoma Burkitt-like lymphoma stage III	PT
10020075	High grade B-cell lymphoma Burkitt-like lymphoma stage IV	PT
10020206	Hodgkin's disease	PT
10020208	Hodgkin's disease lymphocyte depletion stage I site unspecified	PT
10020209	Hodgkin's disease lymphocyte depletion stage I subdiaphragm	PT
10020210	Hodgkin's disease lymphocyte depletion stage I supradiaphragm	PT
10020211	Hodgkin's disease lymphocyte depletion stage II site unspecified	PT
10020212	Hodgkin's disease lymphocyte depletion stage II subdiaphragm	PT
10020213	Hodgkin's disease lymphocyte depletion stage II supradiaphragm	PT
10020215	Hodgkin's disease lymphocyte depletion type recurrent	PT
10020216	Hodgkin's disease lymphocyte depletion type refractory	PT
10020217	Hodgkin's disease lymphocyte depletion type stage III	PT
10020218	Hodgkin's disease lymphocyte depletion type stage IV	PT
10020219	Hodgkin's disease lymphocyte depletion type stage unspecified	PT

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Malignancies, Excluding Nonmelanoma Skin Cancers - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10020220	Hodgkin's disease lymphocyte predominance stage I site unspec	PT
10020221	Hodgkin's disease lymphocyte predominance stage I subdiaphragm	PT
10020222	Hodgkin's disease lymphocyte predominance stage I supradiaphragm	PT
10020223	Hodgkin's disease lymphocyte predominance stage II site unspec	PT
10020224	Hodgkin's disease lymphocyte predominance stage II subdiaphragm	PT
10020225	Hodgkin's disease lymphocyte predominance stage II supradiaphragm	PT
10020227	Hodgkin's disease lymphocyte predominance type recurrent	PT
10020228	Hodgkin's disease lymphocyte predominance type refractory	PT
10020229	Hodgkin's disease lymphocyte predominance type stage III	PT
10020230	Hodgkin's disease lymphocyte predominance type stage IV	PT
10020231	Hodgkin's disease lymphocyte predominance type stage unspecified	PT
10020233	Hodgkin's disease mixed cellularity recurrent	PT
10020234	Hodgkin's disease mixed cellularity refractory	PT
10020235	Hodgkin's disease mixed cellularity stage I site unspecified	PT
10020236	Hodgkin's disease mixed cellularity stage I subdiaphragmatic	PT
10020237	Hodgkin's disease mixed cellularity stage I supradiaphragmatic	PT
10020238	Hodgkin's disease mixed cellularity stage II subdiaphragmatic	PT
10020239	Hodgkin's disease mixed cellularity stage II supradiaphragmatic	PT
10020240	Hodgkin's disease mixed cellularity stage III	PT
10020241	Hodgkin's disease mixed cellularity stage IV	PT
10020242	Hodgkin's disease mixed cellularity stage unspecified	PT
10020244	Hodgkin's disease nodular sclerosis	PT
10020245	Hodgkin's disease nodular sclerosis recurrent	PT
10020246	Hodgkin's disease nodular sclerosis refractory	PT
10020252	Hodgkin's disease nodular sclerosis stage III	PT
10020253	Hodgkin's disease nodular sclerosis stage IV	PT
10020266	Hodgkin's disease recurrent	PT
10020267	Hodgkin's disease refractory	PT
10020268	Hodgkin's disease stage I	PT
10020269	Hodgkin's disease stage II	PT
10020270	Hodgkin's disease stage III	PT
10020271	Hodgkin's disease unclassifiable	PT
10020391	Hormone-secreting ovarian tumour	PT
10021042	Hypopharyngeal cancer	PT
10021044	Hypopharyngeal cancer recurrent	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10021045	Hypopharyngeal cancer stage 0	PT
10021046	Hypopharyngeal cancer stage I	PT
10021047	Hypopharyngeal cancer stage II	PT
10021048	Hypopharyngeal cancer stage III	PT
10021049	Hypopharyngeal cancer stage IV	PT
10021977	Inflammatory carcinoma of breast recurrent	PT
10021978	Inflammatory carcinoma of breast stage III	PT
10021979	Inflammatory carcinoma of breast stage IV	PT
10021980	Inflammatory carcinoma of the breast	PT
10022498	Insulinoma	PT
10022706	Intestinal T-cell lymphoma recurrent	PT
10022707	Intestinal T-cell lymphoma refractory	PT
10022708	Intestinal T-cell lymphoma stage I	PT
10022709	Intestinal T-cell lymphoma stage II	PT
10022710	Intestinal T-cell lymphoma stage III	PT
10022711	Intestinal T-cell lymphoma stage IV	PT
10022770	Intracranial meningioma malignant	PT
10023249	Juvenile chronic myelomonocytic leukaemia	PT
10023774	Large cell lung cancer	PT
10023775	Large cell lung cancer recurrent	PT
10023776	Large cell lung cancer stage 0	PT
10023777	Large cell lung cancer stage I	PT
10023778	Large cell lung cancer stage II	PT
10023779	Large cell lung cancer stage III	PT
10023780	Large cell lung cancer stage IV	PT
10023791	Large granular lymphocytosis	PT
10023825	Laryngeal cancer	PT
10023828	Laryngeal cancer recurrent	PT
10023829	Laryngeal cancer stage 0	PT
10023830	Laryngeal cancer stage I	PT
10023831	Laryngeal cancer stage II	PT
10023832	Laryngeal cancer stage III	PT
10023833	Laryngeal cancer stage IV	PT
10023841	Laryngeal neoplasm	PT
10023856	Laryngeal squamous cell carcinoma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10024189	Leiomyosarcoma	PT
10024191	Leiomyosarcoma metastatic	PT
10024194	Leiomyosarcoma recurrent	PT
10024218	Lentigo maligna	PT
10024220	Lentigo maligna recurrent	PT
10024221	Lentigo maligna stage I	PT
10024222	Lentigo maligna stage II	PT
10024223	Lentigo maligna stage III	PT
10024224	Lentigo maligna stage IV	PT
10024288	Leukaemia	PT
10024293	Leukaemia basophilic	PT
10024299	Leukaemia granulocytic	PT
10024305	Leukaemia monocytic	PT
10024325	Leukaemic lymphoma	PT
10024407	Leydig cell tumour of the testis	PT
10024520	Linitis plastica	PT
10024535	Lip and/or oral cavity cancer recurrent	PT
10024536	Lip and/or oral cavity cancer stage 0	PT
10024537	Lip and/or oral cavity cancer stage I	PT
10024538	Lip and/or oral cavity cancer stage II	PT
10024539	Lip and/or oral cavity cancer stage III	PT
10024540	Lip and/or oral cavity cancer stage IV	PT
10024557	Lip neoplasm malignant stage unspecified	PT
10024627	Liposarcoma	PT
10024629	Liposarcoma metastatic	PT
10024632	Liposarcoma recurrent	PT
10025031	Lung adenocarcinoma	PT
10025033	Lung adenocarcinoma recurrent	PT
10025034	Lung adenocarcinoma stage 0	PT
10025035	Lung adenocarcinoma stage I	PT
10025036	Lung adenocarcinoma stage II	PT
10025037	Lung adenocarcinoma stage III	PT
10025038	Lung adenocarcinoma stage IV	PT
10025065	Lung carcinoma cell type unspecified recurrent	PT
10025066	Lung carcinoma cell type unspecified stage 0	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10025067	Lung carcinoma cell type unspecified stage I	PT
10025068	Lung carcinoma cell type unspecified stage II	PT
10025069	Lung carcinoma cell type unspecified stage III	PT
10025070	Lung carcinoma cell type unspecified stage IV	PT
10025120	Lung squamous cell carcinoma recurrent	PT
10025121	Lung squamous cell carcinoma stage 0	PT
10025122	Lung squamous cell carcinoma stage I	PT
10025123	Lung squamous cell carcinoma stage II	PT
10025124	Lung squamous cell carcinoma stage III	PT
10025125	Lung squamous cell carcinoma stage IV	PT
10025223	Lymphangiosarcoma	PT
10025270	Lymphocytic leukaemia	PT
10025300	Lymphoid leukaemia (in remission)	PT
10025310	Lymphoma	PT
10025312	Lymphoma AIDS related	PT
10025342	Lymphoplasmacytoid lymphoma/immunocytoma	PT
10025345	Lymphoplasmacytoid lymphoma/immunocytoma recurrent	PT
10025346	Lymphoplasmacytoid lymphoma/immunocytoma refractory	PT
10025347	Lymphoplasmacytoid lymphoma/immunocytoma stage I	PT
10025348	Lymphoplasmacytoid lymphoma/immunocytoma stage II	PT
10025349	Lymphoplasmacytoid lymphoma/immunocytoma stage III	PT
10025350	Lymphoplasmacytoid lymphoma/immunocytoma stage IV	PT
10025552	Malignant fibrous histiocytoma	PT
10025554	Malignant fibrous histiocytoma metastatic	PT
10025557	Malignant fibrous histiocytoma of bone	PT
10025561	Malignant fibrous histiocytoma recurrent	PT
10025566	Malignant haemangiopericytoma	PT
10025567	Malignant haemangiopericytoma metastatic	PT
10025570	Malignant haemangiopericytoma recurrent	PT
10025581	Malignant histiocytosis	PT
10025598	Malignant hydatidiform mole	PT
10025635	Malignant lymphoma unclassifiable high grade	PT
10025636	Malignant lymphoma unclassifiable low grade	PT
10025638	Malignant mast cell neoplasm	PT
10025650	Malignant melanoma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10025652	Malignant melanoma in situ	PT
10025654	Malignant melanoma of sites other than skin	PT
10025668	Malignant melanoma stage I	PT
10025669	Malignant melanoma stage II	PT
10025670	Malignant melanoma stage III	PT
10025671	Malignant melanoma stage IV	PT
10025674	Malignant mesenchymoma metastatic	PT
10025677	Malignant mesenchymoma recurrent	PT
10025697	Malignant neoplasm of ampulla of Vater	PT
10025839	Malignant neoplasm of choroid	PT
10025861	Malignant neoplasm of conjunctiva	PT
10025871	Malignant neoplasm of cornea	PT
10025910	Malignant neoplasm of eye	PT
10025997	Malignant neoplasm of islets of Langerhans	PT
10026030	Malignant neoplasm of lacrimal duct	PT
10026031	Malignant neoplasm of lacrimal gland	PT
10026183	Malignant neoplasm of orbit	PT
10026326	Malignant neoplasm of paraurethral glands	PT
10026350	Malignant neoplasm of placenta	PT
10026351	Malignant neoplasm of pleura	PT
10026426	Malignant neoplasm of renal pelvis	PT
10026432	Malignant neoplasm of retina	PT
10026470	Malignant neoplasm of spermatic cord	PT
10026472	Malignant neoplasm of spinal cord	PT
10026532	Malignant neoplasm of thorax	PT
10026533	Malignant neoplasm of thymus	PT
10026616	Malignant neoplasm of uterine adnexa	PT
10026659	Malignant oligodendroglioma	PT
10026662	Malignant ovarian cyst	PT
10026663	Malignant palate neoplasm	PT
10026672	Malignant pituitary tumour	PT
10026702	Malignant splenic neoplasm	PT
10026800	Mantle cell lymphoma recurrent	PT
10026801	Mantle cell lymphoma refractory	PT
10026802	Mantle cell lymphoma stage I	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10026803	Mantle cell lymphoma stage II	PT
10026804	Mantle cell lymphoma stage III	PT
10026805	Mantle cell lymphoma stage IV	PT
10026945	Mature B-cell type acute leukaemia	PT
10027095	Medullary carcinoma of breast	PT
10027105	Medullary thyroid cancer	PT
10027107	Medulloblastoma	PT
10027193	Meningioma malignant	PT
10027406	Mesothelioma	PT
10027407	Mesothelioma malignant	PT
10027411	Mesothelioma malignant recurrent	PT
10027450	Metastases to abdominal cavity	PT
10027451	Metastases to adrenals	PT
10027452	Metastases to bone	PT
10027454	Metastases to breast	PT
10027455	Metastases to kidney	PT
10027457	Metastases to liver	PT
10027458	Metastases to lung	PT
10027459	Metastases to lymph nodes	PT
10027460	Metastases to neck	PT
10027462	Metastases to ovary	PT
10027463	Metastases to pleura	PT
10027465	Metastases to skin	PT
10027468	Metastases to spine	PT
10027469	Metastases to the mediastinum	PT
10027480	Metastatic malignant melanoma	PT
10027761	Mixed hepatocellular cholangiocarcinoma	PT
10028076	Mucinous endometrial carcinoma	PT
10028533	Myelodysplastic syndrome	PT
10028535	Myelodysplastic syndrome unclassifiable	PT
10028537	Myelofibrosis	PT
10028549	Myeloid leukaemia	PT
10028561	Myeloid metaplasia	PT
10028729	Nasal cavity cancer	PT
10028767	Nasal sinus cancer	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10028787	Nasopharyngeal cancer recurrent	PT
10028788	Nasopharyngeal cancer stage 0	PT
10028789	Nasopharyngeal cancer stage I	PT
10028790	Nasopharyngeal cancer stage II	PT
10028791	Nasopharyngeal cancer stage III	PT
10028792	Nasopharyngeal cancer stage IV	PT
10028811	Natural killer-cell leukaemia	PT
10028997	Neoplasm malignant	PT
10029145	Nephroblastoma	PT
10029260	Neuroblastoma	PT
10029274	Neurofibrosarcoma metastatic	PT
10029277	Neurofibrosarcoma recurrent	PT
10029341	Neurotensinoma	PT
10029460	Nodal marginal zone B-cell lymphoma	PT
10029463	Nodal marginal zone B-cell lymphoma recurrent	PT
10029464	Nodal marginal zone B-cell lymphoma refractory	PT
10029465	Nodal marginal zone B-cell lymphoma stage I	PT
10029466	Nodal marginal zone B-cell lymphoma stage II	PT
10029467	Nodal marginal zone B-cell lymphoma stage III	PT
10029468	Nodal marginal zone B-cell lymphoma stage IV	PT
10029488	Nodular melanoma	PT
10029515	Non-small cell lung cancer recurrent	PT
10029516	Non-small cell lung cancer stage 0	PT
10029517	Non-small cell lung cancer stage I	PT
10029518	Non-small cell lung cancer stage II	PT
10029519	Non-small cell lung cancer stage III	PT
10029520	Non-small cell lung cancer stage IIIA	PT
10029521	Non-small cell lung cancer stage IIIB	PT
10029522	Non-small cell lung cancer stage IV	PT
10029547	Non-Hodgkin's lymphoma	PT
10029600	Non-Hodgkin's lymphoma recurrent	PT
10029601	Non-Hodgkin's lymphoma refractory	PT
10029602	Non-Hodgkin's lymphoma stage I	PT
10029603	Non-Hodgkin's lymphoma stage II	PT
10029604	Non-Hodgkin's lymphoma stage III	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10029605	Non-Hodgkin's lymphoma stage IV	PT
10029609	Non-Hodgkin's lymphoma unspecified histology aggressive recurrent	PT
10029610	Non-Hodgkin's lymphoma unspecified histology aggressive refractory	PT
10029611	Non-Hodgkin's lymphoma unspecified histology aggressive stage I	PT
10029612	Non-Hodgkin's lymphoma unspecified histology aggressive stage II	PT
10029613	Non-Hodgkin's lymphoma unspecified histology aggressive stage III	PT
10029614	Non-Hodgkin's lymphoma unspecified histology aggressive stage IV	PT
10029622	Non-Hodgkin's lymphoma unspecified histology indolent stage I	PT
10029623	Non-Hodgkin's lymphoma unspecified histology indolent stage II	PT
10029624	Non-Hodgkin's lymphoma unspecified histology indolent stage III	PT
10029625	Non-Hodgkin's lymphoma unspecified histology indolent stage IV	PT
10030137	Oesophageal adenocarcinoma	PT
10030140	Oesophageal adenocarcinoma recurrent	PT
10030141	Oesophageal adenocarcinoma stage 0	PT
10030142	Oesophageal adenocarcinoma stage I	PT
10030143	Oesophageal adenocarcinoma stage II	PT
10030144	Oesophageal adenocarcinoma stage III	PT
10030145	Oesophageal adenocarcinoma stage IV	PT
10030155	Oesophageal carcinoma	PT
10030159	Oesophageal carcinoma recurrent	PT
10030162	Oesophageal carcinoma stage 0	PT
10030187	Oesophageal squamous cell carcinoma recurrent	PT
10030188	Oesophageal squamous cell carcinoma stage 0	PT
10030189	Oesophageal squamous cell carcinoma stage I	PT
10030190	Oesophageal squamous cell carcinoma stage II	PT
10030191	Oesophageal squamous cell carcinoma stage III	PT
10030192	Oesophageal squamous cell carcinoma stage IV	PT
10030286	Oligodendroglioma	PT
10031096	Oropharyngeal cancer	PT
10031098	Oropharyngeal cancer recurrent	PT
10031099	Oropharyngeal cancer stage 0	PT
10031100	Oropharyngeal cancer stage I	PT
10031101	Oropharyngeal cancer stage II	PT
10031102	Oropharyngeal cancer stage III	PT
10031104	Oropharyngeal lymphoepithelioma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10031112	Oropharyngeal squamous cell carcinoma	PT
10031291	Osteosarcoma	PT
10031294	Osteosarcoma metastatic	PT
10031296	Osteosarcoma recurrent	PT
10033128	Ovarian cancer	PT
10033144	Ovarian dysgerminoma stage I	PT
10033148	Ovarian dysgerminoma stage II	PT
10033152	Ovarian dysgerminoma stage III	PT
10033156	Ovarian dysgerminoma stage IV	PT
10033158	Ovarian epithelial cancer metastatic	PT
10033160	Ovarian epithelial cancer recurrent	PT
10033161	Ovarian epithelial cancer stage I	PT
10033162	Ovarian epithelial cancer stage II	PT
10033163	Ovarian epithelial cancer stage III	PT
10033164	Ovarian epithelial cancer stage IV	PT
10033183	Ovarian germ cell choriocarcinoma stage I	PT
10033187	Ovarian germ cell choriocarcinoma stage II	PT
10033191	Ovarian germ cell choriocarcinoma stage III	PT
10033195	Ovarian germ cell choriocarcinoma stage IV	PT
10033196	Ovarian germ cell embryonal carcinoma stage I	PT
10033200	Ovarian germ cell embryonal carcinoma stage II	PT
10033204	Ovarian germ cell embryonal carcinoma stage III	PT
10033208	Ovarian germ cell embryonal carcinoma stage IV	PT
10033218	Ovarian germ cell endodermal sinus tumour stage I	PT
10033219	Ovarian germ cell endodermal sinus tumour stage II	PT
10033220	Ovarian germ cell endodermal sinus tumour stage III	PT
10033221	Ovarian germ cell endodermal sinus tumour stage IV	PT
10033223	Ovarian germ cell polyembryoma stage I	PT
10033227	Ovarian germ cell polyembryoma stage II	PT
10033231	Ovarian germ cell polyembryoma stage III	PT
10033235	Ovarian germ cell polyembryoma stage IV	PT
10033237	Ovarian germ cell teratoma stage I	PT
10033241	Ovarian germ cell teratoma stage II	PT
10033245	Ovarian germ cell teratoma stage III	PT
10033249	Ovarian germ cell teratoma stage IV	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10033268	Ovarian low malignant potential tumour	PT
10033364	Paget's disease of nipple	PT
10033365	Paget's disease of penis	PT
10033369	Paget's disease of the vulva	PT
10033572	Pancoast's tumour	PT
10033609	Pancreatic carcinoma	PT
10033610	Pancreatic carcinoma metastatic	PT
10033613	Pancreatic carcinoma recurrent	PT
10033700	Papillary serous endometrial carcinoma	PT
10033701	Papillary thyroid cancer	PT
10033791	Paraganglion neoplasm malignant	PT
10033855	Paranasal sinus and nasal cavity malignant neoplasm recurrent	PT
10033856	Paranasal sinus and nasal cavity malignant neoplasm stage 0	PT
10033857	Paranasal sinus and nasal cavity malignant neoplasm stage I	PT
10033858	Paranasal sinus and nasal cavity malignant neoplasm stage II	PT
10033859	Paranasal sinus and nasal cavity malignant neoplasm stage III	PT
10033860	Paranasal sinus and nasal cavity malignant neoplasm stage IV	PT
10033965	Parathyroid tumour malignant	PT
10034299	Penile cancer	PT
10034329	Penis carcinoma metastatic	PT
10034331	Penis carcinoma recurrent	PT
10034332	Penis carcinoma stage I	PT
10034333	Penis carcinoma stage II	PT
10034334	Penis carcinoma stage III	PT
10034335	Penis carcinoma stage IV	PT
10034480	Pericardial mesothelioma malignant recurrent	PT
10034603	Peripheral neuroepithelioma of bone metastatic	PT
10034605	Peripheral neuroepithelioma of bone recurrent	PT
10034623	Peripheral T-cell lymphoma unspecified	PT
10034625	Peripheral T-cell lymphoma unspecified recurrent	PT
10034626	Peripheral T-cell lymphoma unspecified refractory	PT
10034627	Peripheral T-cell lymphoma unspecified stage I	PT
10034628	Peripheral T-cell lymphoma unspecified stage II	PT
10034629	Peripheral T-cell lymphoma unspecified stage III	PT
10034630	Peripheral T-cell lymphoma unspecified stage IV	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10034671	Peritoneal mesothelioma malignant recurrent	PT
10034811	Pharyngeal cancer	PT
10034813	Pharyngeal cancer recurrent	PT
10034814	Pharyngeal cancer stage 0	PT
10034815	Pharyngeal cancer stage I	PT
10034816	Pharyngeal cancer stage II	PT
10034817	Pharyngeal cancer stage III	PT
10034818	Pharyngeal cancer stage IV	PT
10035052	Pineal germinoma	PT
10035222	Plasma cell leukaemia	PT
10035226	Plasma cell myeloma	PT
10035484	Plasmacytoma	PT
10035603	Pleural mesothelioma	PT
10035607	Pleural mesothelioma malignant recurrent	PT
10036057	Polycythaemia vera	PT
10036334	Postcricoid cancer	PT
10036523	Precursor B-lymphoblastic lymphoma	PT
10036532	Precursor B-lymphoblastic lymphoma stage I	PT
10036533	Precursor B-lymphoblastic lymphoma stage II	PT
10036534	Precursor B-lymphoblastic lymphoma stage III	PT
10036535	Precursor B-lymphoblastic lymphoma stage IV	PT
10036543	Precursor T-lymphoblastic lymphoma/leukaemia	PT
10036546	Precursor T-lymphoblastic lymphoma/leukaemia recurrent	PT
10036547	Precursor T-lymphoblastic lymphoma/leukaemia refractory	PT
10036548	Precursor T-lymphoblastic lymphoma/leukaemia stage I	PT
10036549	Precursor T-lymphoblastic lymphoma/leukaemia stage II	PT
10036550	Precursor T-lymphoblastic lymphoma/leukaemia stage III	PT
10036551	Precursor T-lymphoblastic lymphoma/leukaemia stage IV	PT
10036710	Primary mediastinal large B-cell lymphoma	PT
10036713	Primary mediastinal large B-cell lymphoma recurrent	PT
10036714	Primary mediastinal large B-cell lymphoma refractory	PT
10036715	Primary mediastinal large B-cell lymphoma stage I	PT
10036716	Primary mediastinal large B-cell lymphoma stage II	PT
10036717	Primary mediastinal large B-cell lymphoma stage III	PT
10036718	Primary mediastinal large B-cell lymphoma stage IV	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10036888	Prolymphocytic leukaemia	PT
10036909	Prostate cancer metastatic	PT
10036911	Prostate cancer recurrent	PT
10036912	Prostate cancer stage 0	PT
10036917	Prostate cancer stage I	PT
10036918	Prostate cancer stage II	PT
10036919	Prostate cancer stage III	PT
10036920	Prostate cancer stage IV	PT
10038019	Rectal adenocarcinoma	PT
10038038	Rectal cancer	PT
10038046	Rectal cancer recurrent	PT
10038047	Rectal cancer stage 0	PT
10038048	Rectal cancer stage I	PT
10038049	Rectal cancer stage II	PT
10038050	Rectal cancer stage III	PT
10038051	Rectal cancer stage IV	PT
10038086	Rectosigmoid cancer	PT
10038094	Rectosigmoid cancer recurrent	PT
10038095	Rectosigmoid cancer stage 0	PT
10038096	Rectosigmoid cancer stage I	PT
10038097	Rectosigmoid cancer stage II	PT
10038098	Rectosigmoid cancer stage III	PT
10038099	Rectosigmoid cancer stage IV	PT
10038111	Recurrent cancer	PT
10038270	Refractory anaemia with an excess of blasts	PT
10038272	Refractory anaemia with ringed sideroblasts	PT
10038389	Renal cancer	PT
10038390	Renal cancer recurrent	PT
10038391	Renal cancer stage I	PT
10038392	Renal cancer stage II	PT
10038393	Renal cancer stage III	PT
10038394	Renal cancer stage IV	PT
10038410	Renal cell carcinoma recurrent	PT
10038411	Renal cell carcinoma stage I	PT
10038412	Renal cell carcinoma stage II	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10038413	Renal cell carcinoma stage III	PT
10038414	Renal cell carcinoma stage IV	PT
10038724	Respiratory tract carcinoma in situ	PT
10038878	Retinal melanoma	PT
10038916	Retinoblastoma	PT
10038977	Retroperitoneal cancer	PT
10039019	Rhabdoid tumour of the kidney	PT
10039022	Rhabdomyosarcoma	PT
10039027	Rhabdomyosarcoma recurrent	PT
10039398	Salivary gland cancer recurrent	PT
10039399	Salivary gland cancer stage 0	PT
10039400	Salivary gland cancer stage I	PT
10039401	Salivary gland cancer stage II	PT
10039402	Salivary gland cancer stage III	PT
10039403	Salivary gland cancer stage IV	PT
10039491	Sarcoma	PT
10039497	Sarcoma uterus	PT
10039500	Sarcomatosis	PT
10039744	Scrotal cancer	PT
10039801	Second primary malignancy	PT
10039956	Seminoma	PT
10041056	Small cell carcinoma	PT
10041057	Small cell carcinoma of the cervix	PT
10041067	Small cell lung cancer	PT
10041068	Small cell lung cancer extensive stage	PT
10041069	Small cell lung cancer limited stage	PT
10041070	Small cell lung cancer recurrent	PT
10041121	Small intestine carcinoma metastatic	PT
10041124	Small intestine carcinoma recurrent	PT
10041127	Small intestine leiomyosarcoma	PT
10041329	Somatostatinoma	PT
10041580	Spinal meningioma malignant	PT
10041652	Splenic marginal zone lymphoma recurrent	PT
10041653	Splenic marginal zone lymphoma refractory	PT
10041654	Splenic marginal zone lymphoma stage I	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10041655	Splenic marginal zone lymphoma stage II	PT
10041656	Splenic marginal zone lymphoma stage III	PT
10041657	Splenic marginal zone lymphoma stage IV	PT
10041826	Squamous cell carcinoma of lung	PT
10041848	Squamous cell carcinoma of the cervix	PT
10041849	Squamous cell carcinoma of the hypopharynx	PT
10041857	Squamous cell carcinoma of the oral cavity	PT
10041865	Squamous cell carcinoma of the tongue	PT
10041866	Squamous cell carcinoma of the vagina	PT
10041875	Squamous cell carcinoma of the vulva	PT
10041883	Squamous endometrial carcinoma	PT
10042549	Superficial spreading melanoma stage I	PT
10042550	Superficial spreading melanoma stage II	PT
10042551	Superficial spreading melanoma stage III	PT
10042552	Superficial spreading melanoma stage IV	PT
10042553	Superficial spreading melanoma stage unspecified	PT
10042863	Synovial sarcoma	PT
10042864	Synovial sarcoma metastatic	PT
10042867	Synovial sarcoma recurrent	PT
10042970	T-cell chronic lymphocytic leukaemia	PT
10042971	T-cell lymphoma	PT
10042979	T-cell lymphoma recurrent	PT
10042980	T-cell lymphoma refractory	PT
10042981	T-cell lymphoma stage I	PT
10042982	T-cell lymphoma stage II	PT
10042983	T-cell lymphoma stage III	PT
10042984	T-cell lymphoma stage IV	PT
10042985	T-cell prolymphocytic leukaemia	PT
10042987	T-cell type acute leukaemia	PT
10042989	T-cell unclassifiable lymphoma high grade	PT
10042990	T-cell unclassifiable lymphoma low grade	PT
10043303	Testicular choriocarcinoma stage I	PT
10043304	Testicular choriocarcinoma stage II	PT
10043305	Testicular choriocarcinoma stage III	PT
10043309	Testicular embryonal carcinoma stage I	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10043310	Testicular embryonal carcinoma stage II	PT
10043311	Testicular embryonal carcinoma stage III	PT
10043331	Testicular germ cell tumour mixed stage I	PT
10043332	Testicular germ cell tumour mixed stage II	PT
10043333	Testicular germ cell tumour mixed stage III	PT
10043339	Testicular malignant teratoma stage I	PT
10043340	Testicular malignant teratoma stage II	PT
10043341	Testicular malignant teratoma stage III	PT
10043350	Testicular seminoma (pure) stage I	PT
10043351	Testicular seminoma (pure) stage II	PT
10043352	Testicular seminoma (pure) stage III	PT
10043357	Testicular yolk sac tumour stage I	PT
10043358	Testicular yolk sac tumour stage II	PT
10043359	Testicular yolk sac tumour stage III	PT
10043515	Throat cancer	PT
10043581	Thrombophlebitis migrans	PT
10043674	Thymoma malignant recurrent	PT
10043966	Tongue neoplasm malignant stage unspecified	PT
10044002	Tonsil cancer	PT
10044285	Tracheal cancer	PT
10044406	Transitional cell cancer of renal pelvis and ureter metastatic	PT
10044407	Transitional cell cancer of the renal pelvis and ureter	PT
10044408	Transitional cell cancer of the renal pelvis and ureter localised	PT
10044410	Transitional cell cancer of the renal pelvis and ureter recurrent	PT
10044411	Transitional cell cancer of the renal pelvis and ureter regional	PT
10044412	Transitional cell carcinoma	PT
10044426	Transitional cell carcinoma urethra	PT
10045515	Undifferentiated sarcoma	PT
10046392	Ureteric cancer	PT
10046393	Ureteric cancer local	PT
10046394	Ureteric cancer metastatic	PT
10046396	Ureteric cancer recurrent	PT
10046397	Ureteric cancer regional	PT
10046431	Urethral cancer	PT
10046433	Urethral cancer metastatic	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10046435	Urethral cancer recurrent	PT
10046766	Uterine cancer	PT
10046770	Uterine carcinoma in situ	PT
10046799	Uterine leiomyosarcoma	PT
10046885	Vaginal cancer	PT
10046887	Vaginal cancer metastatic	PT
10046889	Vaginal cancer recurrent	PT
10046890	Vaginal cancer stage 0	PT
10046891	Vaginal cancer stage I	PT
10046892	Vaginal cancer stage II	PT
10046893	Vaginal cancer stage III	PT
10046894	Vaginal cancer stage IVA	PT
10046895	Vaginal cancer stage IVB	PT
10047430	Vipoma	PT
10047741	Vulval cancer	PT
10047742	Vulval cancer metastatic	PT
10047744	Vulval cancer recurrent	PT
10047745	Vulval cancer stage 0	PT
10047746	Vulval cancer stage I	PT
10047747	Vulval cancer stage II	PT
10047748	Vulval cancer stage III	PT
10047749	Vulval cancer stage IV	PT
10047801	Waldenstrom's macroglobulinaemia	PT
10047804	Waldenstrom's macroglobulinaemia recurrent	PT
10047805	Waldenstrom's macroglobulinaemia refractory	PT
10047806	Waldenstrom's macroglobulinaemia stage I	PT
10047807	Waldenstrom's macroglobulinaemia stage II	PT
10047808	Waldenstrom's macroglobulinaemia stage III	PT
10047809	Waldenstrom's macroglobulinaemia stage IV	PT
10048251	Yolk sac tumour site unspecified	PT
10048397	Endometrial stromal sarcoma	PT
10049067	Spindle cell sarcoma	PT
10049556	Bone marrow tumour cell infiltration	PT
10049557	Bone marrow leukaemic cell infiltration	PT
10049717	Metastases to heart	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10049718	Metastases to stomach	PT
10049721	Metastases to pancreas	PT
10049722	Metastases to bladder	PT
10049723	Metastases to thyroid	PT
10049724	Metastases to eye	PT
10049725	Metastases to placenta	PT
10049726	Metastases to uterus	PT
10049727	Metastases to fallopian tube	PT
10049728	Metastases to pituitary gland	PT
10049730	Metastases to muscle	PT
10050017	Lung cancer metastatic	PT
10050018	Renal cancer metastatic	PT
10050282	Blast crisis in myelogenous leukaemia	PT
10050487	Pinealoblastoma	PT
10050513	Metastatic renal cell carcinoma	PT
10051066	Gastrointestinal stromal tumour	PT
10051141	Myeloblastoma	PT
10051358	Post transplant lymphoproliferative disorder	PT
10051398	Malignant neoplasm progression	PT
10051662	Metastases to bone marrow	PT
10051663	Metastases to chest wall	PT
10051664	Metastases to abdominal wall	PT
10051665	Metastases to diaphragm	PT
10051666	Metastases to Eustachian tube	PT
10051667	Metastases to gallbladder	PT
10051668	Metastases to larynx	PT
10051669	Metastases to mouth	PT
10051670	Metastases to nasal sinuses	PT
10051671	Metastases to oesophagus	PT
10051672	Metastases to penis	PT
10051673	Metastases to perineum	PT
10051674	Metastases to peripheral nervous system	PT
10051676	Metastases to peritoneum	PT
10051677	Metastases to pharynx	PT
10051678	Metastases to prostate	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10051679	Metastases to rectum	PT
10051680	Metastases to retroperitoneum	PT
10051681	Metastases to salivary gland	PT
10051682	Metastases to spleen	PT
10051683	Metastases to testicle	PT
10051684	Metastases to thorax	PT
10051685	Metastases to trachea	PT
10051690	Urinary bladder sarcoma	PT
10051696	Metastases to meninges	PT
10051709	Gastrinoma malignant	PT
10051710	Phaeochromocytoma malignant	PT
10051807	Pseudosarcoma	PT
10051925	Intestinal adenocarcinoma	PT
10051949	Peritoneal sarcoma	PT
10051950	Pleural sarcoma	PT
10052178	Lymphocytic lymphoma	PT
10052358	Colorectal cancer metastatic	PT
10052360	Colorectal adenocarcinoma	PT
10052368	Leukaemic infiltration pulmonary	PT
10052399	Neuroendocrine tumour	PT
10052747	Adenocarcinoma pancreas	PT
10052759	Ovarian dysgerminoma stage unspecified	PT
10052819	Carcinoid tumour of the small bowel	PT
10052903	Neoplasm of cornea unspecified malignancy	PT
10052974	Lymphoma operation	PT
10052975	Lymphoid tissue operation	PT
10053128	Malignant nipple neoplasm male	PT
10053129	Malignant nipple neoplasm female	PT
10053132	Lymphangiosis carcinomatosa	PT
10053180	Leukaemia cutis	PT
10053190	Splenic neoplasm malignancy unspecified	PT
10053231	Adenoid cystic carcinoma	PT
10053504	Scan bone marrow abnormal	PT
10053548	Gastrointestinal cancer metastatic	PT
10053574	Immunoblastic lymphoma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10053747	Blast cell crisis	PT
10054184	Small intestine carcinoma	PT
10054912	Cystadenocarcinoma ovary	PT
10054913	Serous cystadenocarcinoma ovary	PT
10054914	Mucinous cystadenocarcinoma ovary	PT
10054946	Malignant pericardial neoplasm	PT
10054951	Disseminated large cell lymphoma	PT
10055006	Pancreatic sarcoma	PT
10055007	Carcinoid tumour of the pancreas	PT
10055008	Gastric sarcoma	PT
10055017	Ear neoplasm malignant	PT
10055093	Brain cancer metastatic	PT
10055094	Cervix cancer metastatic	PT
10055095	Adrenal gland cancer metastatic	PT
10055096	Anal cancer metastatic	PT
10055097	Rectal cancer metastatic	PT
10055098	Oral cavity cancer metastatic	PT
10055099	Ocular cancer metastatic	PT
10055100	Otic cancer metastatic	PT
10055101	Bone cancer metastatic	PT
10055102	Oesophageal cancer metastatic	PT
10055103	Testicular cancer metastatic	PT
10055104	Pharyngeal cancer metastatic	PT
10055105	Sinus cancer metastatic	PT
10055106	Pituitary cancer metastatic	PT
10055107	Thyroid cancer metastatic	PT
10055108	Thymic cancer metastatic	PT
10055109	Tongue cancer metastatic	PT
10055110	Hepatic cancer metastatic	PT
10055111	Biliary cancer metastatic	PT
10055113	Breast cancer metastatic	PT
10055114	Colon cancer metastatic	PT
10055115	Skin cancer metastatic	PT
10056251	Metastases to urinary tract	PT
10056266	Ovarian embryonal carcinoma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10056450	Mastocytic leukaemia	PT
10056558	Peritoneal mesothelioma malignant	PT
10056672	Neuroectodermal neoplasm	PT
10057194	Acute megakaryocytic leukaemia (in remission)	PT
10057266	Signet-ring cell carcinoma	PT
10057269	Mucoepidermoid carcinoma	PT
10057270	Neuroendocrine carcinoma	PT
10057340	Testicular leiomyosarcoma	PT
10057352	Metastatic carcinoma of the bladder	PT
10057376	Ovarian granulosa-theca cell tumour	PT
10057416	Ocular haemangiopericytoma	PT
10057529	Ovarian cancer metastatic	PT
10057644	Testis cancer	PT
10057646	Peripheral neuroepithelioma of soft tissue	PT
10057649	Endometrial sarcoma	PT
10057654	Breast cancer female	PT
10057700	Angiosarcoma non-metastatic	PT
10057838	Pituitary neoplasm malignant recurrent	PT
10057846	Primitive neuroectodermal tumour	PT
10058281	Gallbladder cancer stage II	PT
10058282	Gallbladder cancer stage III	PT
10058283	Gallbladder cancer stage IV	PT
10058286	Gallbladder adenocarcinoma	PT
10058306	Metastatic bronchial carcinoma	PT
10058307	Metastases to peripheral vascular system	PT
10058354	Bronchioloalveolar carcinoma	PT
10058429	Tongue carcinoma stage 0	PT
10058430	Tongue carcinoma stage I	PT
10058431	Tongue carcinoma stage II	PT
10058432	Tongue carcinoma stage III	PT
10058433	Tongue carcinoma stage IV	PT
10058467	Lung neoplasm malignant	PT
10058527	Oesophageal squamous cell carcinoma metastatic	PT
10058671	Leukaemic infiltration hepatic	PT
10058717	Chronic lymphocytic leukaemia transformation	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10058728	Richter's syndrome	PT
10058975	Natural killer-cell lymphoblastic lymphoma	PT
10059034	Acute myeloid leukaemia recurrent	PT
10059227	Biopsy spleen abnormal	PT
10059239	Leukaemic retinopathy	PT
10059282	Metastases to central nervous system	PT
10059316	Gallbladder cancer stage 0	PT
10059317	Gallbladder cancer stage I	PT
10059318	Hepatic cancer stage I	PT
10059319	Hepatic cancer stage II	PT
10059320	Pancreatic carcinoma stage 0	PT
10059321	Pancreatic carcinoma stage I	PT
10059322	Pancreatic carcinoma stage II	PT
10059323	Pancreatic carcinoma stage III	PT
10059324	Hepatic cancer stage III	PT
10059325	Hepatic cancer stage IV	PT
10059326	Pancreatic carcinoma stage IV	PT
10059368	Small intestine carcinoma stage 0	PT
10059369	Small intestine carcinoma stage I	PT
10059370	Small intestine carcinoma stage II	PT
10059371	Small intestine carcinoma stage III	PT
10059372	Small intestine carcinoma stage IV	PT
10059373	Bile duct cancer stage I	PT
10059374	Bile duct cancer stage II	PT
10059375	Bile duct cancer stage III	PT
10059376	Bile duct cancer stage IV	PT
10059384	Bile duct cancer stage 0	PT
10059427	Buschke-Lowenstein's tumour	PT
10059498	Stewart-Treves syndrome	PT
10059514	Small cell lung cancer metastatic	PT
10059515	Non-small cell lung cancer metastatic	PT
10059518	Pleural mesothelioma malignant	PT
10059631	Penile squamous cell carcinoma	PT
10060121	Squamous cell carcinoma of head and neck	PT
10060406	Plasma cell leukaemia in remission	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10060862	Prostate cancer	PT
10060910	Precursor B-lymphoblastic lymphoma recurrent	PT
10060911	Precursor B-lymphoblastic lymphoma refractory	PT
10060930	Acute leukaemia in remission	PT
10060971	Astrocytoma malignant	PT
10061020	Breast cancer male	PT
10061025	Cardiac neoplasm malignant	PT
10061031	Thymoma malignant	PT
10061042	Chronic leukaemia in remission	PT
10061122	Endocrine neoplasm malignant	PT
10061154	Female reproductive tract carcinoma in situ	PT
10061168	Gastrointestinal carcinoma in situ	PT
10061170	Follicle centre lymphoma, follicular grade I, II, III	PT
10061184	Germ cell cancer	PT
10061220	Leukaemia in remission	PT
10061232	Lymphoproliferative disorder	PT
10061233	Lymphoproliferative disorder in remission	PT
10061237	Malignant anorectal neoplasm	PT
10061238	Malignant cranial nerve neoplasm	PT
10061240	Malignant lymphoid neoplasm	PT
10061241	Malignant mediastinal neoplasm	PT
10061267	Malignant middle ear neoplasm	PT
10061268	Malignant nervous system neoplasm	PT
10061269	Malignant peritoneal neoplasm	PT
10061270	Malignant respiratory tract neoplasm	PT
10061272	Malignant urinary tract neoplasm	PT
10061275	Mantle cell lymphoma	PT
10061287	Metastases to nervous system	PT
10061288	Metastases to reproductive organ	PT
10061289	Metastatic neoplasm	PT
10061295	Monocytic leukaemia in remission	PT
10061301	Myeloid leukaemia in remission	PT
10061306	Nasopharyngeal cancer	PT
10061328	Ovarian epithelial cancer	PT
10061342	Peripheral neuroepithelioma of bone	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10061378	Testicular germ cell cancer	PT
10061396	Urinary tract carcinoma in situ	PT
10061424	Anal cancer	PT
10061450	Carcinoma in situ	PT
10061451	Colorectal cancer	PT
10061523	Lip and/or oral cavity cancer	PT
10061526	Malignant mesenchymoma	PT
10061527	Neurofibrosarcoma	PT
10061534	Oesophageal squamous cell carcinoma	PT
10061537	Pineal parenchymal neoplasm malignant	PT
10061597	Hodgkin's disease stage IV	PT
10061600	Metastases to the respiratory system	PT
10061809	Cervix carcinoma stage 0	PT
10061848	Extragonadal primary malignant teratoma	PT
10061849	Extragonadal primary non-seminoma	PT
10061850	Extranodal marginal zone B-cell lymphoma (MALT type)	PT
10061871	Non-Hodgkin's lymphoma transformed recurrent	PT
10061872	Non-renal cell carcinoma of kidney	PT
10061873	Non-small cell lung cancer	PT
10061893	Ovarian germ cell cancer	PT
10061894	Ovarian germ cell cancer stage I	PT
10061895	Ovarian germ cell cancer stage II	PT
10061896	Ovarian germ cell cancer stage III	PT
10061897	Ovarian germ cell cancer stage IV	PT
10061909	Paranasal sinus and nasal cavity malignant neoplasm	PT
10061934	Salivary gland cancer	PT
10061957	Follicle centre lymphoma diffuse small cell lymphoma	PT
10061967	Gastric cancer stage IV	PT
10061988	Gestational trophoblastic tumour	PT
10062001	Hepatoblastoma	PT
10062041	Lung infiltration malignant	PT
10062047	Lymphocyte morphology abnormal	PT
10062050	Malignant muscle neoplasm	PT
10062051	Malignant nipple neoplasm	PT
10062113	Splenic marginal zone lymphoma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10062122	Testicular choriocarcinoma	PT
10062123	Testicular embryonal carcinoma	PT
10062124	Testicular seminoma (pure)	PT
10062142	Spleen scan abnormal	PT
10062194	Metastasis	PT
10062195	Metastases to biliary tract	PT
10062196	Metastases to gastrointestinal tract	PT
10062197	Metastases to soft tissue	PT
10062485	Retroperitoneal neoplasm metastatic	PT
10062489	Leukaemia recurrent	PT
10062878	Gastrooesophageal cancer	PT
10062904	Hormone-refractory prostate cancer	PT
10063157	Metastatic glioma	PT
10063523	Colon cancer stage 0	PT
10063536	Vulvar adenocarcinoma	PT
10063569	Metastatic squamous cell carcinoma	PT
10063609	Porocarcinoma	PT
10063616	Radiotherapy to lymph nodes	PT
10063620	Acute lymphocytic leukaemia recurrent	PT
10063693	Malignant neoplasm of eyelid	PT
10063706	Malignant melanoma of eyelid	PT
10063908	Non-Hodgkin's lymphoma unspecified histology aggressive	PT
10063916	Metastatic gastric cancer	PT
10064055	Lip squamous cell carcinoma	PT
10064099	Oropharyngeal cancer stage IV	PT
10064344	Lymphoma transformation	PT
10064581	Desmoplastic small round cell tumour	PT
10064605	Sezary cells increased	PT
10064912	Malignant transformation	PT
10065039	Plasmablastic lymphoma	PT
10065305	Cancer in remission	PT
10065349	Vaginal adenocarcinoma	PT
10065430	HER2 positive breast cancer	PT
10065443	Malignant glioma	PT
10065852	CNS germinoma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10065854	Chronic eosinophilic leukaemia	PT
10065856	Non-Hodgkin's lymphoma unspecified histology indolent	PT
10065857	Primary effusion lymphoma	PT
10065858	Ovarian stromal cancer	PT
10065867	Alveolar rhabdomyosarcoma	PT
10065868	Embryonal rhabdomyosarcoma	PT
10065871	Nongerminomatous germ cell tumour of the CNS	PT
10065907	Atypical teratoid/rhabdoid tumour of CNS	PT
10065908	Cystadenocarcinoma pancreas	PT
10066057	Mueller's mixed tumour	PT
10066136	Huerthle cell carcinoma	PT
10066206	Apocrine breast carcinoma	PT
10066231	Central nervous system leukaemia	PT
10066254	Gliomatosis cerebri	PT
10066384	Conjunctival melanoma	PT
10066471	Squamous cell carcinoma of pharynx	PT
10066474	Thyroid cancer	PT
10066476	Haematological malignancy	PT
10066594	Medulloblastoma recurrent	PT
10066595	Neuroblastoma recurrent	PT
10066600	Melanoma recurrent	PT
10066697	Ovarian cancer recurrent	PT
10066749	Bladder transitional cell carcinoma stage 0	PT
10066750	Bladder transitional cell carcinoma recurrent	PT
10066751	Bladder transitional cell carcinoma stage I	PT
10066752	Bladder transitional cell carcinoma stage IV	PT
10066753	Bladder transitional cell carcinoma stage II	PT
10066754	Bladder transitional cell carcinoma stage III	PT
10066879	Gallbladder cancer metastatic	PT
10066882	Metastatic salivary gland cancer	PT
10066896	HER2 positive gastric cancer	PT
10066948	Myxofibrosarcoma	PT
10066957	Hepatosplenic T-cell lymphoma	PT
10067064	Endometrial sarcoma recurrent	PT
10067065	Endometrial sarcoma metastatic	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10067117	Leukaemic infiltration extramedullary	PT
10067184	Burkitt's leukaemia	PT
10067369	Malignant mesenteric neoplasm	PT
10067387	Myelodysplastic syndrome transformation	PT
10067388	Hepatic angiosarcoma	PT
10067399	Acute biphenotypic leukaemia	PT
10067431	Leukaemic infiltration gingiva	PT
10067478	Choroid plexus carcinoma	PT
10067517	Pancreatic neuroendocrine tumour	PT
10067807	Gingival cancer	PT
10067821	Head and neck cancer	PT
10067917	Inflammatory myofibroblastic tumour	PT
10067943	Hereditary papillary renal carcinoma	PT
10067944	Hereditary leiomyomatosis renal cell carcinoma	PT
10067946	Renal cell carcinoma	PT
10067959	Refractory cytopenia with multilineage dysplasia	PT
10068068	Adenocarcinoma of salivary gland	PT
10068115	Metastatic carcinoid tumour	PT
10068116	Metastatic uterine cancer	PT
10068117	Metastatic ocular melanoma	PT
10068124	Malignant neoplasm of seminal vesicle	PT
10068223	Extramammary Paget's disease	PT
10068232	Chronic myeloid leukaemia transformation	PT
10068349	Epstein-Barr virus associated lymphoproliferative disorder	PT
10068532	5q minus syndrome	PT
10068582	Breast sarcoma	PT
10068583	Breast sarcoma metastatic	PT
10068584	Breast sarcoma recurrent	PT
10068595	Sarcoma metastatic	PT
10068601	Glioneuronal tumour	PT
10068694	Testicular germ cell cancer metastatic	PT
10068785	Histiocytic medullary reticulosis	PT
10068873	Adenosquamous cell carcinoma	PT
10068909	Pancreatic neuroendocrine tumour metastatic	PT
10068910	Primitive neuroectodermal tumour metastatic	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10068971	Germ cell cancer metastatic	PT
10068974	Peritoneal carcinoma metastatic	PT
10069345	Solid pseudopapillary tumour of the pancreas	PT
10069359	Leukaemic infiltration renal	PT
10069360	Leukaemic infiltration	PT
10069698	Langerhans' cell histiocytosis	PT
10069728	Rectosigmoid cancer metastatic	PT
10069730	Large cell lung cancer metastatic	PT
10069812	Testicular choriocarcinoma recurrent	PT
10069813	Testis cancer recurrent	PT
10070308	Refractory cancer	PT
10070567	Thyroid cancer stage 0	PT
10070902	Laryngeal cancer metastatic	PT
10070905	Ovarian cancer stage I	PT
10070906	Ovarian cancer stage II	PT
10070907	Ovarian cancer stage III	PT
10070908	Ovarian cancer stage IV	PT
10070913	Metastases to pelvis	PT
10071023	Abdominal wall neoplasm malignant	PT
10071027	Thyroid cancer stage I	PT
10071028	Thyroid cancer stage II	PT
10071029	Thyroid cancer stage III	PT
10071030	Thyroid cancer stage IV	PT
10071080	Transitional cell carcinoma metastatic	PT
10071119	Hormone-dependent prostate cancer	PT
10071251	Tongue cancer recurrent	PT
10071441	Epstein-Barr virus associated lymphoma	PT
10071532	Metastatic choriocarcinoma	PT
10071533	Lung squamous cell carcinoma metastatic	PT
10071535	Non-Hodgkin's lymphoma metastatic	PT
10071536	Head and neck cancer stage IV	PT
10071537	Head and neck cancer stage III	PT
10071538	Head and neck cancer stage II	PT
10071539	Head and neck cancer stage I	PT
10071540	Head and neck cancer metastatic	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10071541	Metastatic lymphoma	PT
10071542	Neuroendocrine carcinoma metastatic	PT
10071664	Bladder transitional cell carcinoma metastatic	PT
10071776	Phyllodes tumour	PT
10071978	Anaplastic lymphoma kinase gene and nucleophosmin gene fusion overexpression	PT
10072162	Thyroid cancer recurrent	PT
10072432	Malignant neoplasm of pleura metastatic	PT
10072448	Malignant blue naevus	PT
10072449	Desmoplastic melanoma	PT
10072613	Thyroid B-cell lymphoma	PT
10072684	Refractory cytopenia with unilineage dysplasia	PT
10072792	Tonsil cancer metastatic	PT
10072793	Urethral melanoma metastatic	PT
10072813	Breast angiosarcoma	PT
10072814	Breast angiosarcoma metastatic	PT
10073055	Extragonadal primary germ cell tumour	PT
10073056	Extragonadal primary germ cell tumour mixed	PT
10073057	Extragonadal primary seminoma (pure)	PT
10073059	Malignant neoplasm of unknown primary site	PT
10073062	Biphasic mesothelioma	PT
10073063	Desmoplastic mesothelioma	PT
10073064	Epithelioid mesothelioma	PT
10073065	Sarcomatoid mesothelioma	PT
10073066	Pericardial mesothelioma malignant	PT
10073067	Gallbladder adenosquamous carcinoma	PT
10073068	Gallbladder squamous cell carcinoma	PT
10073069	Hepatic cancer	PT
10073070	Hepatic cancer recurrent	PT
10073071	Hepatocellular carcinoma	PT
10073073	Hepatobiliary cancer	PT
10073074	Hepatobiliary cancer in situ	PT
10073086	Iris melanoma	PT
10073094	Intraductal proliferative breast lesion	PT
10073095	Invasive ductal breast carcinoma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10073096	Invasive lobular breast carcinoma	PT
10073098	Invasive papillary breast carcinoma	PT
10073099	Lobular breast carcinoma in situ	PT
10073100	Metaplastic breast carcinoma	PT
10073101	Mucinous breast carcinoma	PT
10073103	Neuroendocrine breast tumour	PT
10073104	Tubular breast carcinoma	PT
10073106	Bone giant cell tumour malignant	PT
10073107	Peripheral primitive neuroectodermal bone tumour	PT
10073115	Epididymal cancer	PT
10073116	Genital cancer male	PT
10073117	Sertoli cell testicular tumour	PT
10073118	Spermatocytic seminoma	PT
10073119	Testicular germ cell tumour mixed	PT
10073120	Testicular malignant teratoma	PT
10073121	Testicular yolk sac tumour	PT
10073124	Genital cancer male in situ	PT
10073127	Anaplastic meningioma	PT
10073128	Anaplastic oligodendroglioma	PT
10073129	Angiocentric glioma	PT
10073130	Central nervous system neuroblastoma	PT
10073131	Oligoastrocytoma	PT
10073132	Plasma cell myeloma in remission	PT
10073133	Plasma cell myeloma recurrent	PT
10073134	Extraskeletal myxoid chondrosarcoma	PT
10073135	Dedifferentiated liposarcoma	PT
10073136	Mixed-type liposarcoma	PT
10073137	Myxoid liposarcoma	PT
10073138	Pleomorphic liposarcoma	PT
10073139	Round cell liposarcoma	PT
10073140	Clear cell sarcoma of soft tissue	PT
10073141	Malignant giant cell fibrous histiocytoma	PT
10073142	Inflammatory malignant fibrous histiocytoma	PT
10073143	Pleomorphic malignant fibrous histiocytoma	PT
10073144	Peripheral primitive neuroectodermal tumour of soft tissue	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10073152	Adrenal gland cancer	PT
10073153	Familial medullary thyroid cancer	PT
10073251	Clear cell renal cell carcinoma	PT
10073259	Ovarian germ cell tumour mixed	PT
10073260	Ovarian granulosa cell tumour	PT
10073261	Ovarian theca cell tumour	PT
10073262	Ovarian germ cell choriocarcinoma	PT
10073263	Ovarian germ cell endodermal sinus tumour	PT
10073264	Ovarian germ cell polyembryoma	PT
10073265	Ovarian germ cell teratoma	PT
10073266	Borderline mucinous tumour of ovary	PT
10073267	Borderline serous tumour of ovary	PT
10073268	Ovarian clear cell carcinoma	PT
10073269	Ovarian endometrioid carcinoma	PT
10073270	Ovarian Sertoli-Leydig cell tumour	PT
10073324	Keratinising squamous cell carcinoma of nasopharynx	PT
10073325	Nonkeratinising carcinoma of nasopharynx	PT
10073328	Undifferentiated nasopharyngeal carcinoma	PT
10073334	Rhabdoid tumour	PT
10073338	Optic glioma	PT
10073358	Anal squamous cell carcinoma	PT
10073359	Adenocarcinoma of appendix	PT
10073360	Appendix cancer	PT
10073361	Mucinous adenocarcinoma of appendix	PT
10073362	Undifferentiated carcinoma of colon	PT
10073363	Acinar cell carcinoma of pancreas	PT
10073364	Ductal adenocarcinoma of pancreas	PT
10073365	Intraductal papillary-mucinous carcinoma of pancreas	PT
10073367	Pancreatoblastoma	PT
10073369	Acinic cell carcinoma of salivary gland	PT
10073370	Adenoid cystic carcinoma of salivary gland	PT
10073371	Mucoepidermoid carcinoma of salivary gland	PT
10073373	Small intestine adenocarcinoma	PT
10073478	Anaplastic large-cell lymphoma	PT
10073479	Acute undifferentiated leukaemia	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10073480	B-cell prolymphocytic leukaemia	PT
10073481	Enteropathy-associated T-cell lymphoma	PT
10073534	Hodgkin's disease nodular sclerosis stage II	PT
10073535	Hodgkin's disease nodular sclerosis stage I	PT
10073540	Intraductal papillary breast neoplasm	PT
10073574	Dermatofibrosarcoma protuberans metastatic	PT
10073751	Intracranial germ cell tumour	PT
10073851	Tumour of ampulla of Vater	PT
10073857	Brain sarcoma	PT
10073957	Composite lymphoma	PT
10073978	Adenosquamous carcinoma of vagina	PT
10074340	Malignant connective tissue neoplasm	PT
10074419	Malignant genitourinary tract neoplasm	PT
10074909	Clear cell carcinoma of cervix	PT
10075081	Chronic myeloid leukaemia recurrent	PT
10075173	Bone marrow infiltration	PT
10075245	Metastatic glucagonoma	PT
10075324	Ocular lymphoma	PT
10075332	Follicular dendritic cell sarcoma	PT
10075333	Soft tissue sarcoma	PT
10075460	Blastic plasmacytoid dendritic cell neoplasia	PT
10075555	Metastases to vagina	PT
10075566	Triple negative breast cancer	PT
10075713	Invasive breast carcinoma	PT
10075811	Testicular germ cell tumour	PT
10075812	Ovarian germ cell tumour	PT
10075853	Leukaemic infiltration ovary	PT
10075993	Primary cardiac lymphoma	PT
10076596	Marginal zone lymphoma	PT
10076603	Poorly differentiated thyroid carcinoma	PT
10076748	Mixed adenoneuroendocrine carcinoma	PT
10076866	Acute lymphocytic leukaemia refractory	PT
10076868	Endotheliomatosis	PT
10076876	Histiocytic sarcoma	PT
10076935	Hormone refractory breast cancer	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10076969	Tumour budding	PT
10077051	Transitional cell carcinoma recurrent	PT
10077160	Central nervous system melanoma	PT
10077161	Primary myelofibrosis	PT
10077166	Genitourinary melanoma	PT
10077167	Gastrointestinal melanoma	PT
10077303	Malignant neoplasm papilla of Vater	PT
10077314	Skin squamous cell carcinoma metastatic	PT
10077403	Hairy cell leukaemia recurrent	PT
10077435	Carcinoma ex-pleomorphic adenoma	PT
10077465	Myeloproliferative neoplasm	PT
10077476	Metastases to tonsils	PT
10077529	Marginal zone lymphoma stage I	PT
10077530	Marginal zone lymphoma stage II	PT
10077531	Marginal zone lymphoma stage III	PT
10077532	Marginal zone lymphoma stage IV	PT
10077533	Marginal zone lymphoma recurrent	PT
10077534	Marginal zone lymphoma refractory	PT
10077559	Gastroenteropancreatic neuroendocrine tumour disease	PT
10077563	Leukaemic cardiac infiltration	PT
10077675	Musculoskeletal cancer	PT
10077703	Metastatic nervous system neoplasm	PT
10077758	Malignant meningioma metastatic	PT
10077861	Cholangiosarcoma	PT
10077888	Mismatch repair cancer syndrome	PT
10078145	Malignant joint neoplasm	PT
10078174	Neuroendocrine tumour of the lung	PT
10078175	Neuroendocrine tumour of the lung metastatic	PT
10078267	Metastases to spinal cord	PT
10078279	Myeloblast present	PT
10078282	Leptomeningeal myelomatosis	PT
10078295	NUT midline carcinoma	PT
10078341	Neuroendocrine carcinoma of the bladder	PT
10078493	Papillary renal cell carcinoma	PT
10078695	Malignant polyp	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10078782	Langerhans cell sarcoma	PT
10078934	Recurrent N-ras mutation-positive colorectal carcinoma	PT
10078972	Primary gastrointestinal follicular lymphoma	PT
10079054	Naevoid melanoma	PT
10079104	Nasopharyngeal cancer metastatic	PT
10079107	Transformation to acute myeloid leukaemia	PT
10079307	Squamous cell breast carcinoma	PT
10079386	Epstein Barr virus positive mucocutaneous ulcer	PT
10079618	Microsatellite instability cancer	PT
10079694	Chronic myelomonocytic leukaemia with N-ras gene mutation	PT
10079877	Maternal cancer in pregnancy	PT
10079987	Minimal residual disease	PT
10080017	Philadelphia positive acute lymphocytic leukaemia	PT
10080200	Triple hit lymphoma	PT
10080201	Nodular lymphocyte predominant Hodgkin lymphoma	PT
10080202	Double hit lymphoma	PT
10080215	High-grade B-cell lymphoma	PT
10080311	Intestinal metastasis	PT
10080323	Acute bilineal leukaemia	PT
10080324	Sarcomatoid carcinoma	PT
10080544	Chromophobe renal cell carcinoma	PT
10080682	Pleuropulmonary blastoma	PT
10080717	Primary pulmonary melanoma	PT
10081003	Gastrointestinal adenocarcinoma	PT
10081036	Primary breast lymphoma	PT
10081037	Tumour hyperprogression	PT
10081119	Carcinoid tumour of the liver	PT
10081189	Transdifferentiation of neoplasm	PT
10081367	Extranodal marginal zone B-cell lymphoma (BALT type)	PT
10081398	Gastrooesophageal cancer recurrent	PT
10081400	Sarcomatoid carcinoma of the lung	PT
10081421	Carcinoid tumour of the ovary	PT
10081428	Ciliary body melanoma	PT
10081431	Uveal melanoma	PT
10081437	Ewing-like sarcoma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10081513	Acute myeloid leukaemia refractory	PT
10081590	Malignant biliary obstruction	PT
10081592	Malignant gastrointestinal obstruction	PT
10081653	Bing-Neel syndrome	PT
10081847	Plasma cell myeloma refractory	PT
10082075	Iatrogenic metastasis	PT
10082079	Ovarian melanoma	PT
10082180	Philadelphia positive chronic myeloid leukaemia	PT
10082230	Squamous cell carcinoma of the parotid gland	PT
10082277	External ear neoplasm malignant	PT
10082373	Precursor T-lymphoblastic leukaemia acute	PT
10082419	Pleomorphic leiomyosarcoma	PT
10082449	Ocular surface squamous neoplasia	PT
10082495	Breast implant-associated anaplastic large cell lymphoma	PT
10082804	Solitary fibrous tumour	PT
10082915	Neuroendocrine carcinoma of prostate	PT
10082968	Oesophageal adenosquamous carcinoma	PT
10083232	HER2 negative breast cancer	PT
10083233	Triple positive breast cancer	PT
10083234	Hormone receptor positive breast cancer	PT
10083253	Nasopharyngeal tumour	PT
10083456	Adenocarcinoma metastatic	PT
10083708	Basal cell carcinoma metastatic	PT
10083863	Ameloblastic carcinoma	PT
10084056	Epiglottic cancer	PT
10084088	Lacrimal gland neoplasm	PT
10084177	Intratumoural haematoma	PT
10084377	Grey zone lymphoma	PT
10084430	Malignant airway obstruction	PT
10084570	Pulmonary atypical adenomatous hyperplasia	PT
10084787	HER2 mutant non-small cell lung cancer	PT
10084789	Homologous recombination deficiency positive advanced ovarian cancer	PT
10084814	Craniopharyngioma malignant	PT
10085067	Perivascular epithelioid cell tumour	PT
10085091	Cancer with a high tumour mutational burden	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10085123	Follicular lymphoma stage I	PT
10085125	Follicular lymphoma stage II	PT
10085126	Follicular lymphoma stage IV	PT
10085127	Follicular lymphoma stage III	PT
10085128	Follicular lymphoma	PT
10085146	Appendix cancer metastatic	PT
10085254	Cancer cells urine present	PT
10085315	Malignant spinal cord compression	PT
10085431	HER2 positive salivary gland cancer	PT
10085443	Lineage switch leukaemia	PT
10085481	Hormone receptor positive HER2 negative breast cancer	PT
10085561	Hormone receptor negative HER2 positive breast cancer	PT
10085663	Clear cell papillary renal cell carcinoma	PT
10085759	Growing teratoma syndrome	PT
10085767	Neuroendocrine tumour of the rectum	PT
10085796	Meckel's cave tumour	PT
10085864	Hepatic neuroendocrine tumour	PT
10085940	Small intestine neuroendocrine tumour	PT
10086077	Malignant gastric ulcer	PT
10086455	Cholecystic intraepithelial neoplasia	PT
10086456	Intracholecystic papillary neoplasm	PT
10086585	Neuroendocrine carcinoma of the oesophagus	PT
10086686	Malignant central nervous system neoplasm	PT
10086693	Ocular melanoma	PT
10086698	Haematological neoplasm	PT
10086714	B-cell lymphoma unclassifiable	PT
10086715	Malignant unclassifiable lymphoma	PT
10086716	T-cell lymphoma unclassifiable	PT
10086769	Neuroendocrine carcinoma of the cervix	PT
10086779	Carcinoid tumour in the large intestine	PT
10086817	Malignant urinary tract neoplasm metastatic	PT
10086958	Hepatic sarcoma	PT
10086987	Skull base tumour	PT
10087104	Infected metastasis	PT
10087220	Thymic carcinoma	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10087266	Epiglottic neoplasm	PT
10087311	Adenocarcinoid tumour of the appendix	PT
10087324	Primary cutaneous adenoid cystic carcinoma	PT
10087362	Gastric neuroendocrine carcinoma	PT
10087363	Carcinoid tumour of the mesentery	PT
10087364	Gastrointestinal neuroendocrine carcinoma	PT

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Nonmelanoma Skin Cancers - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10004146	Basal cell carcinoma	PT
10004178	Basosquamous carcinoma	PT
10004179	Basosquamous carcinoma of skin	PT
10006059	Bowen's disease	PT
10007390	Carcinoma in situ of skin	PT
10011677	Cutaneous T-cell lymphoma	PT
10011678	Cutaneous T-cell lymphoma recurrent	PT
10011679	Cutaneous T-cell lymphoma refractory	PT
10011680	Cutaneous T-cell lymphoma stage I	PT
10011681	Cutaneous T-cell lymphoma stage II	PT
10011682	Cutaneous T-cell lymphoma stage III	PT
10023284	Kaposi's sarcoma	PT
10023286	Kaposi's sarcoma AIDS related	PT
10023288	Kaposi's sarcoma classical type	PT
10023347	Keratoacanthoma	PT
10029266	Neuroendocrine carcinoma of the skin	PT
10037732	Queyrat erythroplasia	PT
10039495	Sarcoma of skin	PT
10040808	Skin cancer	PT
10041823	Squamous cell carcinoma	PT
10041834	Squamous cell carcinoma of skin	PT
10057070	Dermatofibrosarcoma protuberans	PT
10063609	Porocarcinoma	PT
10064755	Atypical fibroxanthoma	PT
10068784	Sebaceous carcinoma	PT
10069680	Eccrine carcinoma	PT
10072891	Skin angiosarcoma	PT
10073087	Malignant sweat gland neoplasm	PT
10073088	Hidradenocarcinoma	PT
10075614	Pilomatrix carcinoma	PT
10076248	Marjolin's ulcer	PT
10079945	Cutaneous lymphoma	PT
10080660	Trichoblastic carcinoma	PT
10081136	Skin squamous cell carcinoma recurrent	PT
10085518	Cutaneous B-cell lymphoma	PT

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Gastrointestinal Perforations - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10002248	Anastomotic ulcer perforation	PT
10003012	Appendicitis perforated	PT
10013832	Duodenal perforation	PT
10013849	Duodenal ulcer perforation	PT
10013850	Duodenal ulcer perforation, obstructive	PT
10017815	Gastric perforation	PT
10017835	Gastric ulcer perforation	PT
10017836	Gastric ulcer perforation, obstructive	PT
10018001	Gastrointestinal perforation	PT
10021305	Ileal perforation	PT
10021310	Ileal ulcer perforation	PT
10022694	Intestinal perforation	PT
10023174	Jejunal perforation	PT
10023178	Jejunal ulcer perforation	PT
10023804	Large intestine perforation	PT
10030181	Oesophageal perforation	PT
10034354	Peptic ulcer perforation	PT
10034358	Peptic ulcer perforation, obstructive	PT
10038073	Rectal perforation	PT
10041103	Small intestinal perforation	PT
10052211	Oesophageal rupture	PT
10052488	Oesophageal ulcer perforation	PT
10052497	Large intestinal ulcer perforation	PT
10052498	Small intestinal ulcer perforation	PT
10061248	Intestinal ulcer perforation	PT
10061820	Diverticular perforation	PT
10061975	Gastrointestinal ulcer perforation	PT
10062065	Perforated ulcer	PT
10066993	Umbilical hernia perforation	PT
10074065	Procedural intestinal perforation	PT
10074442	Abdominal hernia perforation	PT
10075254	Inguinal hernia perforation	PT
10078413	Upper gastrointestinal perforation	PT
10078414	Lower gastrointestinal perforation	PT
10085627	Duodenal rupture	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10000358	Accelerated hypertension	PT
10000533	Acquired cardiac septal defect	PT
10000891	Acute myocardial infarction	PT
10001029	Acute pulmonary oedema	PT
10001053	Acute respiratory failure	PT
10001115	Adams-Stokes syndrome	PT
10001903	Amaurosis fugax	PT
10002329	Aneurysm	PT
10002331	Aneurysm arteriovenous	PT
10002383	Angina pectoris	PT
10002388	Angina unstable	PT
10002611	Anomalous atrioventricular excitation	PT
10002703	Anterior spinal artery syndrome	PT
10002847	Anuria	PT
10002882	Aortic aneurysm	PT
10002886	Aortic aneurysm rupture	PT
10002895	Aortic dissection	PT
10002897	Aortic embolus	PT
10002899	Aortic injury	PT
10002900	Aortic necrosis	PT
10002906	Aortic stenosis	PT
10002910	Aortic thrombosis	PT
10002912	Aortic valve disease mixed	PT
10002915	Aortic valve incompetence	PT
10002917	Aortic valve sclerosis	PT
10002918	Aortic valve stenosis	PT
10003119	Arrhythmia	PT
10003130	Arrhythmia supraventricular	PT
10003162	Arterial injury	PT
10003173	Arterial rupture	PT
10003175	Arterial spasm	PT
10003178	Arterial thrombosis	PT
10003192	Arteriovenous fistula thrombosis	PT
10003201	Arteriogram coronary abnormal	PT
10003210	Arteriosclerosis	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10003211	Arteriosclerosis coronary artery	PT
10003212	Arteriosclerosis Moenckeberg-type	PT
10003222	Arteriosclerotic gangrene	PT
10003225	Arteriospasm coronary	PT
10003226	Arteriovenous fistula	PT
10003232	Arteritis coronary	PT
10003445	Ascites	PT
10003658	Atrial fibrillation	PT
10003662	Atrial flutter	PT
10003664	Atrial septal defect	PT
10003665	Atrial septal defect acquired	PT
10003668	Atrial tachycardia	PT
10003671	Atrioventricular block	PT
10003673	Atrioventricular block complete	PT
10003674	Atrioventricular block first degree	PT
10003677	Atrioventricular block second degree	PT
10003880	Axillary vein thrombosis	PT
10004163	Basilar artery stenosis	PT
10004780	Biopsy heart abnormal	PT
10005144	Bleeding varicose vein	PT
10005468	Blood creatine phosphokinase abnormal	PT
10005470	Blood creatine phosphokinase increased	PT
10005472	Blood creatine phosphokinase MB abnormal	PT
10005474	Blood creatine phosphokinase MB increased	PT
10005736	Blood pressure diastolic abnormal	PT
10005737	Blood pressure diastolic decreased	PT
10005739	Blood pressure diastolic increased	PT
10005746	Blood pressure fluctuation	PT
10005748	Blood pressure immeasurable	PT
10005757	Blood pressure systolic abnormal	PT
10005758	Blood pressure systolic decreased	PT
10005760	Blood pressure systolic increased	PT
10006093	Bradycardia	PT
10006127	Brain hypoxia	PT
10006145	Brain stem haemorrhage	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10006147	Brain stem infarction	PT
10006148	Brain stem ischaemia	PT
10006578	Bundle branch block	PT
10006579	Bundle branch block bilateral	PT
10006580	Bundle branch block left	PT
10006582	Bundle branch block right	PT
10007509	Cardiac amyloidosis	PT
10007513	Cardiac aneurysm	PT
10007515	Cardiac arrest	PT
10007516	Cardiac arrest neonatal	PT
10007522	Cardiac asthma	PT
10007554	Cardiac failure	PT
10007556	Cardiac failure acute	PT
10007558	Cardiac failure chronic	PT
10007559	Cardiac failure congestive	PT
10007560	Cardiac failure high output	PT
10007567	Cardiac function disturbance postoperative	PT
10007572	Cardiac hypertrophy	PT
10007576	Cardiac index abnormal	PT
10007577	Cardiac index decreased	PT
10007578	Cardiac index increased	PT
10007595	Cardiac output decreased	PT
10007604	Cardiac sarcoidosis	PT
10007617	Cardio-respiratory arrest	PT
10007618	Cardio-respiratory arrest neonatal	PT
10007625	Cardiogenic shock	PT
10007632	Cardiomegaly	PT
10007636	Cardiomyopathy	PT
10007637	Cardiomyopathy alcoholic	PT
10007646	Cardiothoracic ratio increased	PT
10007649	Cardiovascular disorder	PT
10007651	Cardiovascular function test abnormal	PT
10007684	Carotid arterial embolus	PT
10007686	Carotid artery aneurysm	PT
10007687	Carotid artery stenosis	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10007688	Carotid artery thrombosis	PT
10007830	Cavernous sinus thrombosis	PT
10007980	Central venous pressure increased	PT
10008023	Cerebellar artery thrombosis	PT
10008030	Cerebellar haemorrhage	PT
10008034	Cerebellar infarction	PT
10008088	Cerebral artery embolism	PT
10008089	Cerebral artery occlusion	PT
10008092	Cerebral artery thrombosis	PT
10008097	Cerebral circulatory failure	PT
10008111	Cerebral haemorrhage	PT
10008118	Cerebral infarction	PT
10008120	Cerebral ischaemia	PT
10008132	Cerebral thrombosis	PT
10008138	Cerebral venous thrombosis	PT
10008190	Cerebrovascular accident	PT
10008196	Cerebrovascular disorder	PT
10008479	Chest pain	PT
10008499	Chest X-ray abnormal	PT
10008745	Chordae tendinae rupture	PT
10009192	Circulatory collapse	PT
10009243	Claudication of jaw muscles	PT
10009691	Clubbing	PT
10009838	Coeliac artery compression syndrome	PT
10010276	Conduction disorder	PT
10010967	Cor biloculare	PT
10010968	Cor pulmonale	PT
10010969	Cor pulmonale acute	PT
10010970	Cor pulmonale chronic	PT
10010972	Cor triatriatum	PT
10011071	Coronary artery aneurysm	PT
10011077	Coronary artery bypass	PT
10011078	Coronary artery disease	PT
10011084	Coronary artery embolism	PT
10011086	Coronary artery occlusion	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10011089	Coronary artery stenosis	PT
10011090	Coronary artery surgery	PT
10011091	Coronary artery thrombosis	PT
10011101	Coronary endarterectomy	PT
10011105	Coronary ostial stenosis	PT
10011254	Coxsackie carditis	PT
10011258	Coxsackie myocarditis	PT
10011703	Cyanosis	PT
10012118	Defect conduction intraventricular	PT
10012647	Diabetic cardiomyopathy	PT
10012758	Diastolic hypertension	PT
10012979	DiGeorge's syndrome	PT
10013002	Dilatation atrial	PT
10013012	Dilatation ventricular	PT
10013048	Directional Doppler flow tests abnormal	PT
10013573	Dizziness	PT
10013576	Dizziness exertional	PT
10013578	Dizziness postural	PT
10013968	Dyspnoea	PT
10013969	Dyspnoea at rest	PT
10013971	Dyspnoea exertional	PT
10013974	Dyspnoea paroxysmal nocturnal	PT
10014331	Ejection fraction abnormal	PT
10014363	Electrocardiogram abnormal	PT
10014369	Electrocardiogram ambulatory abnormal	PT
10014372	Electrocardiogram delta waves abnormal	PT
10014374	Electrocardiogram PR shortened	PT
10014380	Electrocardiogram QRS complex prolonged	PT
10014387	Electrocardiogram QT prolonged	PT
10014390	Electrocardiogram ST segment abnormal	PT
10014391	Electrocardiogram ST segment depression	PT
10014392	Electrocardiogram ST segment elevation	PT
10014395	Electrocardiogram T wave inversion	PT
10014498	Embolic stroke	PT
10014513	Embolism arterial	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10014522	Embolism venous	PT
10014663	Endocardial fibroelastosis	PT
10014961	Eosinophilic myocarditis	PT
10015488	Essential hypertension	PT
10015645	Exercise electrocardiogram abnormal	PT
10015653	Exercise test abnormal	PT
10015856	Extrasystoles	PT
10016427	Femoral artery aneurysm	PT
10018723	Grey syndrome neonatal	PT
10018964	Haemoptysis	PT
10018985	Haemorrhage intracranial	PT
10019005	Haemorrhagic cerebral infarction	PT
10019013	Haemorrhagic infarction	PT
10019016	Haemorrhagic stroke	PT
10019300	Heart rate abnormal	PT
10019301	Heart rate decreased	PT
10019303	Heart rate increased	PT
10019314	Heart transplant	PT
10019634	Hepatic artery aneurysm	PT
10019635	Hepatic artery embolism	PT
10019636	Hepatic artery thrombosis	PT
10019680	Hepatic infarction	PT
10019713	Hepatic vein thrombosis	PT
10019842	Hepatomegaly	PT
10019845	Hepatorenal failure	PT
10020772	Hypertension	PT
10020801	Hypertensive cardiomegaly	PT
10020802	Hypertensive crisis	PT
10020803	Hypertensive encephalopathy	PT
10020823	Hypertensive heart disease	PT
10020871	Hypertrophic cardiomyopathy	PT
10020919	Hypervolaemia	PT
10021076	Hypoplastic left heart syndrome	PT
10021097	Hypotension	PT
10021338	Iliac artery embolism	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10022562	Intermittent claudication	PT
10022626	Interventricular septum rupture	PT
10022640	Intestinal angina	PT
10022657	Intestinal infarction	PT
10022680	Intestinal ischaemia	PT
10022758	Intracranial aneurysm	PT
10023025	Ischaemic hepatitis	PT
10023237	Jugular vein thrombosis	PT
10023533	Labile blood pressure	PT
10024119	Left ventricular failure	PT
10024242	Leriche syndrome	PT
10024803	Long QT syndrome	PT
10024855	Loss of consciousness	PT
10024899	Low cardiac output syndrome	PT
10024984	Lown-Ganong-Levine syndrome	PT
10025600	Malignant hypertension	PT
10025603	Malignant hypertensive heart disease	PT
10026674	Malignant renal hypertension	PT
10027394	Mesenteric arterial occlusion	PT
10027395	Mesenteric artery embolism	PT
10027396	Mesenteric artery stenosis	PT
10027397	Mesenteric artery thrombosis	PT
10027401	Mesenteric vascular insufficiency	PT
10027402	Mesenteric vein thrombosis	PT
10027403	Mesenteric venous occlusion	PT
10028178	Multiple cardiac defects	PT
10028212	Multiple gated acquisition scan abnormal	PT
10028594	Myocardial fibrosis	PT
10028596	Myocardial infarction	PT
10028600	Myocardial ischaemia	PT
10028602	Myocardial necrosis	PT
10028604	Myocardial rupture	PT
10028606	Myocarditis	PT
10028612	Myocarditis meningococcal	PT
10028615	Myocarditis septic	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10028616	Myocarditis syphilitic	PT
10028617	Myocarditis toxoplasmal	PT
10028629	Myoglobinuria	PT
10028650	Myopericarditis	PT
10028862	Necrosis ischaemic	PT
10028872	Necrosis of artery	PT
10028975	Neonatal respiratory failure	PT
10029446	Nocturia	PT
10029458	Nodal arrhythmia	PT
10029470	Nodal rhythm	PT
10029538	Non-cardiogenic pulmonary oedema	PT
10029748	Noonan syndrome	PT
10030095	Oedema	PT
10030124	Oedema peripheral	PT
10030936	Optic nerve infarction	PT
10030941	Optic nerve sheath haemorrhage	PT
10031123	Orthopnoea	PT
10031127	Orthostatic hypotension	PT
10031131	Osler's nodes	PT
10033557	Palpitations	PT
10033697	Papillary muscle infarction	PT
10033698	Papillary muscle rupture	PT
10033929	Parasystole	PT
10034323	Penile vascular disorder	PT
10034324	Penile vein thrombosis	PT
10034567	Peripheral circulatory failure	PT
10034576	Peripheral ischaemia	PT
10034636	Peripheral vascular disorder	PT
10035092	Pituitary infarction	PT
10035550	Platypnoea	PT
10036155	Poor peripheral circulation	PT
10036511	Precerebral artery occlusion	PT
10036653	Presyncope	PT
10036759	Prinzmetal angina	PT
10037329	Pulmonary arterial wedge pressure increased	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10037338	Pulmonary artery stenosis	PT
10037340	Pulmonary artery thrombosis	PT
10037368	Pulmonary congestion	PT
10037377	Pulmonary embolism	PT
10037400	Pulmonary hypertension	PT
10037410	Pulmonary infarction	PT
10037421	Pulmonary microemboli	PT
10037423	Pulmonary oedema	PT
10037437	Pulmonary thrombosis	PT
10037456	Pulmonary vascular resistance abnormality	PT
10037458	Pulmonary veno-occlusive disease	PT
10037459	Pulmonary venous thrombosis	PT
10037469	Pulse absent	PT
10038372	Renal arteriosclerosis	PT
10038378	Renal artery stenosis	PT
10038380	Renal artery thrombosis	PT
10038435	Renal failure	PT
10038447	Renal failure neonatal	PT
10038464	Renal hypertension	PT
10038470	Renal infarct	PT
10038547	Renal vein embolism	PT
10038548	Renal vein thrombosis	PT
10038553	Renal vessel disorder	PT
10038562	Renovascular hypertension	PT
10038695	Respiratory failure	PT
10038748	Restrictive cardiomyopathy	PT
10038826	Retinal artery embolism	PT
10038827	Retinal artery occlusion	PT
10038830	Retinal artery stenosis	PT
10038831	Retinal artery thrombosis	PT
10038871	Retinal ischaemia	PT
10038901	Retinal vascular disorder	PT
10038903	Retinal vascular occlusion	PT
10038907	Retinal vein occlusion	PT
10038908	Retinal vein thrombosis	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10039111	Rhythm idioventricular	PT
10039163	Right ventricular failure	PT
10039281	Rubinstein-Taybi syndrome	PT
10039330	Ruptured cerebral aneurysm	PT
10040560	Shock	PT
10040581	Shock symptom	PT
10040736	Sinoatrial block	PT
10040738	Sinus arrest	PT
10040739	Sinus arrhythmia	PT
10040741	Sinus bradycardia	PT
10040752	Sinus tachycardia	PT
10041648	Splenic infarction	PT
10042246	Stroke volume decreased	PT
10042265	Sturge-Weber syndrome	PT
10042316	Subarachnoid haemorrhage	PT
10042332	Subclavian artery embolism	PT
10042334	Subclavian artery thrombosis	PT
10042335	Subclavian steal syndrome	PT
10042431	Subvalvular aortic stenosis	PT
10042434	Sudden death	PT
10042569	Superior vena cava syndrome	PT
10042598	Supravalvular aortic stenosis	PT
10042602	Supraventricular extrasystoles	PT
10042604	Supraventricular tachycardia	PT
10042772	Syncope	PT
10042957	Systolic hypertension	PT
10043071	Tachycardia	PT
10043079	Tachycardia paroxysmal	PT
10043337	Testicular infarction	PT
10043581	Thrombophlebitis migrans	PT
10043607	Thrombosis	PT
10043626	Thrombosis mesenteric vessel	PT
10043645	Thrombotic microangiopathy	PT
10043647	Thrombotic stroke	PT
10043742	Thyroid infarction	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10044066	Torsade de pointes	PT
10044390	Transient ischaemic attack	PT
10044590	Trepopnoea	PT
10044640	Tricuspid valve incompetence	PT
10044642	Tricuspid valve stenosis	PT
10044644	Trifascicular block	PT
10045413	Ultrasound Doppler abnormal	PT
10046797	Uterine ischaemia	PT
10047080	Vascular injury	PT
10047193	Vena cava embolism	PT
10047195	Vena cava thrombosis	PT
10047216	Venoocclusive liver disease	PT
10047236	Venous pressure increased	PT
10047238	Venous pressure jugular abnormal	PT
10047240	Venous pressure jugular increased	PT
10047249	Venous thrombosis	PT
10047279	Ventricle rupture	PT
10047281	Ventricular arrhythmia	PT
10047284	Ventricular asystole	PT
10047289	Ventricular extrasystoles	PT
10047290	Ventricular fibrillation	PT
10047294	Ventricular flutter	PT
10047295	Ventricular hypertrophy	PT
10047296	Ventricular hypoplasia	PT
10047298	Ventricular septal defect	PT
10047299	Ventricular septal defect acquired	PT
10047302	Ventricular tachycardia	PT
10047330	Vertebral artery stenosis	PT
10047334	Vertebrobasilar insufficiency	PT
10047470	Viral myocarditis	PT
10047818	Wandering pacemaker	PT
10047847	Waterhouse-Friderichsen syndrome	PT
10047903	Weil's disease	PT
10048007	Withdrawal hypertension	PT
10048015	Wolff-Parkinson-White syndrome	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10048294	Mental status changes	PT
10048377	Cardiomyopathy acute	PT
10048380	Aneurysm ruptured	PT
10048554	Endothelial dysfunction	PT
10048610	Cardiotoxicity	PT
10048620	Intracardiac thrombus	PT
10048623	Atrial hypertrophy	PT
10048631	Coronary artery dissection	PT
10048632	Atrial thrombosis	PT
10048661	Wyburn Mason's syndrome	PT
10048761	Atrial rupture	PT
10048804	Kearns-Sayre syndrome	PT
10048849	Myocardial haemorrhage	PT
10048858	Ischaemic cardiomyopathy	PT
10048951	Uhl's anomaly	PT
10048959	Peripheral swelling	PT
10048961	Localised oedema	PT
10048963	Basilar artery occlusion	PT
10048964	Carotid artery occlusion	PT
10048965	Vertebral artery occlusion	PT
10048974	Cardiac pseudoaneurysm	PT
10048975	Vascular pseudoaneurysm	PT
10048988	Renal artery occlusion	PT
10049001	Acute endocarditis	PT
10049003	Accelerated idioventricular rhythm	PT
10049060	Vascular graft occlusion	PT
10049079	Labile hypertension	PT
10049171	Pulmonary vein stenosis	PT
10049209	Aorta hypoplasia	PT
10049224	Electrocardiogram ST-T segment depression	PT
10049225	Electrocardiogram ST-T segment elevation	PT
10049235	Nocturnal dyspnoea	PT
10049251	Heyde's syndrome	PT
10049418	Sudden cardiac death	PT
10049430	Peripartum cardiomyopathy	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10049440	Spinal artery embolism	PT
10049446	Subclavian vein thrombosis	PT
10049447	Tachyarrhythmia	PT
10049632	Oedema due to cardiac disease	PT
10049633	Shoshin beriberi	PT
10049644	Williams syndrome	PT
10049671	Negative cardiac inotropic effect	PT
10049694	Left ventricular dysfunction	PT
10049760	Pituitary haemorrhage	PT
10049761	Ventricular pre-excitation	PT
10049765	Bradyarrhythmia	PT
10049768	Silent myocardial infarction	PT
10049773	Left ventricular hypertrophy	PT
10049778	Neonatal anuria	PT
10049779	Peripheral oedema neonatal	PT
10049780	Neonatal cardiac failure	PT
10049785	Atrial pressure increased	PT
10049813	Non-obstructive cardiomyopathy	PT
10049874	Cardio-respiratory distress	PT
10049887	Coronary revascularisation	PT
10049993	Cardiac death	PT
10050043	Left ventricular dilatation	PT
10050106	Paroxysmal arrhythmia	PT
10050111	Cardiomyopathy neonatal	PT
10050180	Subclavian artery stenosis	PT
10050202	Carotid sinus syndrome	PT
10050209	Spinal cord ischaemia	PT
10050257	Cardiovascular deconditioning	PT
10050326	Right ventricular hypertrophy	PT
10050329	Coronary angioplasty	PT
10050380	Electrocardiogram T wave abnormal	PT
10050401	Neonatal multi-organ failure	PT
10050403	Carotid artery dissection	PT
10050459	Pulmonary oedema neonatal	PT
10050496	Reversible ischaemic neurological deficit	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10050510	Ventricular hypokinesia	PT
10050528	Ejection fraction decreased	PT
10050559	Aortic valve calcification	PT
10050581	Left ventricular enlargement	PT
10050582	Right ventricular enlargement	PT
10050631	Postoperative hypertension	PT
10050900	Increased ventricular preload	PT
10050905	Decreased ventricular preload	PT
10050998	ECG signs of ventricular hypertrophy	PT
10051055	Deep vein thrombosis	PT
10051078	Lacunar infarction	PT
10051093	Cardiopulmonary failure	PT
10051099	Catheter site haemorrhage	PT
10051113	Arterial restenosis	PT
10051128	Blood pressure inadequately controlled	PT
10051177	Electrocardiogram Q wave abnormal	PT
10051199	Hepatic artery stenosis	PT
10051269	Graft thrombosis	PT
10051307	Ischaemic neuropathy	PT
10051328	Carotid aneurysm rupture	PT
10051448	Hepatojugular reflux	PT
10051550	Carotidynia	PT
10051592	Acute coronary syndrome	PT
10051624	Myocardial reperfusion injury	PT
10051734	Hepatic vein stenosis	PT
10051742	Retinal infarction	PT
10051860	Left atrial enlargement	PT
10051895	Acute chest syndrome	PT
10051951	Scimitar syndrome	PT
10051991	Hepatic artery occlusion	PT
10051994	Pacemaker syndrome	PT
10052076	Haemodynamic instability	PT
10052086	Coronary arterial stent insertion	PT
10052173	Cerebrospinal thrombotic tamponade	PT
10052289	Myocardial bridging	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10052313	Liddle's syndrome	PT
10052326	Femoral artery dissection	PT
10052333	Electrocardiogram ST-T segment abnormal	PT
10052337	Diastolic dysfunction	PT
10052348	Left ventricular heave	PT
10052371	Ventricular assist device insertion	PT
10052464	Electrocardiogram repolarisation abnormality	PT
10052840	Cardiac flutter	PT
10052895	Coronary artery insufficiency	PT
10052896	Ocular vascular disorder	PT
10053159	Organ failure	PT
10053182	Arteriovenous graft thrombosis	PT
10053216	Iliac artery stenosis	PT
10053261	Coronary artery reocclusion	PT
10053405	Brain natriuretic peptide increased	PT
10053408	Brain natriuretic peptide abnormal	PT
10053410	Atrial natriuretic peptide abnormal	PT
10053412	Atrial natriuretic peptide increased	PT
10053440	Cardiac monitoring abnormal	PT
10053444	Cardiac ventriculogram right abnormal	PT
10053447	Cardiac ventriculogram abnormal	PT
10053450	Cardiac telemetry abnormal	PT
10053453	Cardiac imaging procedure abnormal	PT
10053486	Pacemaker generated arrhythmia	PT
10053499	Cardiac ventriculogram left abnormal	PT
10053633	Cerebellar artery occlusion	PT
10053648	Vascular occlusion	PT
10053657	Electrocardiogram PR prolongation	PT
10053748	Cardiac valve replacement complication	PT
10053841	Sneddon's syndrome	PT
10053942	Cerebral haematoma	PT
10053949	Vascular pseudoaneurysm ruptured	PT
10053994	Cardiac ventricular thrombosis	PT
10054015	Agonal rhythm	PT
10054044	Diabetic microangiopathy	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10054092	Vessel puncture site haemorrhage	PT
10054122	Myocardial calcification	PT
10054123	Malarial myocarditis	PT
10054749	Charcot-Bouchard microaneurysms	PT
10054805	Macroangiopathy	PT
10054880	Vascular insufficiency	PT
10054936	Cardiac cirrhosis	PT
10054946	Malignant pericardial neoplasm	PT
10055009	Cardiac fibroma	PT
10055014	Cardiac stress test abnormal	PT
10055032	Electrocardiogram U-wave abnormality	PT
10055122	Arteriovenous fistula site complication	PT
10055123	Arteriovenous fistula site haemorrhage	PT
10055126	Arteriovenous graft site haemorrhage	PT
10055147	Arteriovenous graft site stenosis	PT
10055150	Arteriovenous fistula site haematoma	PT
10055152	Arteriovenous graft site haematoma	PT
10055171	Hypertensive nephropathy	PT
10055662	Catheter site haematoma	PT
10055677	Haemorrhagic transformation stroke	PT
10055803	Haemorrhage coronary artery	PT
10056237	Migrainous infarction	PT
10056261	Cytomegalovirus myocarditis	PT
10056293	Renal vein occlusion	PT
10056328	Hepatic ischaemia	PT
10056370	Congestive cardiomyopathy	PT
10056371	Cerebrovascular arteriovenous malformation	PT
10056382	Intraoperative cerebral artery occlusion	PT
10056409	Heart and lung transplant	PT
10056472	Ventricular hyperkinesia	PT
10056489	Coronary artery restenosis	PT
10057393	Bifascicular block	PT
10057403	Choroidal infarction	PT
10057453	Aortic dilatation	PT
10057454	Aortic valve prolapse	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10057455	Cardiac ventricular disorder	PT
10057461	Cardiac procedure complication	PT
10057462	Vascular procedure complication	PT
10057466	Tricuspid valve calcification	PT
10057467	Tricuspid valve sclerosis	PT
10057469	Vascular stenosis	PT
10057500	Left atrial hypertrophy	PT
10057501	Right atrial hypertrophy	PT
10057520	Peripheral artery dissection	PT
10057521	Peripheral artery aneurysm	PT
10057525	Peripheral artery occlusion	PT
10057576	Cardiac septal hypertrophy	PT
10057615	Endocrine hypertension	PT
10057777	Vertebral artery thrombosis	PT
10057799	Computerised tomogram thorax abnormal	PT
10057913	Electrocardiogram U wave present	PT
10057926	Long QT syndrome congenital	PT
10058039	Cardiac perforation	PT
10058079	Anomalous pulmonary venous connection	PT
10058093	Arrhythmogenic right ventricular dysplasia	PT
10058119	Neurogenic shock	PT
10058144	Postinfarction angina	PT
10058145	Subendocardial ischaemia	PT
10058151	Pulseless electrical activity	PT
10058155	Heart alternation	PT
10058156	Reperfusion arrhythmia	PT
10058177	Hyperkinetic heart syndrome	PT
10058178	Aortic occlusion	PT
10058179	Hypertensive emergency	PT
10058181	Hypertensive urgency	PT
10058184	Ventricular parasystole	PT
10058222	Hypertensive cardiomyopathy	PT
10058227	Right atrial enlargement	PT
10058267	Troponin increased	PT
10058268	Troponin I increased	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10058269	Troponin T increased	PT
10058317	ECG signs of myocardial ischaemia	PT
10058440	Myocardiac abscess	PT
10058479	Cardiac function test abnormal	PT
10058558	Hypoperfusion	PT
10058562	Arteriovenous fistula occlusion	PT
10058571	Spinal cord infarction	PT
10058597	Right ventricular dysfunction	PT
10058648	Aortic disorder	PT
10058735	Myoglobinaemia	PT
10058842	Cerebrovascular insufficiency	PT
10058939	Thalamus haemorrhage	PT
10058940	Putamen haemorrhage	PT
10058987	Inferior vena caval occlusion	PT
10058988	Superior vena cava occlusion	PT
10058990	Venous occlusion	PT
10058991	Hepatic vein occlusion	PT
10058992	Iliac vein occlusion	PT
10059025	Coronary bypass thrombosis	PT
10059026	Myocarditis mycotic	PT
10059027	Brugada syndrome	PT
10059028	Gastrointestinal ischaemia	PT
10059056	Ventricular dysfunction	PT
10059099	Atrophie blanche	PT
10059109	Cerebral vasoconstriction	PT
10059162	Ventricular dyskinesia	PT
10059164	Papillary muscle haemorrhage	PT
10059238	Hypertensive angiopathy	PT
10059245	Angiopathy	PT
10059399	Graft ischaemia	PT
10059483	Postpericardiotomy syndrome	PT
10059498	Stewart-Treves syndrome	PT
10059611	Coronary artery perforation	PT
10059613	Stroke in evolution	PT
10059862	Cardiac resynchronisation therapy	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10059865	Jugular vein distension	PT
10060089	Left ventricular end-diastolic pressure decreased	PT
10060237	Right ventricular systolic pressure decreased	PT
10060806	Computerised tomogram coronary artery abnormal	PT
10060839	Embolic cerebral infarction	PT
10060840	Ischaemic cerebral infarction	PT
10060874	Aortic rupture	PT
10060953	Ventricular failure	PT
10060963	Arterial disorder	PT
10060964	Arterial haemorrhage	PT
10060965	Arterial stenosis	PT
10061024	Cardiac disorder	PT
10061026	Cardiac operation	PT
10061038	Cerebellar haematoma	PT
10061116	Electrocardiogram change	PT
10061169	Embolism	PT
10061216	Infarction	PT
10061255	Ischaemia	PT
10061256	Ischaemic stroke	PT
10061317	Oedema neonatal	PT
10061330	Papillary muscle disorder	PT
10061340	Peripheral embolism	PT
10061369	Spinal vascular disorder	PT
10061389	Tricuspid valve disease	PT
10061406	Cardiac valve disease	PT
10061474	Pulmonary vascular disorder	PT
10061501	Scan myocardial perfusion abnormal	PT
10061589	Aortic valve disease	PT
10061592	Cardiac fibrillation	PT
10061593	Echocardiogram abnormal	PT
10061660	Artery dissection	PT
10061744	Carotid artery disease	PT
10061751	Cerebrovascular stenosis	PT
10061808	Cardiac electrophysiologic study abnormal	PT
10061815	Diabetic vascular disorder	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10062108	Retinal vascular thrombosis	PT
10062169	Vascular access complication	PT
10062170	Vascular bypass dysfunction	PT
10062173	Venoocclusive disease	PT
10062198	Microangiopathy	PT
10062314	Electrocardiogram U wave inversion	PT
10062542	Arterial insufficiency	PT
10062546	Thrombosis in device	PT
10062573	Brain stem thrombosis	PT
10062585	Peripheral arterial occlusive disease	PT
10062599	Arterial occlusive disease	PT
10062610	Ischaemic limb pain	PT
10062901	Multiple lentigines syndrome	PT
10062991	Positive cardiac inotropic effect	PT
10063079	Vascular anastomosis aneurysm	PT
10063080	Postural orthostatic tachycardia syndrome	PT
10063081	Acute left ventricular failure	PT
10063082	Acute right ventricular failure	PT
10063083	Chronic left ventricular failure	PT
10063084	Chronic right ventricular failure	PT
10063093	Basilar artery thrombosis	PT
10063164	Vestibular ischaemia	PT
10063176	Prosthetic cardiac valve thrombosis	PT
10063181	Propofol infusion syndrome	PT
10063363	Brachiocephalic vein thrombosis	PT
10063381	Polypoidal choroidal vasculopathy	PT
10063428	Athletic heart syndrome	PT
10063544	Renal embolism	PT
10063547	Diabetic macroangiopathy	PT
10063561	Pulmonary artery wall hypertrophy	PT
10063577	Graft haemorrhage	PT
10063587	Catheter site bruise	PT
10063588	Ortner's syndrome	PT
10063648	Cerebral artery stenosis	PT
10063732	Aorticopulmonary septal defect	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10063748	Electrocardiogram QT interval abnormal	PT
10063829	Device malfunction	PT
10063836	Atrioventricular septal defect	PT
10063837	Reperfusion injury	PT
10063868	Implant site thrombosis	PT
10063881	Vessel puncture site bruise	PT
10063897	Renal ischaemia	PT
10063927	Orthostatic intolerance	PT
10063934	Vascular stent thrombosis	PT
10063935	Kabuki make-up syndrome	PT
10064021	Cardiac septal defect	PT
10064063	CHARGE syndrome	PT
10064191	Atrial conduction time prolongation	PT
10064192	Parachute mitral valve	PT
10064195	Right ventricle outflow tract obstruction	PT
10064252	Vascular graft complication	PT
10064408	Cardiac vein dissection	PT
10064409	Cardiac vein perforation	PT
10064539	Autoimmune myocarditis	PT
10064550	Myocarditis post infection	PT
10064595	Haemorrhagic arteriovenous malformation	PT
10064601	Iliac artery occlusion	PT
10064730	Cerebral hyperperfusion syndrome	PT
10064771	Superior vena cava stenosis	PT
10064775	Arteriovenous graft aneurysm	PT
10064911	Pulmonary arterial hypertension	PT
10064939	Cardiovascular event prophylaxis	PT
10064949	Carotid artery insufficiency	PT
10064961	Thalamic infarction	PT
10064962	Hypoplastic right heart syndrome	PT
10064966	Myocardial oedema	PT
10064994	Subclavian coronary steal syndrome	PT
10065218	Myocarditis bacterial	PT
10065219	Myocarditis helminthic	PT
10065341	Ventricular tachyarrhythmia	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10065342	Supraventricular tachyarrhythmia	PT
10065384	Cerebral hypoperfusion	PT
10065420	Coronary artery dilatation	PT
10065508	Orthostatic hypertension	PT
10065510	Aortic elongation	PT
10065534	Macular ischaemia	PT
10065558	Aortic arteriosclerosis	PT
10065559	Cerebral arteriosclerosis	PT
10065560	Mesenteric arteriosclerosis	PT
10065561	Renal artery arteriosclerosis	PT
10065608	Percutaneous coronary intervention	PT
10065680	Embolic pneumonia	PT
10065902	Vessel puncture site haematoma	PT
10065918	Prehypertension	PT
10065929	Cardiovascular insufficiency	PT
10065930	Left ventricle outflow tract obstruction	PT
10066001	Cardiac autonomic neuropathy	PT
10066022	VACTERL syndrome	PT
10066059	Paradoxical embolism	PT
10066077	Diastolic hypotension	PT
10066111	Shunt blood flow excessive	PT
10066127	Ischaemic pancreatitis	PT
10066174	Transfusion-related circulatory overload	PT
10066243	Aortic wall hypertrophy	PT
10066286	Stress cardiomyopathy	PT
10066363	Haemodynamic rebound	PT
10066391	Lupus myocarditis	PT
10066591	Post procedural stroke	PT
10066592	Post procedural myocardial infarction	PT
10066801	Aortic valve atresia	PT
10066802	Shone complex	PT
10066857	Myocarditis infectious	PT
10066862	Tricuspid valve prolapse	PT
10066870	Aorto-oesophageal fistula	PT
10066881	Deep vein thrombosis postoperative	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10066907	Vertebral artery hypoplasia	PT
10066916	Arteriovenous fistula aneurysm	PT
10067057	Basal ganglia haemorrhage	PT
10067116	Carotid arteriosclerosis	PT
10067167	Cerebellar embolism	PT
10067207	Rebound tachycardia	PT
10067270	Thrombosis corpora cavernosa	PT
10067277	Cerebral microhaemorrhage	PT
10067282	Right atrial dilatation	PT
10067283	Right atrial pressure increased	PT
10067284	Pulmonary arteriopathy	PT
10067285	Vascular resistance pulmonary increased	PT
10067286	Left atrial dilatation	PT
10067325	Coeliac artery stenosis	PT
10067339	Arrhythmic storm	PT
10067347	Thrombotic cerebral infarction	PT
10067466	Cerebral microangiopathy	PT
10067598	Neurogenic hypertension	PT
10067618	Accessory cardiac pathway	PT
10067652	Electrocardiogram RR interval prolonged	PT
10067876	External counterpulsation	PT
10067975	Aortic intramural haematoma	PT
10068044	Cerebral amyloid angiopathy	PT
10068119	Aortic dissection rupture	PT
10068149	Vessel perforation	PT
10068165	Cardiac valve rupture	PT
10068180	Atrioventricular conduction time shortened	PT
10068230	Cardiorenal syndrome	PT
10068239	Pancreatic infarction	PT
10068359	Hyperdynamic left ventricle	PT
10068365	Femoral artery embolism	PT
10068534	Coronary no-reflow phenomenon	PT
10068605	Venous recanalisation	PT
10068621	Cerebellar ischaemia	PT
10068627	Chronotropic incompetence	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10068644	Brain stem stroke	PT
10068677	Splenic embolism	PT
10068690	Pulmonary vein occlusion	PT
10068726	Pulmonary hypertensive crisis	PT
10068767	Viral cardiomyopathy	PT
10068776	Post embolisation syndrome	PT
10068841	Cobb syndrome	PT
10069018	Brachiocephalic vein stenosis	PT
10069020	Basal ganglia infarction	PT
10069111	Inferior vena cava dilatation	PT
10069112	Hepatic vein dilatation	PT
10069121	Cardiac septal defect residual shunt	PT
10069140	Myocardial depression	PT
10069167	Kounis syndrome	PT
10069339	Acute kidney injury	PT
10069379	Peripheral arterial reocclusion	PT
10069384	Ischaemic nephropathy	PT
10069385	Ocular ischaemic syndrome	PT
10069469	Postimplantation syndrome	PT
10069550	Intrapericardial thrombosis	PT
10069571	Atrioventricular dissociation	PT
10069658	HIV cardiomyopathy	PT
10069694	Brachiocephalic artery occlusion	PT
10069695	Subclavian artery occlusion	PT
10069696	Coeliac artery occlusion	PT
10069713	Primary ciliary dyskinesia	PT
10069727	May-Thurner syndrome	PT
10069801	Cardiac complication associated with device	PT
10069886	Omental infarction	PT
10069922	Vascular graft thrombosis	PT
10070190	Ischaemic gastritis	PT
10070243	Endocardial varices	PT
10070296	Arterioenteric fistula	PT
10070511	Hypoxic-ischaemic encephalopathy	PT
10070589	Ischaemic contracture of the left ventricle	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10070649	Vessel puncture site thrombosis	PT
10070671	Cerebral septic infarct	PT
10070689	Dilatation of sinotubular junction	PT
10070746	Stress echocardiogram abnormal	PT
10070878	Cerebral small vessel ischaemic disease	PT
10070909	Metabolic cardiomyopathy	PT
10070911	Inferior vena cava syndrome	PT
10070955	Right ventricular heave	PT
10071010	Subchorionic haemorrhage	PT
10071043	Basal ganglia stroke	PT
10071138	Malnutrition-inflammation-atherosclerosis syndrome	PT
10071186	Ventricular dyssynchrony	PT
10071205	Brain stem microhaemorrhage	PT
10071206	Cerebellar microhaemorrhage	PT
10071316	Spinal artery thrombosis	PT
10071436	Systolic dysfunction	PT
10071505	Vertebrobasilar dolichoectasia	PT
10071573	Susac's syndrome	PT
10071660	N-terminal prohormone brain natriuretic peptide abnormal	PT
10071662	N-terminal prohormone brain natriuretic peptide increased	PT
10071666	Atrial parasystole	PT
10071710	Lenegre's disease	PT
10071716	Vertebral artery dissection	PT
10071747	Cerebral cavernous malformation	PT
10072043	Central nervous system haemorrhage	PT
10072052	Plaque shift	PT
10072066	Artificial heart implant	PT
10072186	Myocardial stunning	PT
10072226	Renal vascular thrombosis	PT
10072252	ECG electrically inactive area	PT
10072370	Prerenal failure	PT
10072557	Peripheral artery restenosis	PT
10072558	Carotid artery restenosis	PT
10072563	Peripheral artery stenosis	PT
10072564	Peripheral artery thrombosis	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10072629	Intrahepatic portal hepatic venous fistula	PT
10072685	Microvascular coronary artery disease	PT
10072744	Alcohol septal ablation	PT
10072788	False lumen dilatation of aortic dissection	PT
10072789	Iliac artery rupture	PT
10072809	Arterial wall hypertrophy	PT
10073230	Brain stem haematoma	PT
10073356	Cardiac contusion	PT
10073455	Twin reversed arterial perfusion sequence malformation	PT
10073565	Intracranial artery dissection	PT
10073708	Obstructive shock	PT
10073774	Lenticulostriatal vasculopathy	PT
10073856	Larsen syndrome	PT
10074063	Ischaemic enteritis	PT
10074222	Right ventricular dilatation	PT
10074269	Tachycardia induced cardiomyopathy	PT
10074301	Right ventricular hypertension	PT
10074337	Acute aortic syndrome	PT
10074349	Ophthalmic vein thrombosis	PT
10074359	Cardiopulmonary exercise test abnormal	PT
10074387	Axillary web syndrome	PT
10074396	Penetrating atherosclerotic ulcer	PT
10074422	Brain stem embolism	PT
10074494	Hepatic vascular thrombosis	PT
10074525	Mesenteric phlebosclerosis	PT
10074540	Tongue infarction	PT
10074583	Mesenteric vascular occlusion	PT
10074600	Splenic artery thrombosis	PT
10074621	Vein collapse	PT
10074639	Inferior vena cava stenosis	PT
10074640	Junctional ectopic tachycardia	PT
10074717	Precerebral artery thrombosis	PT
10074896	Device embolisation	PT
10074971	Arterial intramural haematoma	PT
10075043	Thyrotoxic cardiomyopathy	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10075049	Peripheral venous disease	PT
10075162	Coronary vascular graft occlusion	PT
10075211	Myocardial necrosis marker increased	PT
10075253	Atrio-oesophageal fistula	PT
10075291	Ventricular remodelling	PT
10075299	ECG signs of myocardial infarction	PT
10075337	Right ventricular ejection fraction decreased	PT
10075393	Positive vessel remodelling	PT
10075394	Cerebral aneurysm perforation	PT
10075395	Aneurysm perforation	PT
10075396	Aneurysm recanalisation	PT
10075401	Cerebral reperfusion injury	PT
10075423	Cerebral artery restenosis	PT
10075428	Mahler sign	PT
10075449	Brachiocephalic arteriosclerosis	PT
10075450	Brachiocephalic artery stenosis	PT
10075534	Cardiovascular symptom	PT
10075553	Enterovirus myocarditis	PT
10075565	Lower respiratory tract congestion	PT
10075633	Cerebral capillary telangiectasia	PT
10075728	Carotid artery perforation	PT
10075729	Aortic perforation	PT
10075730	Lower limb artery perforation	PT
10075731	Iliac artery perforation	PT
10075732	Arterial perforation	PT
10075733	Venous perforation	PT
10075734	Cerebral artery perforation	PT
10075735	Vertebral artery perforation	PT
10075736	Basilar artery perforation	PT
10075737	Renal artery perforation	PT
10075738	Splenic artery perforation	PT
10075739	Femoral artery perforation	PT
10075740	Subclavian artery perforation	PT
10075741	Superior vena cava perforation	PT
10075742	Inferior vena cava perforation	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10075743	Subclavian vein perforation	PT
10075744	Iliac vein perforation	PT
10075745	Femoral vein perforation	PT
10075851	Aortic valve thickening	PT
10075889	Sinus node dysfunction	PT
10075993	Primary cardiac lymphoma	PT
10076145	Medical device site thrombosis	PT
10076203	Radiation associated cardiac failure	PT
10076213	Irregular breathing	PT
10076389	Radiation myocarditis	PT
10076419	Anginal equivalent	PT
10076604	Atherosclerotic plaque rupture	PT
10076605	Right-to-left cardiac shunt	PT
10076627	Coronary brachytherapy	PT
10076692	Anterior segment ischaemia	PT
10076693	Arteriovenous fistula maturation failure	PT
10076713	Subclavian vein stenosis	PT
10076835	Jugular vein occlusion	PT
10076836	Aortic restenosis	PT
10076837	Brachiocephalic vein occlusion	PT
10076839	Incision site vessel occlusion	PT
10076895	Cerebral vascular occlusion	PT
10076898	Cardiac ventricular scarring	PT
10076916	Kidney congestion	PT
10076929	Cerebral congestion	PT
10076976	Systolic anterior motion of mitral valve	PT
10076981	Post stroke seizure	PT
10076982	Post stroke epilepsy	PT
10076994	Lacunar stroke	PT
10076999	Bezold-Jarisch reflex	PT
10077000	Hypertensive cerebrovascular disease	PT
10077031	Basal ganglia haematoma	PT
10077033	Precerebral arteriosclerosis	PT
10077115	Iliac artery disease	PT
10077143	Vascular stent occlusion	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10077144	Vascular stent stenosis	PT
10077146	Post angioplasty restenosis	PT
10077162	Abnormal precordial movement	PT
10077177	Pulmonary hypoperfusion	PT
10077260	Banti's syndrome	PT
10077285	Intracranial arterial fenestration	PT
10077330	Vascular graft stenosis	PT
10077331	Vascular graft restenosis	PT
10077334	Coronary vascular graft stenosis	PT
10077361	Multiple organ dysfunction syndrome	PT
10077454	Cardiac contractility modulation therapy	PT
10077455	Device related thrombosis	PT
10077498	Vertebral artery aneurysm	PT
10077503	Paroxysmal atrioventricular block	PT
10077607	Basilar artery aneurysm	PT
10077643	Vascular access site haemorrhage	PT
10077644	Vascular access site complication	PT
10077645	Vascular access site oedema	PT
10077647	Vascular access site haematoma	PT
10077648	Vascular access site occlusion	PT
10077649	Vascular access site pseudoaneurysm	PT
10077652	Vascular access site rupture	PT
10077721	Vascular graft haemorrhage	PT
10077763	Vascular access site dissection	PT
10077767	Vascular access site bruising	PT
10077781	Prohormone brain natriuretic peptide increased	PT
10077783	Prohormone brain natriuretic peptide abnormal	PT
10077819	Bendopnoea	PT
10077824	Coronary bypass stenosis	PT
10077828	Omental necrosis	PT
10077832	Vascular access malfunction	PT
10077834	Left-to-right cardiac shunt	PT
10077864	Ischaemic mitral regurgitation	PT
10077893	Atrioventricular node dispersion	PT
10077988	Neurovascular conflict	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10078046	Brachial artery entrapment syndrome	PT
10078078	Cardiovascular somatic symptom disorder	PT
10078118	Calcium embolism	PT
10078201	Pulmonary artery occlusion	PT
10078202	Post cardiac arrest syndrome	PT
10078218	Surgical ventricular restoration	PT
10078269	Vascular pseudoaneurysm thrombosis	PT
10078310	Central bradycardia	PT
10078311	Cerebral microembolism	PT
10078388	Delayed ischaemic neurological deficit	PT
10078417	Lyme carditis	PT
10078431	Coronary vein stenosis	PT
10078670	Gonococcal heart disease	PT
10078675	Vascular access site thrombosis	PT
10078980	Myocardial hypoxia	PT
10079016	Wall motion score index abnormal	PT
10079115	Respiratory sinus arrhythmia magnitude increased	PT
10079116	Respiratory sinus arrhythmia magnitude decreased	PT
10079117	Respiratory sinus arrhythmia magnitude abnormal	PT
10079253	Non-compaction cardiomyopathy	PT
10079319	Periprocedural myocardial infarction	PT
10079339	Ventricular enlargement	PT
10079340	Atrial enlargement	PT
10079586	Aortic annulus rupture	PT
10079588	Aortic root compression	PT
10079589	Coronary artery compression	PT
10079613	Right ventricular diastolic collapse	PT
10079751	Cardiac dysfunction	PT
10079769	Cavernous sinus syndrome	PT
10079904	Intracardiac pressure increased	PT
10080039	Oedema blister	PT
10080307	Arterial dolichoectasia	PT
10080308	Carotid artery dolichoectasia	PT
10080347	Extraischaemic cerebral haematoma	PT
10080484	Chagas' cardiomyopathy	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10080569	Cardiac iron overload	PT
10080787	Wellens' syndrome	PT
10080788	Diabetic coronary microangiopathy	PT
10080894	Procedural shock	PT
10080896	Perforation of great vessels	PT
10080987	Left ventricular diastolic collapse	PT
10080992	Ventricular compliance decreased	PT
10081004	Hypersensitivity myocarditis	PT
10081007	Obesity cardiomyopathy	PT
10081099	Acute cardiac event	PT
10081144	Ophthalmic artery thrombosis	PT
10081493	Electrocardiogram PR segment depression	PT
10081792	Lung opacity	PT
10081850	Jugular vein embolism	PT
10081886	Cardiac device reprogramming	PT
10081980	Subacute kidney injury	PT
10082009	Implantable cardiac monitor replacement	PT
10082160	Supra-aortic trunk sclerosis	PT
10082308	Internal carotid artery deformity	PT
10082367	Left atrial volume abnormal	PT
10082368	Left atrial volume decreased	PT
10082369	Left atrial volume increased	PT
10082459	Subendocardial haemorrhage	PT
10082480	Cardiohepatic syndrome	PT
10082493	Restenosis	PT
10082503	Venous hypertension	PT
10082504	Elastic vessel recoil complication	PT
10082565	Aorto-bronchial fistula	PT
10082580	Myocardial hypoperfusion	PT
10082594	Foville syndrome	PT
10082595	Arteriovenous graft site necrosis	PT
10082606	Immune-mediated myocarditis	PT
10082615	Coronary sinus dilatation	PT
10082739	Vascular access steal syndrome	PT
10082827	Iliac artery restenosis	PT

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CV Events - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10082853	Peripheral vein thrombus extension	PT
10082919	Pericardial lipoma	PT
10082931	Vascular access site hypoaesthesia	PT
10083006	Eye infarction	PT
10083037	Cerebral venous sinus thrombosis	PT
10083102	Iliac vein stenosis	PT
10083103	Peripheral vein occlusion	PT
10083104	Peripheral vein stenosis	PT
10083109	Vascular access site erythema	PT
10083112	Vascular access site pruritus	PT
10083143	Magnetic resonance imaging thoracic abnormal	PT
10083244	Spontaneous internal carotid artery recanalisation	PT
10083275	Foix-Chavany-Marie syndrome	PT
10083302	Necrotic angiodermatitis	PT
10083408	Internal capsule infarction	PT
10083476	Reactive angioendotheliomatosis	PT
10083602	Cardiac perfusion defect	PT
10083635	Giant cell myocarditis	PT
10083657	Toxic cardiomyopathy	PT
10083659	Hypotensive crisis	PT
10083668	Cerebral microinfarction	PT
10083709	Holiday heart syndrome	PT
10083840	Hepatic perfusion disorder	PT
10084002	Ischaemic cholecystitis	PT
10084013	Post procedural hypotension	PT
10084057	Vascular graft infection	PT
10084058	Congestive hepatopathy	PT
10084072	Embolic cerebellar infarction	PT
10084073	BRASH syndrome	PT
10084081	Coronary steal syndrome	PT
10084085	Atrioventricular node dysfunction	PT
10084087	Cerebrovascular pseudoaneurysm	PT
10084092	Vascular anastomotic haemorrhage	PT
10084238	Neonatal dyspnoea	PT
10084339	Aorto-atrial fistula	PT

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CV Events - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10084341	Subclavian artery dissection	PT
10084364	Mitochondrial cardiomyopathy	PT
10084482	Arterial revascularisation	PT
10084745	Temporary mechanical circulatory support	PT
10084750	Arteriovenous fistula site pseudoaneurysm	PT
10084753	Arteriovenous graft site pseudoaneurysm	PT
10084767	Multisystem inflammatory syndrome in children	PT
10084806	Coronary sinus injury	PT
10084862	Supra-aortic trunk stenosis	PT
10085242	Chronic coronary syndrome	PT
10085294	Acquired left ventricle outflow tract obstruction	PT
10085297	Paravalvular regurgitation	PT
10085742	Subclavian arteriosclerosis	PT
10085756	Atrial escape rhythm	PT
10085779	Pseudo-occlusion of internal carotid artery	PT
10085821	Iliac artery arteriosclerosis	PT
10085849	Superior mesenteric artery dissection	PT
10085850	Multisystem inflammatory syndrome in adults	PT
10085879	Myocardial injury	PT
10085935	Vascular access site necrosis	PT
10085944	Haemorrhagic cerebellar infarction	PT
10086091	Multisystem inflammatory syndrome	PT
10086097	Precerebral artery aneurysm	PT
10086098	Precerebral artery dissection	PT
10086099	Post procedural complication circulatory	PT
10086118	Pulmonary artery arteriosclerosis	PT
10086230	Early repolarisation syndrome	PT
10086250	Acquired coronary artery fistula	PT
10086295	Myocardial strain imaging abnormal	PT
10086308	Acquired right ventricle outflow obstruction	PT
10086395	Ophthalmic artery occlusion	PT
10086406	Ophthalmic artery aneurysm	PT
10086448	Cerebrocardiac syndrome	PT
10086546	Malignant middle cerebral artery syndrome	PT
10086552	Post procedural cardiac valve avulsion	PT

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TERM_CODE	TERM_NAME	TERM_TYPE
10086558	Buttock claudication	PT
10086560	Aneurysm thrombosis	PT
10086620	Dynamic cardiomyoplasty	PT
10086684	Diabetic complication cardiovascular	PT
10086706	Cardiac contractility decreased	PT
10086740	Fascicular block	PT
10086997	Pacing induced cardiomyopathy	PT
10087101	Myofibrillar myopathy	PT
10087106	Chronic myocarditis	PT
10087136	Heart transplant failure	PT
10087137	Heart-lung transplant failure	PT
10087208	Sigmoid sinus thrombosis	PT
10087221	Septic cardiomyopathy	PT
10087237	Atrial standstill	PT
10087358	Prosthetic cardiac valve central regurgitation	PT

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Unstable Angina - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10000891	Acute myocardial infarction	PT
10002383	Angina pectoris	PT
10002388	Angina unstable	PT
10003225	Arteriospasm coronary	PT
10028596	Myocardial infarction	PT
10028600	Myocardial ischaemia	PT
10033697	Papillary muscle infarction	PT
10036759	Prinzmetal angina	PT
10049768	Silent myocardial infarction	PT
10051592	Acute coronary syndrome	PT
10051624	Myocardial reperfusion injury	PT
10058144	Postinfarction angina	PT
10058145	Subendocardial ischaemia	PT
10066592	Post procedural myocardial infarction	PT
10068534	Coronary no-reflow phenomenon	PT
10069167	Kounis syndrome	PT
10072186	Myocardial stunning	PT
10072685	Microvascular coronary artery disease	PT
10076419	Anginal equivalent	PT
10079319	Periprocedural myocardial infarction	PT
10080787	Wellens' syndrome	PT
10083602	Cardiac perfusion defect	PT
10084081	Coronary steal syndrome	PT

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Transient Ischemic Attack - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10006127	Brain hypoxia	PT
10006147	Brain stem infarction	PT
10006148	Brain stem ischaemia	PT
10008034	Cerebellar infarction	PT
10008118	Cerebral infarction	PT
10008120	Cerebral ischaemia	PT
10008190	Cerebrovascular accident	PT
10014498	Embolic stroke	PT
10019005	Haemorrhagic cerebral infarction	PT
10019016	Haemorrhagic stroke	PT
10028047	Moyamoya disease	PT
10043647	Thrombotic stroke	PT
10044390	Transient ischaemic attack	PT
10050209	Spinal cord ischaemia	PT
10050496	Reversible ischaemic neurological deficit	PT
10051078	Lacunar infarction	PT
10053841	Sneddon's syndrome	PT
10055677	Haemorrhagic transformation stroke	PT
10056237	Migrainous infarction	PT
10057375	Balint's syndrome	PT
10058571	Spinal cord infarction	PT
10058842	Cerebrovascular insufficiency	PT
10059613	Stroke in evolution	PT
10060839	Embolic cerebral infarction	PT
10060840	Ischaemic cerebral infarction	PT
10061256	Ischaemic stroke	PT
10064961	Thalamic infarction	PT
10065528	NIH stroke scale score increased	PT
10065531	NIH stroke scale abnormal	PT
10067347	Thrombotic cerebral infarction	PT
10067744	Capsular warning syndrome	PT
10068621	Cerebellar ischaemia	PT
10068644	Brain stem stroke	PT
10069020	Basal ganglia infarction	PT
10070511	Hypoxic-ischaemic encephalopathy	PT

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Transient Ischemic Attack - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10070671	Cerebral septic infarct	PT
10070878	Cerebral small vessel ischaemic disease	PT
10071043	Basal ganglia stroke	PT
10073945	Perinatal stroke	PT
10075401	Cerebral reperfusion injury	PT
10076994	Lacunar stroke	PT
10078202	Post cardiac arrest syndrome	PT
10078388	Delayed ischaemic neurological deficit	PT
10079062	Cerebellar stroke	PT
10080347	Extraischaemic cerebral haematoma	PT
10080713	Hemihyperaesthesia	PT
10082031	Spinal stroke	PT
10082484	Vertebrobasilar stroke	PT
10082594	Foville syndrome	PT
10083174	Hemidysaesthesia	PT
10083408	Internal capsule infarction	PT
10083668	Cerebral microinfarction	PT
10084072	Embolic cerebellar infarction	PT

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Stroke - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10006145	Brain stem haemorrhage	PT
10006147	Brain stem infarction	PT
10008030	Cerebellar haemorrhage	PT
10008034	Cerebellar infarction	PT
10008111	Cerebral haemorrhage	PT
10008118	Cerebral infarction	PT
10008120	Cerebral ischaemia	PT
10008190	Cerebrovascular accident	PT
10014498	Embolic stroke	PT
10018985	Haemorrhage intracranial	PT
10019005	Haemorrhagic cerebral infarction	PT
10019013	Haemorrhagic infarction	PT
10019016	Haemorrhagic stroke	PT
10022775	Intracranial tumour haemorrhage	PT
10022840	Intraventricular haemorrhage	PT
10030936	Optic nerve infarction	PT
10035092	Pituitary infarction	PT
10042316	Subarachnoid haemorrhage	PT
10043647	Thrombotic stroke	PT
10044390	Transient ischaemic attack	PT
10048992	Spinal cord haemorrhage	PT
10049236	Spinal epidural haemorrhage	PT
10049760	Pituitary haemorrhage	PT
10051078	Lacunar infarction	PT
10055677	Haemorrhagic transformation stroke	PT
10057403	Choroidal infarction	PT
10058571	Spinal cord infarction	PT
10058939	Thalamus haemorrhage	PT
10058940	Putamen haemorrhage	PT
10059613	Stroke in evolution	PT
10060839	Embolic cerebral infarction	PT
10060840	Ischaemic cerebral infarction	PT
10061256	Ischaemic stroke	PT
10063176	Prosthetic cardiac valve thrombosis	PT
10064961	Thalamic infarction	PT

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Stroke - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10067057	Basal ganglia haemorrhage	PT
10067347	Thrombotic cerebral infarction	PT
10067744	Capsular warning syndrome	PT
10068644	Brain stem stroke	PT
10069020	Basal ganglia infarction	PT
10070671	Cerebral septic infarct	PT
10071043	Basal ganglia stroke	PT
10072043	Central nervous system haemorrhage	PT
10073563	Spinal subdural haemorrhage	PT
10073564	Spinal subarachnoid haemorrhage	PT
10077193	Hemihypoaesthesia	PT
10080347	Extraischaemic cerebral haematoma	PT
10082031	Spinal stroke	PT
10082484	Vertebrobasilar stroke	PT
10083006	Eye infarction	PT
10083087	Fluorescence angiogram abnormal	PT
10083408	Internal capsule infarction	PT
10083668	Cerebral microinfarction	PT
10083691	Lambl's excrescences	PT
10084072	Embolic cerebellar infarction	PT
10085447	Claude's syndrome	PT
10085448	Weber's syndrome	PT
10085451	Benedikt's syndrome	PT
10085944	Haemorrhagic cerebellar infarction	PT
10086546	Malignant middle cerebral artery syndrome	PT
10086596	Metabolic stroke	PT
10087275	Heidelberg classification	PT

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Cardiac Failure - Galapagos Search Term List
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TERM_CODE	TERM_NAME	TERM_TYPE
10007554	Cardiac failure	PT
10007556	Cardiac failure acute	PT
10007558	Cardiac failure chronic	PT
10007559	Cardiac failure congestive	PT
10007560	Cardiac failure high output	PT
10007577	Cardiac index decreased	PT
10007595	Cardiac output decreased	PT
10007625	Cardiogenic shock	PT
10010968	Cor pulmonale	PT
10010969	Cor pulmonale acute	PT
10010970	Cor pulmonale chronic	PT
10013012	Dilatation ventricular	PT
10024119	Left ventricular failure	PT
10024899	Low cardiac output syndrome	PT
10031123	Orthopnoea	PT
10039163	Right ventricular failure	PT
10049632	Oedema due to cardiac disease	PT
10049694	Left ventricular dysfunction	PT
10050528	Ejection fraction decreased	PT
10051093	Cardiopulmonary failure	PT
10052337	Diastolic dysfunction	PT
10053405	Brain natriuretic peptide increased	PT
10053408	Brain natriuretic peptide abnormal	PT
10058597	Right ventricular dysfunction	PT
10059056	Ventricular dysfunction	PT
10060953	Ventricular failure	PT
10063081	Acute left ventricular failure	PT
10063082	Acute right ventricular failure	PT
10063083	Chronic left ventricular failure	PT
10063084	Chronic right ventricular failure	PT
10068230	Cardiorenal syndrome	PT
10069140	Myocardial depression	PT
10071436	Systolic dysfunction	PT
10071660	N-terminal prohormone brain natriuretic peptide abnormal	PT
10071662	N-terminal prohormone brain natriuretic peptide increased	PT

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Cardiac Failure - Galapagos Search Term List

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TERM_CODE	TERM_NAME	TERM_TYPE
10075337	Right ventricular ejection fraction decreased	PT
10077781	Prohormone brain natriuretic peptide increased	PT
10077783	Prohormone brain natriuretic peptide abnormal	PT
10079613	Right ventricular diastolic collapse	PT
10079751	Cardiac dysfunction	PT
10080987	Left ventricular diastolic collapse	PT
10080992	Ventricular compliance decreased	PT
10082615	Coronary sinus dilatation	PT
10084058	Congestive hepatopathy	PT
10086295	Myocardial strain imaging abnormal	PT
10086620	Dynamic cardiomyoplasty	PT
10086706	Cardiac contractility decreased	PT

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Percutaneous Coronary Intervention - Galapagos Search Term List
MedDRA Version 25.0

TERM_CODE	TERM_NAME	TERM_TYPE
10002475	Angioplasty	PT
10003140	Arterectomy with graft replacement	PT
10003144	Arterial aneurysm repair	PT
10003148	Arterial catheterisation	PT
10003190	Arteriovenous fistula operation	PT
10007692	Carotid endarterectomy	PT
10011077	Coronary artery bypass	PT
10011090	Coronary artery surgery	PT
10011101	Coronary endarterectomy	PT
10014648	Endarterectomy	PT
10014649	Endarterectomy of aorta	PT
10022736	Intra-cerebral aneurysm operation	PT
10043530	Thrombectomy	PT
10043568	Thrombolysis	PT
10048932	Vena cava filter insertion	PT
10049071	Vascular operation	PT
10049887	Coronary revascularisation	PT
10050329	Coronary angioplasty	PT
10052086	Coronary arterial stent insertion	PT
10052371	Ventricular assist device insertion	PT
10052681	Valvuloplasty cardiac	PT
10052698	Catheterisation venous	PT
10052928	Clamping of blood vessel	PT
10052949	Arterial therapeutic procedure	PT
10052964	Venous repair	PT
10052989	Intra-aortic balloon placement	PT
10053003	Carotid artery bypass	PT
10053351	Peripheral revascularisation	PT
10053494	Aneurysmectomy	PT
10056418	Arterial bypass operation	PT
10057335	Therapeutic embolisation	PT
10057493	Renal artery angioplasty	PT
10057518	Peripheral artery angioplasty	PT
10057617	Aortic bypass	PT
10058408	Surgical vascular shunt	PT

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Percutaneous Coronary Intervention - Galapagos Search Term List
MedDRA Version 25.0

TERM_CODE	TERM_NAME	TERM_TYPE
10058794	Vasodilation procedure	PT
10059676	Arteriovenous graft	PT
10061656	Arterial repair	PT
10061657	Arterial stent insertion	PT
10062175	Venous operation	PT
10063025	Atherectomy	PT
10063170	Pulmonary artery banding	PT
10063382	Vascular stent insertion	PT
10063389	Venous stent insertion	PT
10063731	Pulmonary artery therapeutic procedure	PT
10064727	Renal artery stent placement	PT
10064778	Venous ligation	PT
10064958	Thromboembolectomy	PT
10065608	Percutaneous coronary intervention	PT
10066050	Aneurysm repair	PT
10066102	Carotid artery stent insertion	PT
10066129	Arterial switch operation	PT
10067740	Vascular graft	PT
10068628	Prosthetic vessel implantation	PT
10069948	Renal artery stent removal	PT
10069949	Vascular stent removal	PT
10069950	Arterial stent removal	PT
10069952	Carotid artery stent removal	PT
10069953	Coronary artery stent removal	PT
10071026	Arterectomy	PT
10071256	Aortic stent insertion	PT
10071260	Carotid angioplasty	PT
10071261	Mesenteric artery stent insertion	PT
10071508	Cerebral revascularisation	PT
10072559	Carotid revascularisation	PT
10072560	Peripheral endarterectomy	PT
10072561	Peripheral artery bypass	PT
10072562	Peripheral artery stent insertion	PT
10072893	Pulmonary endarterectomy	PT
10073598	Vascular anastomosis	PT

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Percutaneous Coronary Intervention - Galapagos Search Term List
MedDRA Version 25.0

TERM_CODE	TERM_NAME	TERM_TYPE
10074169	Vascular catheterisation	PT
10074397	Vena cava filter removal	PT
10075134	Prosthetic vessel removal	PT
10077079	Cerebral endovascular aneurysm repair	PT
10077826	Venous angioplasty	PT
10078636	Arteriotomy	PT
10081419	Vessel harvesting	PT
10081731	Arterial angioplasty	PT
10083018	Vascular ligation	PT
10084091	Revascularisation procedure	PT
10084482	Arterial revascularisation	PT
10084745	Temporary mechanical circulatory support	PT
10084977	Cardiac catheter removal	PT
10085325	Catheter directed thrombolysis	PT

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Specific AE directly associated with the pathogen causing COVID-19 - Galapagos Search Term List
MedDRA Version 25.0

TERM_CODE	TERM_NAME	TERM_TYPE
10051905	Coronavirus infection	PT
10070255	Coronavirus test positive	PT
10084268	COVID-19	PT
10084271	SARS-CoV-2 test positive	PT
10084380	COVID-19 pneumonia	PT
10084381	Coronavirus pneumonia	PT
10084459	Asymptomatic COVID-19	PT
10084460	COVID-19 treatment	PT
10084461	SARS-CoV-2 carrier	PT
10084480	SARS-CoV-2 test false negative	PT
10084639	SARS-CoV-2 sepsis	PT
10084640	SARS-CoV-2 viraemia	PT
10085080	Congenital COVID-19	PT
10085492	Vaccine derived SARS-CoV-2 infection	PT
10085493	SARS-CoV-2 RNA	PT
10085495	SARS-CoV-2 RNA increased	PT
10085496	SARS-CoV-2 RNA decreased	PT
10085497	SARS-CoV-2 RNA fluctuation	PT
10085503	Post-acute COVID-19 syndrome	PT
10085850	Multisystem inflammatory syndrome in adults	PT
10086091	Multisystem inflammatory syndrome	PT
10086158	Thrombosis with thrombocytopenia syndrome	PT
10086861	Breakthrough COVID-19	PT

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Appendix 10. PKAP

PHARMACOKINETIC ANALYSIS PLAN

Combined Phase 3, Double-blind, Randomized, Placebo-Controlled Studies Evaluating the Efficacy and Safety of Filgotinib in the Induction and Maintenance of Remission in Subjects with Moderately to Severely Active Crohn's Disease

Sponsor:

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Belgium

Protocol Identification: GS-US-419-3895

Pharmacokinetic Analysis Plan

Version: 1.0

Date: December 20, 2022

PHARMACOKINETIC ANALYSIS PLAN

REPORT TITLE:

Combined Phase 3, Double-blind, Randomized, Placebo-Controlled Studies Evaluating the Efficacy and Safety of Filgotinib in the Induction and Maintenance of Remission in Subjects with Moderately to Severely Active Crohn's Disease

QPS PROJECT NO.

2260-2202CRS

CLIENT PROTOCOL NO.

GS-US-419-3895

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Signature Page

QPS Pharmacokineticist:

Digitally signed by PPD
Signing Reason: I am the author of this document
Signing Time: 20 December 2022 | 11:01 EST
9FBC06EBA79E4DF78F2D1846D293D82A

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Sr. Principal Clinical Pharmacokineticist II
Global Data Services
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Date

Sponsor Approval:

Digitally signed by PPD
Signing Reason: I approve this document
Signing Time: 20 December 2022 | 17:12 CET
DFEEAF8FF0FB4B67BC79E58394EA5F45

PPD
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Galapagos NV

Date

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LIST OF TABLES AND FIGURES

1. LIST OF ABBREVIATIONS AND DEFINITIONS OF TERMS

Abbreviation	Definition
AM	Arithmetic mean
$\%AUC_{extrap}$	Percentage of extrapolated AUC ($\%AUC_{t-\infty}$), (1-[AUC_{0-t}/AUC_{0-inf}])*100
AUC_{0-tau}	Area under the concentration-time curve within dosing interval, calculated by linear up/log down trapezoidal method.
BLQ	Below the lower limit of quantification
C_{max}	Maximum observed plasma concentration
CD	Crohn's disease
CL_{ss}/F	Apparent total body clearance at steady state
C_{tau}	The concentration in plasma at the end of a dosing interval
CV%	Percentage coefficient of variation
GM	Geometric mean
H	Hour
IBD	Inflammatory bowel disease
(IL)-6	Interleukin
JAKs	Janus kinases
LLOQ	Lower limit of quantification
Max	Maximum
Min	Minimum
MRcmax	Metabolic ratio of C_{max}
MRctau	Metabolic ratio of C_{tau}
MRauctau	Metabolic ratio of AUC_{0-tau}
PD	Pharmacodynamics

Abbreviation	Definition
PK	Pharmacokinetic(s)
Q1	1st quartile
Q3	3rd quartile
RA	Rheumatoid arthritis
SD	Standard deviation
T_{max}	Time of the maximum observed plasma concentration
TYKs	Tyrosine kinases
UC	Ulcerative colitis

2. INTRODUCTION

This Pharmacokinetic Analysis Plan (PKAP) for GS-US-419-3895 study has been developed according to the study design described in the study protocol Amendment 9 dated on 02 December 2021 with the purpose of establishing a framework for pharmacokinetic (PK) analysis in which answers to the protocol objectives may be obtained in a rigorous fashion, without bias or analytical deficiency.

The purpose of this plan is two-fold:

- To determine the types of analyses and presentations of data that will form the basis for conclusions to be reached;
- To define in detail how the data will be handled and analyzed, adhering to commonly accepted standards and practices of PK and biostatistical analysis in the pharmaceutical industry and QPS SOPs.

The PK parameters and statistical results outlined herein will be reported in a PK Section that will be included to the Clinical Study Report (CSR).

.

3. STUDY BACKGROUND

Crohn's disease (CD) is a relapsing and remitting form of inflammatory bowel disease (IBD) that causes gastrointestinal signs and symptoms of diarrhea, abdominal pain, weight loss, and the passage of blood or mucous per rectum. The inflammation of CD can involve the mucosal surface of the gastrointestinal tract and penetrate through the full thickness of the gastrointestinal wall, including the serosal surface. Crohn's disease is characterized by phenotype and location of involved bowel. The phenotypes include inflammatory, stricturing, and penetrating subtypes. Stricture formation can result in intestinal obstruction requiring surgical management. Over time, patients with repeated surgeries are at risk for developing short bowel syndrome and/or intestinal failure.

Janus kinases (JAKs) are intracellular cytoplasmic tyrosine kinases (TYKs) that transduce cytokine signaling from membrane receptors through signal transducer and activator of transcription (STAT) to the nucleus of cells. JAK inhibitors block the signaling of various cytokines, growth factors, and hormones, including the proinflammatory cytokine interleukin (IL)-6. Four different types of JAKs are known, JAK1, JAK2, JAK3, and TYK2 which interact with different sets of membrane receptors. Inhibition of JAKs is a promising therapeutic option for a range of inflammatory conditions including rheumatoid arthritis (RA) and CD.

Filgotinib (GS-6034, formerly known as GLPG0634) is a potent and selective inhibitor of JAK1. Filgotinib is approved in the European Union (EU), Japan, and Great Britain for treatment of moderate to severe active RA in adult patients. It is also approved for the treatment of moderately to severely active ulcerative colitis (UC) in adults in the EU, and is currently under regulatory review for the treatment of UC in Japan and Great Britain. The compound has shown good preliminary efficacy in CD patients in Phase 2 studies.

In humans, filgotinib is metabolized to form one major active metabolite, GS-829845. Though the potency of this metabolite is lower than the parent molecule, the overall exposure and peak plasma concentration in humans is higher than seen in all tested animal species. As a consequence, dedicated pharmacology and toxicology studies have been performed with GS-829845. Results from pharmacodynamics (PD) testing in healthy volunteers suggest that the clinical activity of filgotinib could result from the combination of the parent molecule and the metabolite.

For further information on filgotinib, refer to the current Investigator's Brochure (IB).

4. PKAP OBJECTIVE

- To assess the PK characteristics of filgotinib and its metabolite GS-829845.

5. SUMMARY OF STUDY DESIGN

These are combined Phase 3 double-blind, randomized, placebo-controlled studies to evaluate the efficacy and safety of filgotinib in the induction and maintenance of clinical remission, as well as, endoscopic response in subjects with moderately to severely active CD.

Subjects who are biologic-naïve or biologic-experienced will be enrolled in Cohort A and subjects who are biologic-experienced will be enrolled in Cohort B, respectively. Treatment assignments will be randomized within each Cohort.

Treatment Regimen (Cohorts A and B Induction Studies)
Subjects who meet protocol eligibility criteria will be assigned to the respective Cohort and subsequently randomized in a blinded fashion in a 1:1:1 ratio to 1 of 3 treatments as follows:

Treatment 1: filgotinib 200 mg oral tablet and placebo-to-match (PTM) filgotinib 100 mg oral tablet, once daily
Treatment 2: filgotinib 100 mg oral tablet and PTM filgotinib 200 mg oral tablet, once daily
Treatment 3: PTM filgotinib 200 mg oral tablet and PTM filgotinib 100 mg oral tablet, once daily

Note: US and Korea males who have not failed at least two biologic therapies (any TNFα antagonist and vedolizumab) will be randomized in a 1:1 ratio to either filgotinib 100 mg or matching placebo.

The sparse PK samples at Week 4 are collected pre-dose, and post-dose (at least 30 minutes and up to 3 hours after study drug dosing). For this visit, it is preferred that study drug dosing is done in clinic. The PK sample at Weeks 26 can be collected at any time without regard to dosing. The PK sample at Weeks 10 and 58 are collected at pre-dose (within 2 hours prior to dosing).

The optional PK substudy will be performed in a subset of subjects (approximately 16 subjects on 200 mg treatment and 16 subjects on 100 mg treatment in the substudy) who provide a separate informed consent. In the PK substudy, the daily dose of study drug should be administered under supervision in the clinic (at one visit between Week 2 and Week 10, inclusive), and the PK substudy will have additional plasma PK samples at any single visit from Week 2 to Week 10, collected pre-dose, and at 0.5, 1, 2, 3, 4 and 6 hours after supervised dosing in the clinic. If a sub-study PK sample is scheduled to be collected at the same time as a sparse PK sample, only one sample should be collected.

For all visits with PK sampling, the time of dose taken prior to and on the day of visit will be noted in the eCRF. Plasma concentrations of filgotinib and its metabolite (GS-829845) will be analyzed.

6. PHARMACOKINETIC ANALYSIS PLAN

6.1. PK Substudy Analysis Set

The primary analysis set for intensive PK analyses will be the PK substudy analysis set for each Induction Study (Cohorts A and B), which includes all subjects in the Safety Analysis Set from the corresponding Induction Study who have enrolled into the PK substudy, and have dense concentration data to provide interpretable results for the specific parameters of interest for the analyte under evaluation.

The primary analysis set for general PK analyses will be defined separately for each individual study (Cohort A Induction Study, Cohort B Induction Study, and Maintenance Study). For each study, the PK analysis set includes all subjects in the corresponding Safety Analysis Set who have at least 1 non-missing plasma concentration data for filgotinib and/or its metabolite GS-829845.

6.2. Pharmacokinetic Parameters Estimation

The plasma PK parameters for filgotinib and its metabolite (GS-829845) will be derived by non-compartmental analysis of the plasma concentration-time profiles based on actual blood sampling times [h] (relative to the corresponding administration time) rounded to two decimal digits and negative pre-dose times set to zero. The plasma PK parameters will be computed using Phoenix WinNonlin 6.3 or higher. The nominal times will be used to present in the individual concentration listings or tables and the mean concentration-time figures.

The following plasma PK parameters of filgotinib and its metabolite (GS-829845) will be calculated as data allows. The definition for each PK variable is listed in the following tables:

C_{max}	The maximum observed plasma concentration
T_{max}	The time to reach C_{max}
C_{tau}	The concentration in plasma at the end of a dosing interval
$AUC_{0\text{-}tau}$	Area under the concentration-time curve within dosing interval, calculated by linear up/log down trapezoidal method. A 24 hour data point will be based on imputation of the predose value of filgotinib and its metabolite (GS-829845).
CL_{ss}/F	Apparent total body clearance at steady state, calculated as Dose/$AUC_{0\text{-}tau}$, on steady state, for parent compound only
MRcmax	Metabolic ratio of GS-829845 C_{max} / filgotinib C_{max} * (425.51/357.43)
MRctau	Metabolic ratio of GS-829845 C_{tau} / filgotinib C_{tau} * (425.51/357.43)
MRauctau	Metabolic ratio of GS-829845 $AUC_{0\text{-}tau}$ / filgotinib $AUC_{0\text{-}tau}$ * (425.51/357.43)

The substudy PK analysis population will be used for the analyses. Individual subject listings will be provided. For substudy PK analysis, mean and individual plasma concentration-time

profiles for filgotinib and its metabolite (GS-829845) will be presented graphically for each treatment.

The measured individual plasma concentrations of filgotinib and its metabolite (GS-829845) will be used to directly obtain C_{max} and T_{max} for substudy PK analysis.

The concentration in plasma at the end of a dosing interval (C_{tau}), where tau is 24 h, was also determined. To estimate $AUC_{0\text{-}tau}$, the concentration observed in the predose sample (collected at steady-state) will be assumed as the same 24h post-dose.

For general PK analysis, descriptive statistics for plasma concentrations of filgotinib and its metabolite GS-829845 will be listed and summarized per timepoint and per treatment for Cohort A, Cohort B, and maintenance study.

6.3. Data Handling Procedures

Only subjects included in the PK substudy analysis set and only samples obtained in this substudy will be included in the summary statistics for PK parameters. All analyses will be performed on data available at the time point considered. In summary tables, the number of subjects with missing data will be presented unless otherwise specified. In the calculation of percentages, subjects with missing data will not be considered in numerator or denominator unless otherwise specified.

Missing Concentrations:

Samples will be treated as missing for PK data analysis, if:

- Blood samples are collected but no bioanalytical data are reported;
- Missed PK sample collections;
- Samples are collected but the sampling time and/or dosing time are not recorded;
- Samples whose identities are uncertain due to possible handing or labelling errors conducted in the clinical site or bioanalytical labs;
- Sample is diluted and below the quantifiable limits.

Protocol Deviations and/or Violations

The data for subjects with significant protocol deviations and/or violations will be cautiously evaluated. If the deviation or violation has a significant impact on the filgotinib and its metabolite (GS-829845) PK profile, the data for those subjects should be excluded from the study's statistical evaluation by the pharmacokineticist and the reason for excluding individual data points will be recorded. Filgotinib and its metabolite (GS-829845) concentration data and PK parameters derived for those subjects will not be determined and reported.

Below the Lower Limit of Quantification Limit (BLQ)

PK concentration values and PK parameter values below the lower limit of quantitation (BLQ) will be presented as "BLQ" in the data listings. BLQ values will be treated as 1/2 of the lower limit of quantitation (LLOQ) for calculation of geometric mean and CV%, and will be treated as 0 for all other summary statistics. Unexpected BLQ samples or samples whose identity is

uncertain due to possible handling or labeling errors can be treated as missing at the judgment of the pharmacokineticist and noted accordingly.

Data exclusion due to vomiting:

In regard to the data from subjects who experience emesis during the PK sampling period (i.e. in the period "predose until the last sample (6 hrs post dose), if vomiting occurs at or before 2 times median T_{max} under the same treatment, the time course of the study for filgotinib and its metabolite GS-829845 will be excluded from pharmacokinetic statistical analysis.

Data Format (significant figures and decimal points)

PK concentrations and PK parameters will be reported to 3 significant figures for individual concentrations and parameters and summary statistics, with the exception of T_{max} (2 decimal places), coefficient of variation (CV%, 1 decimal place), and the number of subjects (N, 0 decimal place).

6.4. Statistical Evaluations of PK Parameters

For each individual study (Cohort A Induction Study, Cohort B Induction Study and Maintenance Study), plasma concentrations of filgotinib and its metabolite GS-829845 will be listed and summarized by treatment using descriptive statistics (eg, sample size, arithmetic mean, geometric mean, % coefficient of variation, standard deviation, median, minimum, and maximum).

For the subjects at the substudy, individual concentrations and PK parameters of filgotinib and its metabolite GS-829845 will be listed. Mean concentrations and PK parameters of filgotinib and its metabolite GS-829845 will be summarized descriptively. Individual and mean concentration-time profiles will be presented on semi-logarithmic and linear formats as mean ± SD and median (Q1, Q3) by treatment.

For descriptive statistics of pharmacokinetic parameters and concentration data, sample size, arithmetic mean, geometric mean, % coefficient of variation, standard deviation, median, 1st quartile [Q1] (for concentration data only), 3rd quartile [Q3] (for concentration data only), minimum, and maximum, will be given.

Plasma concentrations for the subjects at each individual study and substudy will be listed by subject and nominal sampling time and summarized by nominal sampling time and treatment using descriptive statistics. Similarly, calculated plasma PK parameters for substudy will be listed by subject and summarized by treatment using descriptive statistics.

7. REPORT

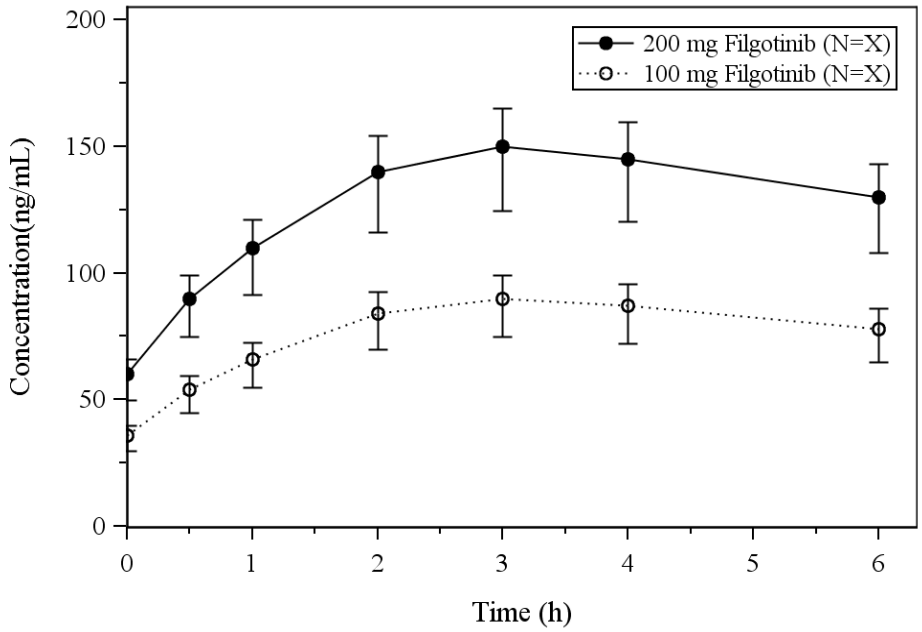
The following tables and figures will be generated.

Table 14.2.8. Subjects Not Included in the Pharmacokinetic Analysis (if Applicable)

Subject	Treatment	Dose level	Comments

Figure 14.2.3. Mean (± SD) Plasma Filgotinib Concentration – Time Profiles Following Once Daily Oral Administration of 100 or 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Linear Scale (Mock Figure)



Semi-logarithmic Scale (Mock Figure)

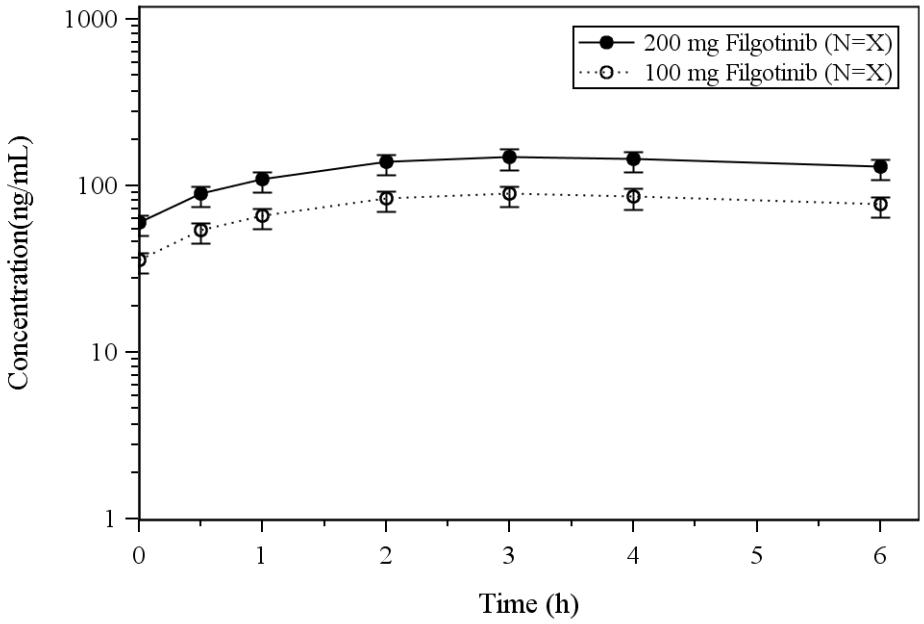
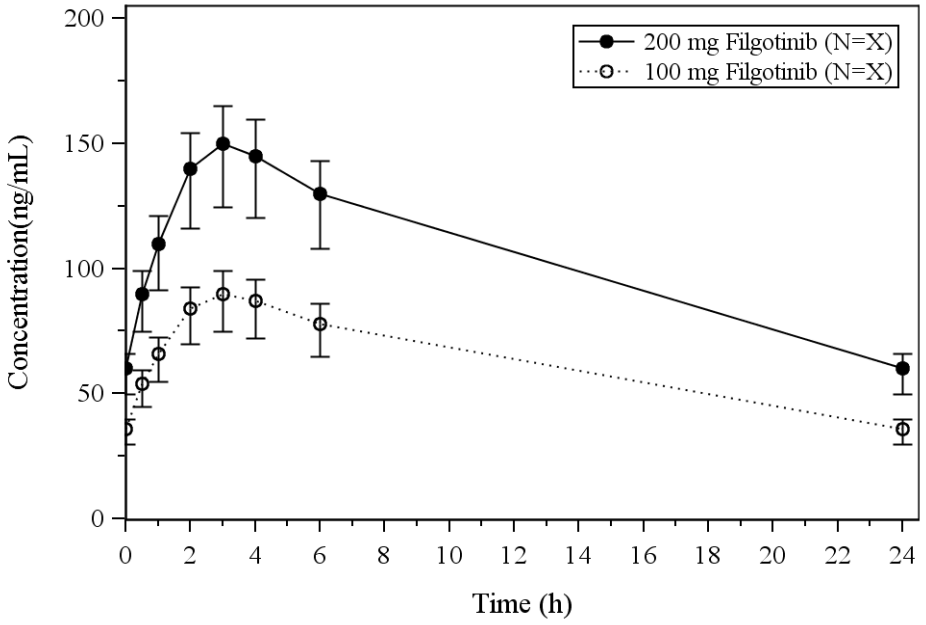


Figure 14.2.4. Mean (± SD) Plasma GS-829845 Concentration – Time Profiles Following Once Daily Oral Administration of 100 or 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Figure 14.2.5. Mean (± SD) Plasma Filgotinib Concentration – Time Profiles Following Once Daily Oral Administration of 100 or 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease – 0 to 24 hours

Linear Scale (Mock Figure)



Semi-logarithmic Scale (Mock Figure)

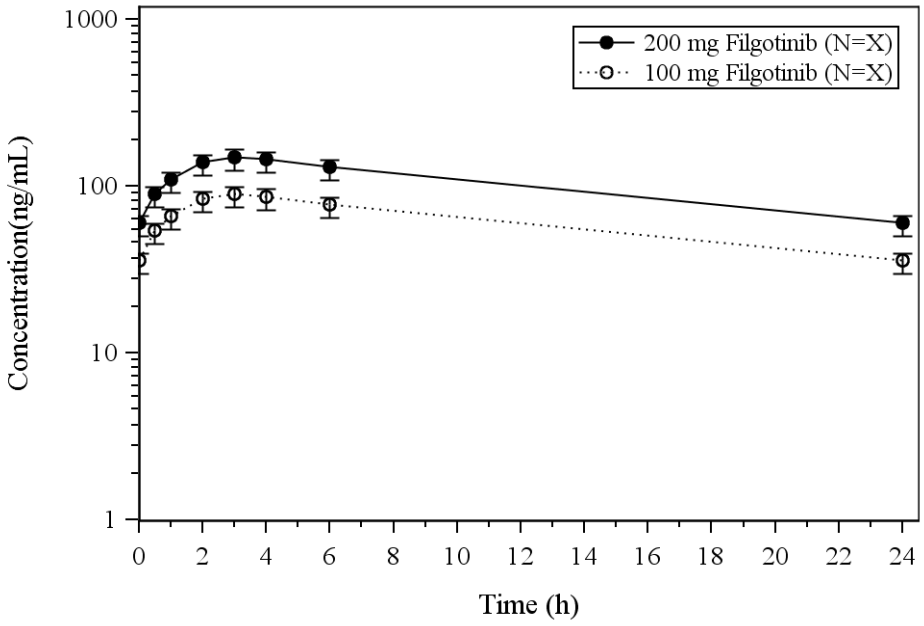


Figure 14.2.6. **Mean (± SD) Plasma GS-829845 Concentration – Time Profiles Following Once Daily Oral Administration of 100 or 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease – 0 to 24 hours**

Figure 14.2.7. **Median (Q1, Q3) Plasma Filgotinib Concentration – Time Profiles Following Once Daily Oral Administration of 100 or 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease**

Figure 14.2.8. **Median (Q1, Q3) Plasma GS-829845 Concentration – Time Profiles Following Once Daily Oral Administration of 100 or 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease**

Figure 14.2.9. **Median (Q1, Q3) Plasma Filgotinib Concentration – Time Profiles Following Once Daily Oral Administration of 100 or 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease – 0 to 24 hours**

Figure 14.2.10. **Median (Q1, Q3) Plasma GS-829845 Concentration – Time Profiles Following Once Daily Oral Administration of 100 or 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease – 0 to 24 hours**

8. TABLES AND LISTINGS

Descriptive statistics plasma filgotinib and its metabolite GS-829845 concentrations will be provided in Tables 14.4.1. Descriptive statistics plasma pharmacokinetic parameters of filgotinib and its metabolite GS-829845 will be included in Tables 14.4.2. The individual subject filgotinib and its metabolite GS-829845 plasma concentration will be included in in Listing 16.4.1. The individual subject filgotinib and its metabolite GS-829845 plasma pharmacokinetic parameters will be included in in Listing 16.4.2. The individual subject filgotinib and its metabolite GS-829845 plasma concentration time plots will be included in in Figures 16.4.3.

Table 14.4.1. Descriptive Statistics of Plasma Concentrations of Filgotinib and Metabolite GS-829845

Table 14.4.1.1. Descriptive Statistics of Plasma Concentrations of Filgotinib Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

	Plasma Concentration (ng/mL) over Nominal Time (h)						
Subject	**Pre-dose**	**0.5**	**1**	**2**	**3**	**4**	**6**
N							
AM							
SD							
Min							
Q1							
Median							
Q3							
Max							
CV%							
GM							

AM: Arithmetic Mean; SD: Standard Deviation; Min: Minimum; Q1: 1st Quartile; Q3: 3rd Quartile; Max: Maximum; GM: Geometric Mean; CV%: Arithmetic CV which is equal to SD/AM*100.

Table 14.4.1.2. Descriptive Statistics of Plasma Concentrations of Filgotinib Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Table 14.4.1.3. Descriptive Statistics of Plasma Concentrations of GS-829845 Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Table 14.4.1.4. Descriptive Statistics of Plasma Concentrations of GS-829845 Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Table 14.4.1.5. Descriptive Statistics of Plasma Concentrations of Filgotinib Following Once Daily Oral Administration of 200 or 100 mg Filgotinib in Subjects with Moderately to Severely Active Crohn's Disease - Cohort A

	Plasma Concentration (ng/mL) over Nominal Time									
	200 mg					100 mg				
Subject	Week 4 predose	Week 4 0.5-3 hr	Week 10 predose	Week 26 anytime	Week 58 predose	Week 4 predose	Week 4 0.5-3 hr	Week 10 predose	Week 26 anytime	Week 58 predose
N										
AM										
SD										
Min										
Q1										
Median										
Q3										
Max										
CV%										
GM										

AM: Arithmetic Mean; SD: Standard Deviation; Min: Minimum; Q1: 1st Quartile; Q3: 3rd Quartile; Max: Maximum; GM: Geometric Mean; CV%: Arithmetic CV which is equal to SD/AM*100.
Note: if a sub-study PK sample is scheduled to be collected at the same time as a sparse PK sample, only one sample should be collected.

Table 14.4.2. Descriptive Statistics of Plasma Filgotinib and Metabolite GS-829845 Pharmacokinetic Parameters

Table 14.4.2.1. Descriptive Statistics of Plasma Pharmacokinetic Parameters of Filgotinib Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Subject	C_{max} (ng/mL)	T_{max} (h)	C_{tau} (ng/mL)	$AUC_{0\text{-}tau}$ (ng*h/mL)	CL_{ss}/F (L/h)
N					
AM					
SD					
Min					
Median					
Max					
CV%					
GM					

AM: Arithmetic Mean; SD: Standard Deviation; Min: Minimum; Max: Maximum; GM: Geometric Mean; CV%: Arithmetic CV which is equal to SD/AM*100.
Note: To estimate $AUC_{0\text{-}tau}$, the concentration of 24h post-dose is based on imputed predose value.

Table 14.4.2.2. Descriptive Statistics of Plasma Pharmacokinetic Parameters of Filgotinib Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Table 14.4.2.3. Descriptive Statistics of Plasma Pharmacokinetic Parameters of GS-829845 Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Subject	C_{max} (ng/mL)	T_{max} (h)	C_{tau} (ng/mL)	$AUC_{0\text{-}tau}$ (ng*h/mL)	MRcmax	MRctau	MRauctau
N							
AM							
SD							
Min							
Median							
Max							
CV%							
GM							

AM: Arithmetic Mean; SD: Standard Deviation; Min: Minimum; Max: Maximum; GM: Geometric Mean; CV%: Arithmetic CV which is equal to SD/AM*100.
Note: To estimate $AUC_{0\text{-}tau}$, the concentration of 24h post-dose is based on imputed predose value.
MRcmax: Metabolic ratio of GS-829845 C_{max} / filgotinib C_{max} * (425.51/357.43)
MRctau: Metabolic ratio of GS-829845 C_{tau} / filgotinib C_{tau} * (425.51/357.43)
MRauctau: Metabolic ratio of GS-829845 $AUC_{0\text{-}tau}$ / filgotinib $AUC_{0\text{-}tau}$ * (425.51/357.43)

Table 14.4.2.4. Descriptive Statistics of Plasma Pharmacokinetic Parameters of GS-829845 Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Listing 16.4.1. Individual Plasma Concentrations of Filgotinib and Metabolite GS-829845

Listing 16.4.1.1. Individual Plasma Concentrations of Filgotinib Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

	Plasma Concentration (ng/mL) over Nominal Time (h)						
Subject	**Pre-dose**	**0.5**	**1**	**2**	**3**	**4**	**6**

Listing 16.4.1.2. Individual Plasma Concentrations of Filgotinib Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Listing 16.4.1.3. Individual Plasma Concentrations of GS-829845 Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Listing 16.4.1.4. Individual Plasma Concentrations of GS-829845 Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Listing 16.4.2. Individual Plasma Filgotinib and Metabolite GS-829845 Pharmacokinetic Parameters

Listing 16.4.2.1. Individual Plasma Pharmacokinetic Parameters of Filgotinib Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Subject	C_{max} (ng/mL)	T_{max} (h)	C_{tau} (ng/mL)	$AUC_{0\text{-}tau}$ (ng*h/mL)	CL_{ss}/F (L/h)

Note: To estimate $AUC_{0\text{-}tau}$, the concentration of 24h post-dose is based on imputed predose value.

Listing 16.4.2.2. Individual Plasma Pharmacokinetic Parameters of Filgotinib Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Listing 16.4.2.3. Individual Plasma Pharmacokinetic Parameters of GS-829845 Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Subject	C_{max} (ng/mL)	T_{max} (h)	C_{tau} (ng/mL)	$AUC_{0\text{-}tau}$ (ng*h/mL)	MRcmax	MRctau	MRauctau

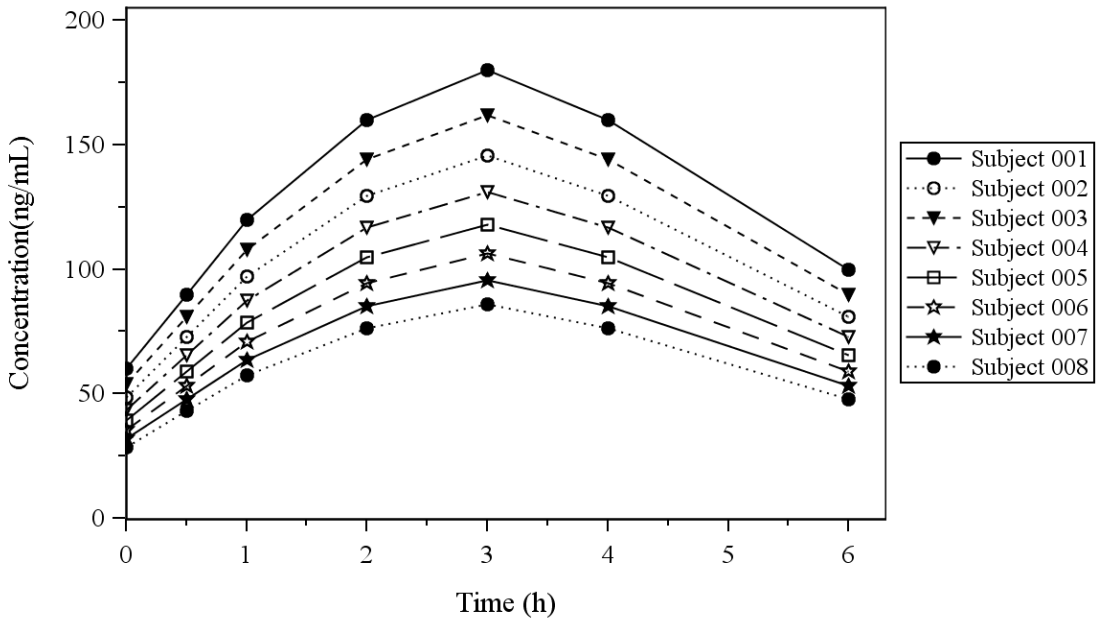
Note: To estimate $AUC_{0\text{-}tau}$, the concentration of 24h post-dose is based on imputed predose value.
MRcmax: Metabolic ratio of GS-829845 C_{max} / filgotinib C_{max} * (425.51/357.43)
MRctau: Metabolic ratio of GS-829845 C_{tau} / filgotinib C_{tau} * (425.51/357.43)
MRauctau: Metabolic ratio of GS-829845 AUC0-tau / filgotinib AUC0-tau * (425.51/357.43)

Listing 16.4.2.4. Individual Plasma Pharmacokinetic Parameters of GS-829845 Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Figure 16.4.3. Individual Subject Plasma Concentration-Time Graphs

Figure 16.4.3.1. Individual Plasma Filgotinib Concentration – Time Profiles Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Linear Scale (Mock Figure)



Semi-logarithmic Scale (Mock Figure)

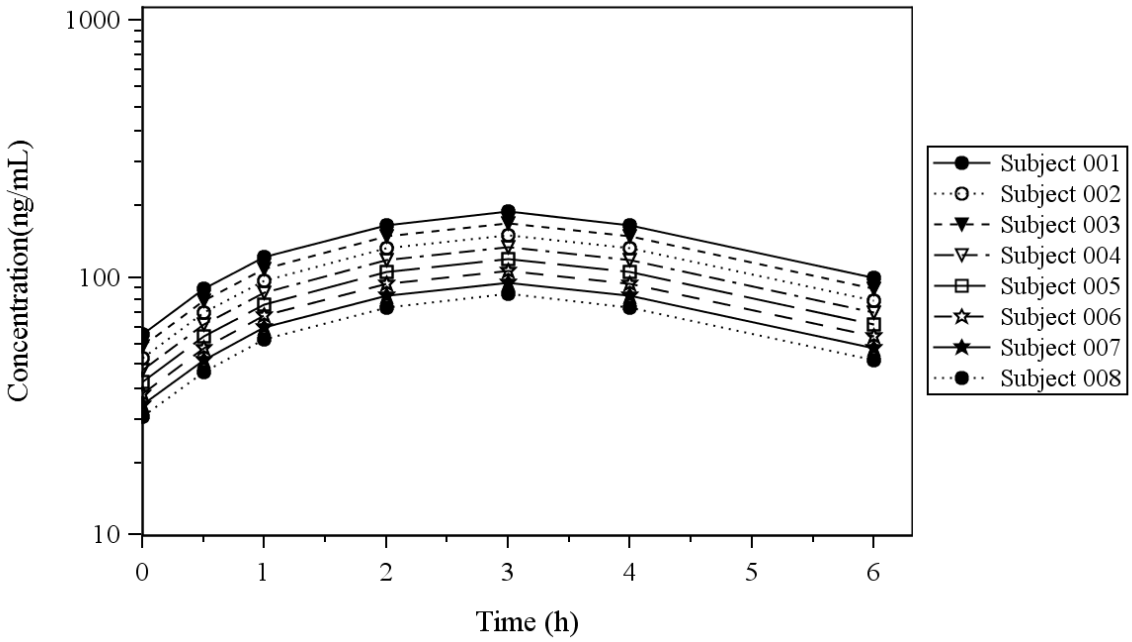
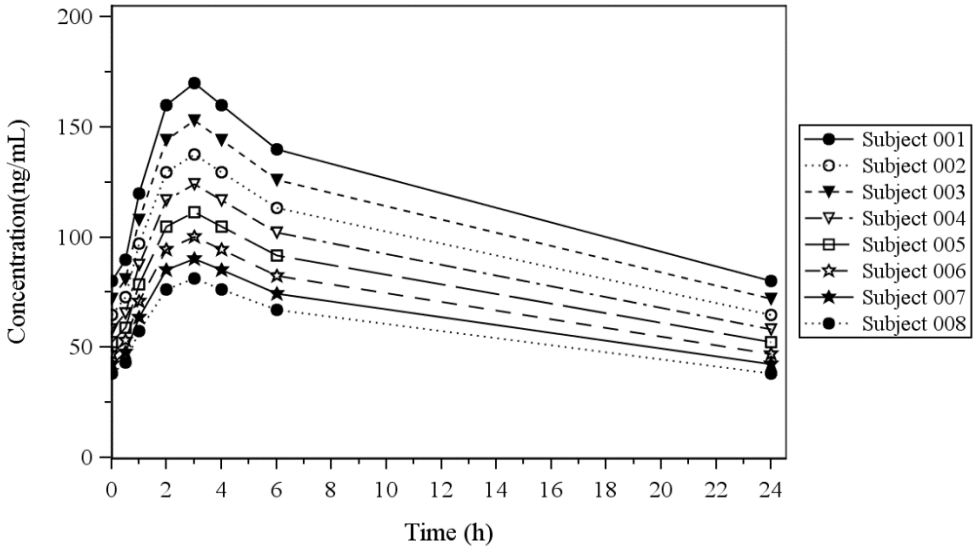


Figure 16.4.3.2. Individual Plasma Filgotinib Concentration – Time Profiles Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Figure 16.4.3.3. Individual Plasma Filgotinib Concentration – Time Profiles Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease – 0 to 24 hours

Linear Scale (Mock Figure)



Semi-logarithmic Scale (Mock Figure)

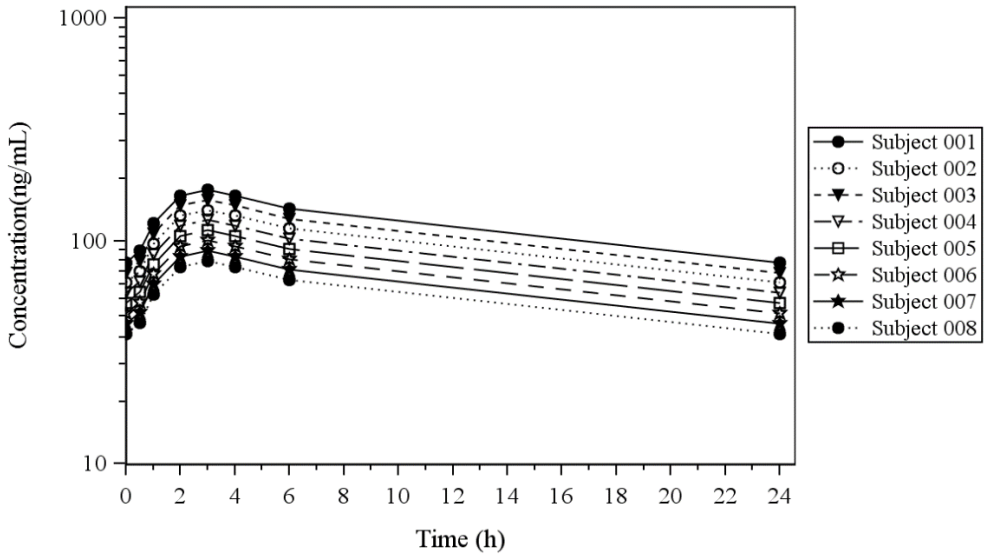


Figure 16.4.3.4. Individual Plasma Filgotinib Concentration – Time Profiles Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease – 0 to 24 hours

Figure 16.4.3.5. Individual Plasma GS-829845 Concentration – Time Profiles Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Figure 16.4.3.6. Individual Plasma GS-829845 Concentration – Time Profiles Following Once Daily Oral Administration of 100 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease

Figure 16.4.3.7. Individual Plasma GS-829845 Concentration – Time Profiles Following Once Daily Oral Administration of 200 mg Filgotinib at One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease – 0 to 24 hours

Figure 16.4.3.8. Individual Plasma GS-829845 Concentration – Time Profiles Following Once Daily Oral Administration of 100 mg Filgotinib at

One Visit Between Week 2 and Week 10 in Subjects with Moderately to Severely Active Crohn's Disease – 0 to 24 hours