Division	:	Worldwide Development
Information Type	:	Reporting and Analysis Plan (RAP)
Title	:	Reporting and Analysis Plan for A single centre, 2-period, randomized, open-label Phase 1 study to assess the relative bioavailability of a mesylate salt capsule of GSK3640254 compared to a hydrochloride salt capsule in healthy participants
Compound Number	:	GSK3640254
Effective Date	:	21-NOV-2018

Description:

- The purpose of this RAP is to describe the planned analyses and output to be included in the Clinical Study Report for Protocol 208131 (QCL118221_01)

RAP Author(s):

Approver	Date	Approval Method
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1. INTRODUCTION

The purpose of this reporting and analysis plan (RAP) is to describe the analyses to be included in the Clinical Study Report for Protocol 208131 (QCL118221):

2. SUMMARY OF KEY PROTOCOL INFORMATION

2.1. Changes to the Protocol Defined Statistical Analysis Plan

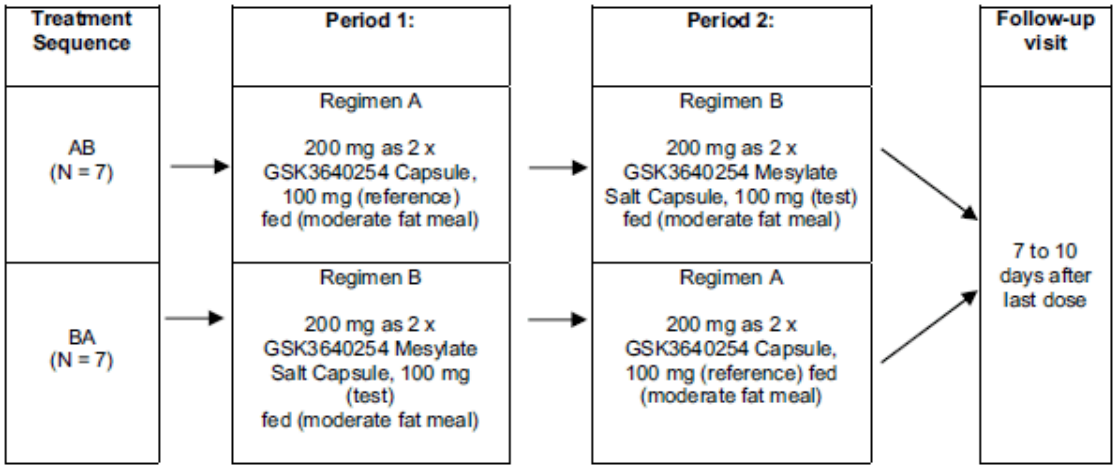
There were no changes or deviations to the originally planned statistical analysis specified in the protocol amendment 1 [(Dated: 29/MAY/2018)].

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

Objectives	Endpoints
Primary Objectives	**Primary Endpoints**
• To evaluate the pharmacokinetic (PK) profiles of GSK3640254 following administration of the mesylate salt capsule relative to that of the bis-hydrochloride salt capsule (reference) in healthy participants	• GSK3640254 area under the curve from time zero to infinity ($AUC_{0-\infty}$), $AUC_{(0\text{-tlast})}$, maximum observed concentration (C_{max}),Time to C_{max} (T_{max}), Concentration at 24 hours post-dose (C_{24h}), relative bioavailability (F_{rel}) based on AUC and C_{max}
Secondary Objectives	**Secondary Endpoints**
• To provide additional information of the safety and tolerability of single doses of GSK3640254 in healthy participants	• AEs, clinical laboratory values, vital signs, electrocardiogram (ECG) and/or other safety biomarkers

2.3. Study Design

Figure 1 Overview of Study Design



Overview of Study Design and Key Features	
Design Features	• This is a single centre open-label 2 period cross over study to evaluate the relative bioavailability of a test GSK3640254 mesylate salt capsule against the reference GSK3640254 hydrochloride (HCl) capsule. • Each dose of study treatment will be separated by washout period of at least 7 days.
Dosing	• Participants will receive a single 200 mg dose (achieved as 2 x 100 mg capsules) of assigned study treatment during each inpatient period • All participants will be dosed in a fed state following a moderate fat meal (approximately 600 calories with approximately 30% of the calories from fat)
Time & Events	• Refer to Appendix 2: Schedule of Activities
Treatment Assignment	• A randomization schedule was produced using RANDALL NG and distributed to the site pharmacist • The randomization number will determine the allocation of treatment sequences (AB or BA)
Interim Analysis	• No formal interim analyses are planned for this study.

2.4. Statistical Analyses

No formal statistical hypotheses will be tested. All analyses will be descriptive and exploratory. An estimation approach providing point estimates and corresponding confidence intervals will be used, where appropriate.

Relative Bioavailability

This study is designed to estimate the relative bioavailability of a test GSK3640254 mesylate salt capsule formulation versus the reference HCl capsule formulation. No formal hypothesis will be tested. Separate mixed effects models will be used to analyse the two PK parameters of interest (AUC(0-∞) and Cmax). The dependent variable in each model will be the log-transformed PK parameter of interest and the independent variables

will include fixed effects for treatment (mesylate salt capsule or HCl capsule) and period, as well as a random effect for participant. For each primary pharmacokinetic endpoint, point estimates and corresponding 90% confidence intervals will be constructed for the ratio of the geometric mean of the test mesylate salt capsule to the geometric mean of the reference HCl capsule, μ(test)/μ(reference). More detail is provided in Section 9.1.5.

3. PLANNED ANALYSES

3.1. Interim Analyses

No formal interim analyses are planned for this study.

3.2. Final Analyses

The final planned analyses will be performed after the completion of the following sequential steps:

1. All participants have completed the study as defined in the protocol
2. All required database cleaning activities have been completed and final database release (DBR) and database freeze (DBF) has been declared by Data Management.
3. All criteria for unblinding the randomization codes have been met.
4. Randomization codes have been distributed according to RandAll NG and Quotient procedures.

4. ANALYSIS POPULATIONS

Population	Definition / Criteria	Analyses Evaluated
Screened	All participants who were screened for eligibility	Study Population
Enrolled	All participants who passed screening and entered the study. Note screening failures (who never passed screening even if rescreened) and participants screened but never enrolled into the study (Reserve, Not Used) are excluded from the Enrolled population as they did not enter the study.	Study Population
Safety	All randomized participants who received at least one dose of study treatment. Participants will be analysed according to the treatment they actually received.	Safety and Study population

Population	Definition / Criteria	Analyses Evaluated
Pharmacokinetic (PK)	Participants in the Safety population for whom at least one PK sample was obtained, analysed and have evaluable drug concentrations reported	PK

Refer to Appendix 12: List of Data Displays which details the population used for each display.

The "Enrolled" and "Screened" analysis populations were not defined in the study protocol but are defined here to facilitate disclosure requirements and reporting of reasons for screen failure.

4.1. Protocol Deviations

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

Protocol deviations will be tracked by the study team throughout the conduct of the study in accordance with the Protocol Deviation Management Plan version 1.0 Final dated 24 May 2018.

- Data will be reviewed prior to freezing the database to ensure all important deviations and deviations which may lead to exclusion from the analysis are captured and categorised on the protocol deviations dataset.
- This dataset will be the basis for the summaries and listings of protocol deviations.

A separate summary and/or listing of all inclusion/exclusion criteria deviations will also be provided. This summary will be based on data as recorded on the inclusion/exclusion page of the eCRF.

5. CONSIDERATIONS FOR DATA ANALYSES AND DATA HANDLING CONVENTIONS

5.1. Study Treatment & Sub-group Display Descriptors

Treatment Group Descriptions			
[RandAll NG]		Data Displays for Reporting	
Code	Description	Description	Order in TLF
A	An oral dose of 200mg as 2 x GSK3640254 HCl Capsule,100 mg (reference) following a moderate fat meal.	GSK HCl	1
B	An oral dose of 200 mg as 2 x GSK3640254 Mesylate Salt Capsule, 100 mg (test) following a moderate fat meal.	GSK Mesylate	2

Treatment comparisons will be displayed as follows using the descriptors as specified:

1. GSK3640254 200mg mesylate salt vs GSK3640254 200mg HCl (B vs. A)

5.2. Baseline Definitions

For all endpoints (except as noted in baseline definitions) the baseline value will be the latest pre-dose assessment with a non-missing value, including those from unscheduled visits. If time is not collected, Day 1 assessments are assumed to be taken prior to first dose and will be used as baseline. Baseline definitions in the table below are applicable to each period.

Parameter	Study Assessments Considered as Baseline			Baseline Used in Data Display
	Screening	Day -1	Day 1 (Pre-Dose)	
Safety				
12-lead ECG	X	X	X	Day 1 (Pre-Dose)
Vital Signs	X	X	X	Day 1 (Pre-Dose)
Laboratory Assessments	X	X		Day -1

Unless otherwise stated, if baseline data is missing no derivation will be performed and baseline will be set to missing.

5.3. Multicentre Studies

Not applicable.

5.4. Examination of Covariates, Other Strata and Subgroups

5.4.1. Covariates and Other Strata

Not applicable.

5.4.2. Examination of Subgroups

Not applicable.

5.5. Multiple Comparisons and Multiplicity

Not applicable.

5.6. Other Considerations for Data Analyses and Data Handling Conventions

Other considerations for data analyses and data handling conventions are outlined in the appendices:

Section	Component
14.3	Appendix 3: Assessment Windows
14.4	Appendix 4: Study Phases and Treatment Emergent Adverse Events
14.5	Appendix 5: Data Display Standards & Handling Conventions
14.6	Appendix 6: Derived and Transformed Data
14.7	Appendix 7: Reporting Standards for Missing Data
14.8	Appendix 8: Values of Potential Clinical Importance

6. STUDY POPULATION ANALYSES

6.1. Overview of Planned Study Population Analyses

The study population analyses will be based on the Safety Population, unless otherwise specified.

Study population analyses including analyses of subject's disposition, protocol deviations, demographic and baseline characteristics, prior and concomitant medications, and exposure and treatment compliance will be based on GSK Core Data Standards. Details of the planned displays are presented in Appendix 12: List of Data Displays.

7. EFFICACY ANALYSES

Not Applicable.

8. SAFETY ANALYSES

The safety analyses will be based on the "Safety" population, unless otherwise specified.

8.1. Adverse Events Analyses

Adverse events analyses including the analysis of adverse events (AEs), Serious (SAEs) and other significant AEs will be based on GSK Core Data Standards. The details of the planned displays are provided in Appendix 12: List of Data Displays.

8.2. Adverse Events of Special Interest Analyses

Not applicable.

8.3. Clinical Laboratory Analyses

Laboratory evaluations including the analyses of Chemistry laboratory tests, Hematology laboratory tests, Urinalysis, and liver function tests will be based on GSK Core Data Standards. The details of the planned displays are in Appendix 12: List of Data Displays.

8.4. Other Safety Analyses

The analyses of non-laboratory safety test results including ECGs and vital signs will be based on GSK Core Data Standards, unless otherwise specified. The details of the planned displays are presented in Appendix 12: List of Data Displays.

9. PHARMACOKINETIC ANALYSES

9.1. Primary Pharmacokinetic Analyses

9.1.1. Endpoint / Variables

9.1.1.1. Drug Concentration Measures

Pharmacokinetic data will be presented in graphical and/or tabular form and will be summarized descriptively. Plasma GSK3640254 concentration-time data will be listed by participant, treatment group and sampling time and summarized by treatment group and sampling time for each period of the study. Individual participant profiles for GSK3640254 concentration-time data will be presented on both a linear and semi-log scale. Linear and semi-log figures for mean and median GSK3640254 plasma concentrations versus time will also be generated.

Refer to Appendix 5: Data Display Standards & Handling Conventions (Section 14.5.3 Reporting Standards for Pharmacokinetic)

9.1.1.2. Derived Pharmacokinetic Parameters

Derivation of pharmacokinetic parameters will be performed by Quotient under the direct auspices of CPMS, QSci, GlaxoSmithKline. Pharmacokinetic parameters will be calculated by standard non-compartmental analysis according to current working practices and using the currently supported version of WinNonlin. All calculations of non-compartmental parameters will be based on actual sampling times. Pharmacokinetic parameters listed will be determined from the plasma concentration-time data, as data permits.

Parameter	Parameter Description
AUC(0-∞)	Area under the concentration-time curve from time zero (pre-dose) extrapolated to infinite time.
AUC(0-tlast)	Area under the concentration-time curve from time zero to the time of last sample taken
C_{max}	Maximum observed plasma concentration
T_{max}	Time to C_{max}
C_{24h}	Concentration at 24 hrs post dose
C_{last}	Observed plasma concentration at T_{last}
T_{last}	Time from dosing at which GSK3640254 was last quantifiable in a concentration vs. time profile
T_{lag}	The elapsed time from dosing at which GSK3640254 was first quantifiable in a concentration vs time profile.

Parameter	Parameter Description
$AUC_{\%Extrap}$	The percentage of AUC extrapolated beyond the last measured time point
t½	Apparent terminal phase half-life, calculated as; t½ = ln2 / lambda_z
Vd/F	The apparent volume of distribution following extravascular dosing
Cl/F	Oral clearance, the apparent volume of plasma cleared of GSK3640254 per unit time following extravascular dosing.
$Lambda_z$	Terminal phase rate constant

NOTES:

- Additional parameters may be included as required.

All the derived parameters described above will be listed. For each of these parameters, except tmax and tlag, the following summary statistics will be calculated for each treatment group: n, arithmetic mean, standard deviation (SD), median, minimum, maximum, geometric mean with associated 95% CI, standard deviation of logarithmically transformed data, and the between-participant CV (%CVb) (where %CVb = $100*\sqrt{(\exp(SD^2)-1)}$ based on the geometric mean for the log-transformed PK parameters. For tmax and tlag, median, maximum, minimum, arithmetic mean and standard deviation will be calculated.

9.1.2. Summary Measure

The parameters used for the treatment comparison of relative bioavailability of the single dose of the mesylate salt capsule relative to the single dose of the HCl capsule will be area under concentration time curve (AUC(0-∞) or AUC(0-tlast) if AUC(0-∞) cannot be derived) and C_{max}.

9.1.3. Population of Interest

The primary pharmacokinetic analyses will be based on the "Pharmacokinetic" population, unless otherwise specified.

9.1.4. Strategy for Intercurrent (Post-Randomization) Events

Not applicable.

9.1.5. Statistical Analyses / Methods

Details of the planned displays are provided in Appendix 12: List of Data Displays and will be based on GSK Data Standards and statistical principles.

Unless otherwise specified, endpoints / variables defined in Section 9.1.1 will be summarised using descriptive statistics, graphically presented (where appropriate) and listed.

9.1.5.1. Statistical Methodology Specification

The following pharmacokinetic statistical analyses will only be performed if sufficient data is available (i.e. if participants have well defined plasma profiles).

Endpoint / Variables
• AUC(0-∞) (or AUC(0-tlast) if AUC(0-∞) cannot be derived) and Cmax
Model Specification
• AUC(0-∞) and Cmax will be separately analysed using a mixed effects models. In each model the dependent variable will be the log-transformed PK parameter of interest (AUC(0-∞) or Cmax). The independent variables will include fixed effects for treatment (mesylate salt capsule or HCl capsule) and period, and a random effect for participant.
Model Checking & Diagnostics
• An unstructured covariance structure for the R matrix will be used by specifying "type=un" on the RANDOM line • In the event that this model fails to converge, alternative correlation structures may be considered such as CSH or CS. • The Kenward and Roger method for approximating the denominator degrees of freedom and correcting for bias in the estimated variance-covariance of the fixed effects will be used. • Normality assumptions underlying the model used for analysis will be examined by obtaining a normal probability plot of the residuals and a plot of the residuals versus the fitted values (i.e. checking the normality assumption and constant variance assumption of the model respectively) to gain confidence that the model assumptions are reasonable. • If there are any departures from the distributional assumptions, alternative models will be explored using appropriate transformed data.
Model Results Presentation
• The estimated difference and CI obtained on the log scale will be exponentiated to provide an estimate of the fed to fasted ratio and its associated 90% CI. Estimates of within-subject variability (%CVw) will also be provided (%CVw=SQRT(exp(MSE) – 1)×100). %CVw represents a pooled measure of within-subject variability across all treatments. • Comparative plots of individual PK parameters will be generated by treatment on linear and semi-logarithmic scales. • Plots of adjusted geometric mean ratio of test to reference treatment together with 90% confidence intervals will be produced. • Listing of individual PK parameter ratios will be generated. • Supportive SAS output from statistical analysis will be generated.
Subgroup Analyses
• Not Applicable.
Sensitivity and Supportive Analyses
• Not Applicable.

9.2. Secondary Pharmacokinetic Analyses

Not applicable.

9.3. Exploratory Pharmacokinetic Analyses

Not Applicable.

10. POPULATION PHARMACOKINETIC (POPPK) ANALYSES

Not Applicable

11. PHARMACODYNAMIC ANALYSES

Not applicable.

12. PHARMACOKINETIC / PHARMACODYNAMIC ANALYSES

Not applicable.

13. REFERENCES

GUI_51487: Non-compartmental Analysis of Pharmacokinetic Data, CPMS Global. Effective Date: 01-NOV-2017

GlaxoSmithKline Document Number 2017N346490_01: A single centre, 2-period, randomized, open-label Phase 1 study to assess the relative bioavailability of a mesylate salt capsule of GSK3640254 compared to a hydrochloride salt capsule in healthy participants. Effective Date: 29-MAY-2018

14. APPENDICES

14.1. Appendix 1: Protocol Deviation Management and Definitions for Per Protocol Population

These details are documented in the Protocol Deviation Management Plan (PDMP).

14.1.1. Exclusions from Per Protocol Population

Not applicable.

14.2. Appendix 2: Schedule of Activities

14.2.1. Protocol Defined Schedule of Events

Table 1 Schedule of Activities

Procedure	Screening (up to 28 days before Day 1)	Treatment Periods 1 and 2 Day					Follow-up (7 to 10 days post last dose) or Early Discontinuation	Notes
		–1	1	2	3	4		
Outpatient visit	X					X	X	
Inpatient stay		X[1]	X	X	X[2]			1. Admission in the morning 2. Furlough from unit after assessments
Informed consent	X							
Inclusion and exclusion criteria	X	X[3]						3. Recheck clinical status at admission of Period 1
Demography	X							
Full physical examination including height and weight[4]	X							4. See protocol Section 9.4.1 for systems to be examined
Columbia Suicide Severity Rating Scale (CSSRS)	X				X			
Brief physical examination			X[5]		X[5]		X	5. Pre-dose and 48 h post-dose See protocol Section 9.4.1 for systems to be examined

Procedure	Screening (up to 28 days before Day 1)	Treatment Periods 1 and 2 Day					Follow-up (7 to 10 days post last dose) or Early Discontinuation	Notes
		–1	1	2	3	4		
Medical history (includes substance usage)[6]	X							6. Substances: Drugs, alcohol, tobacco and caffeine
Urine pregnancy test[7]	X	X					X	7. All female participants
Follicle stimulating hormone (FSH)[8]	X							8. As needed in women to confirm postmenopausal status
HIV, Hepatitis B and C screening	X							
Urine drug screen	X	X						
Alcohol breath test	X	X						
Carbon monoxide breath test	X	X						
Laboratory assessments (haematology, clinical chemistry and urinalysis)	X	X[9]			X[9]		X	9. 48 h post-dose Allowable windows in protocol Section 9.4.4
12-lead ECG	X	X	X[10]	X[10]		X[10]	X	10. Time points in Table 2 Allowable windows in protocol Section 9.4.3
Vital signs	X	X	X[11]	X[11]		X[11]	X	11. Time points in Table 2 Allowable windows in protocol Section 9.4.2

Procedure	Screening (up to 28 days before Day 1)	Treatment Periods 1 and 2 Day					Follow-up (7 to 10 days post last dose) or Early Discontinuation	Notes
		–1	1	2	3	4		
Randomization			X[12]					12. Pre-dose Period 1 only
Study treatment			X					
AE review		X	←==========→				X	
SAE review	X	X	←==========→				X	
Concomitant medication review		X	←==========→				X	
PK blood sample collection[13]			←==========→					13. Time points in Table 2

Table 2 Pharmacokinetic Blood Sampling Collection, ECG ad Vital Sign Times

	Treatment Periods 1 and 2															
Time (h)	Pre-dose	0	0.5	1	1.5	2	3	4	5	6	8	12	24	36	48	72
Dosing		X														
PK Sampling	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Single 12-lead ECG (repeat allowed)	X					X		X		X			X			X
Single set of Vital signs	X					X		X		X			X			X

14.3. Appendix 3: Assessment Windows

14.3.1. Definitions of Assessment Windows for Analyses

All acceptable assessment windows are defined in Section 9.4.2 (vitals), Section 9.4.3 (ECG), Section 9.4.4 (clinical safety laboratory assessments), and Section 9.5 (PK) of the protocol. No assessment windows will be redefined in the RAP.

14.4. Appendix 4: Study Phases and Treatment Emergent Adverse Events

14.4.1. Study Phases

Assessments and events will be classified according to the time of occurrence relative to administration of study treatment. Study phases are defined separately for each period.
Period 1

Study Phase	Definition
Pre-Treatment	Date < Period 1 Study Treatment Start Date/Time
On-Treatment	Period 1 Study Treatment Start Date/Time ≤ Date < Period 1 Study Treatment Start Date/Time + 5 days
Post-Treatment	Period 1 Study Treatment Start Date/Time + 5 days < Date

Period 2

Study Phase	Definition
Pre-Treatment	Date < Period 1 Study Treatment Start Date/Time
On-Treatment	Period 2 Study Treatment Start Date/Time ≤ Date < Period 2 Study Treatment Start Date/Time + 5 days
Post-Treatment	Period 2 Study Treatment Start Date/Time + 5 days < Date

14.4.1.1. Study Phases for Concomitant Medication

Study Phase	Definition
Prior	If medication end date is not missing and is prior to screening visit
Concomitant	Any medication that is not a prior

NOTES:

- Please refer to Appendix 7: Reporting Standards for Missing Data for handling of missing and partial dates for concomitant medication. Use the rules in this table if concomitant medication date is completely missing.

14.4.2. Treatment Emergent Flag for Adverse Events

Flag	Definition
Treatment Emergent	• If AE onset date is on or after treatment start date & on or before treatment stop date. (plus washout or protocol-specified time limit (e.g. half-life of drug, certain number of days, etc.). • Study Treatment Start Date ≤ AE Start Date ≤ Study Treatment Stop Date • For studies with greater than one treatment period (e.g., crossover study), if AE onset is during one period and worsens during a later period it would be counted in both periods. For the initial period the logic would be as above. For the later period the logic would use the treatment dates associated with the later period: • Treatment Period Start Date ≤ AE Worsening Date ≤ Study Treatment Stop Date

NOTES:

- If the study treatment stop date is missing, then the AE will be considered to be On-Treatment.
- Time of study treatment dosing and start/stop time of AEs should be considered, if collected.

14.4.3. Adverse Events Assignment to Treatment Period

Adverse events (AEs) will be assigned to a treatment period and corresponding treatment received in that treatment period after the imputations defined in RAP Section 14.7.2.1 have been performed.

- Treatment Period 1: all AEs with start date/time at the time of or after IMP administration in Treatment Period 1 and before IMP administration in Treatment Period 2
- Treatment Period 2: all AEs with start date/time at the time of or after IMP administration in Treatment Period 2

Thus, AEs occurring during the 1st washout will be assigned to the treatment received in Treatment Period 1 and AEs occurring during follow-up will be assigned to the treatment received in Treatment Period 2.

14.4.4. Concomitant Medication Assignment to Treatment Period

Concomitant medications (CMs) will be assigned to a treatment period and corresponding treatment received in that treatment period after the imputations defined in RAP Section 14.7.2.1 have been performed.

- Treatment Period 1: all CMs with start date/time at the time of or after IMP administration in Treatment Period 1 and before IMP administration in Treatment Period 2
- Treatment Period 2: all CMs with start date/time at the time of or after IMP administration in Treatment Period 2

Thus, CMs occurring during the washout period will be assigned to the treatment received in Treatment Period 1, and CMs occurring during follow-up will be assigned to the treatment received in Treatment Period 2.

14.5. Appendix 5: Data Display Standards & Handling Conventions

14.5.1. Reporting Process

Software	
• The currently supported versions of SAS and WinNonLin software will be used.	
Reporting Area	
HARP Server	: \\us1salx00259.corpnet2.com
HARP Compound	: \arwork\gsk3640254\mid208121\final_01
Analysis Datasets	
• Analysis datasets will be created according to CDISC standards (SDTM IG Version 3.2 & ADaM IG Version 1.0.	
Generation of RTF Files	
• RTF files will be generated for Tables, one RTF file per item. Listings will be generated in L10 format, and Figures will be generated in PDF format.	

14.5.2. Reporting Standards

General

• The current GSK Integrated Data Standards Library (IDSL) will be applied for reporting, unless otherwise stated (IDSL Standards Location: https://spope.gsk.com/sites/IDSLLibrary/SitePages/Home.aspx):
  • 4.03 to 4.23: General Principles
  • 5.01 to 5.08: Principles Related to Data Listings
  • 6.01 to 6.11: Principles Related to Summary Tables
  • 7.01 to 7.13: Principles Related to Graphics
• Do not include subject level listings in the main body of the GSK Clinical Study Report. All subject level listings should be located in the modular appendices as ICH or non-ICH listings

Formats
• GSK IDSL Statistical Principles (5.03 & 6.06.3) for decimal places (DP's) will be adopted for reporting of data based on the raw data collected, unless otherwise stated. • Numeric data will be reported at the precision collected on the eCRF. • The reported precision from non eCRF sources will follow the IDSL statistical principles but may be adjusted to a clinically interpretable number of DP's.
Planned and Actual Time

• Reporting for tables, figures and formal statistical analyses:
  • Planned time relative to dosing will be used in figures, summaries, statistical analyses and calculation of any derived parameters, unless otherwise stated.
  • The impact of any major deviation from the planned assessment times and/or scheduled visit days on the analyses and interpretation of the results will be assessed as appropriate.
• Reporting for Data Listings:
  • Planned and actual time relative to study drug dosing will be shown in listings (Refer to IDSL Statistical Principle 5.05.1).
  • Unscheduled or unplanned readings will be presented within the subject's listings.

Unscheduled Visits	
• Unscheduled visits will not be included in summary tables and/or figures. • All unscheduled visits will be included in listings.	
Descriptive Summary Statistics	
Continuous Data	Refer to IDSL Statistical Principle 6.06.1
Categorical Data	N, n, frequency, %
Graphical Displays	
• Refer to IDSL Statistical Principals 7.01 to 7.13.	
Note	
• All displays (TFL) will use the term “Subjects” in order to reflect GSK Display Standards and CDISC SDTM/ADaM standards). The term "Subjects" is used to refer to the “Participants” in the protocol.	

14.5.3. Reporting Standards for Pharmacokinetic

Pharmacokinetic Concentration Data	
PC Windows Non-Linear (WNL) File	PC WNL file (CSV format) for the non-compartmental analysis by Clinical Pharmacology Modelling and Simulation function will be created according to [Standards for the Transfer and Reporting of PK Data using HARP (“PK One” document)]. Note: Concentration values will be imputed as per GUI_51487
Descriptive Summary Statistics, Graphical Displays and Listings	Refer to IDSL PK Display Standards. Refer to IDSL Statistical Principle 6.06.1. Note: Concentration values will be imputed as per GUI_51487 for descriptive summary statistics/analysis and summarized graphical displays only.
Pharmacokinetic Parameter Derivation	
PK Parameter to be Derived by Programmer	The following PK parameters will be derived by the Programmer: FRel
Pharmacokinetic Parameter Data	
Is NQ impacted PK Parameters Rule Being Followed	Yes, refer to Standards for Handling NQ Impacted PK Parameters
Descriptive Summary Statistics, Graphical Displays and Listings	Refer to IDSL PK Display Standards.

14.6. Appendix 6: Derived and Transformed Data

14.6.1. General

Multiple Measurements at One Analysis Time Point
• Mean of the measurements will be calculated and used in any derivation of summary statistics but if listed, all data will be presented. • Participants having both High and Low values for Normal Ranges at any post-baseline visit for safety parameters will be counted in both the High and Low categories of "Any visit post-baseline" row of related summary tables. This will also be applicable to relevant Potential Clinical Importance summary tables.
Study Day

• Calculated as the number of days from First Dose Date:
  • Ref Date = Missing → Study Day = Missing
  • Ref Date < First Dose Date → Study Day = Ref Date – First Dose Date
  • Ref Data ≥ First Dose Date → Study Day = Ref Date – (First Dose Date) + 1

14.6.2. Study Population

Treatment Compliance
• Treatment compliance will be calculated based on the formula: **Treatment Compliance = Number of Actual Doses / (Planned Treatment Duration in Days * Frequency)** • Frequency is 2 for BID and 1 for QD. Treatment compliance could be greater than 100% if there are events of overdose. Cumulative compliance (since Day 1) at each visit will be calculated. • Planned Treatment Duration is defined as one day.
Extent of Exposure
• Number of days of exposure to study drug will be calculated based on the formula: **Duration of Exposure in Days = Treatment Stop Date – (Treatment Start Date) + 1** • Participants who were randomized but did not report a treatment start date will be categorised as having zero days of exposure. • The cumulative dose will be based on the formula: **Cumulative Dose = Sum of (Number of Days x Total Daily Dose)** • If there are any treatment breaks during the study, exposure data will be adjusted accordingly.

14.6.3. Efficacy

Not applicable.

14.6.4. Safety

ECG Parameters

RR Interval

- IF RR interval (msec) is not provided directly, then RR can be derived as:
  [1] If QTcB is machine read & QTcF is not provided, then:

$$RR = \left[\left(\frac{QT}{QTcB}\right)^2\right] * 1000$$

  [2] If QTcF is machine read and QTcB is not provided, then:

$$RR = \left[\left(\frac{QT}{QTcF}\right)^3\right] * 1000$$

- If ECGs are manually read, the RR value preceding the measurement QT interval should be a collected value THEN do not derive.

Corrected QT Intervals

- When not entered directly in the eCRF, corrected QT intervals by Fredericia's (QTcF) formula will be calculated, in msec, depending on the availability of other measurements.
- IF RR interval (msec) is provided then missing QTcF and/or QTcB will be derived as:

$$QTcF = \frac{QT}{\sqrt[3]{\frac{RR}{1000}}}$$

$$QTcB = \frac{QT}{\sqrt{\frac{RR}{1000}}}$$

Laboratory Parameters

- If a laboratory value which is expected to have a numeric value for summary purposes, has a non-detectable level reported in the database, where the numeric value is missing, but typically a character value starting with '<x' or '>x' (or indicated as less than x or greater than x in the comment field) is present, the smallest unit of one more significant digit than the number of significant digits in the observed values will be added or subtracted (whichever is applicable) in order to impute the corresponding number. For example:
  - Example 1: 2 significant digits (as in "<2.2") will be imputed as 2.19
  - Example 2: 1 significant digit (as in ">5") will be imputed as 5.1
  - Example 3: 0 significant digits (as in "<0") will be imputed as -1".
- There will be no imputation in the data listings; all values will be displayed as recorded in the database.

14.6.5. Pharmacokinetic

Calculation of Pharmacokinetic Parameter Values Not Described in Section 9 (refer to GUI_51487 for pharmacokinetic analysis information)
lambda_z (terminal phase rate constant)
• Slope of the line determined by linear regression of logarithmically transformed concentration v. time data
%AUCex (percentage of AUC(0-∞) obtained by extrapolation)
• Calculated as 100 x [AUC(0-∞) – AUC(0-tlast)] / AUC(0-∞)

14.6.6. Population Pharmacokinetic (PopPK)

Not applicable.

14.6.7. Pharmacodynamic

Not applicable.

14.7. Appendix 7: Reporting Standards for Missing Data

14.7.1. Premature Withdrawals

Element	Reporting Detail
General	• Subject study completion (i.e. as specified in the protocol) was defined as if he/she completed all periods of the study including the last scheduled follow-up visit • Withdrawn subjects may be replaced in the study. • All available data from participants who were withdrawn from the study will be listed and all available planned data will be included in summary tables and figures, unless otherwise specified. • Withdrawal visits will be slotted as per Appendix 3: Assessment Windows or will be summarised as withdrawal visits.

14.7.2. Handling of Missing Data

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

14.7.2.1. Handling of Missing and Partial Dates

Element	Reporting Detail
General	• Partial dates will be displayed as captured in subject listing displays.
Adverse Events	• The eCRF allows for the possibility of partial dates (i.e., only month and year) to be recorded for AE start and end dates; that is, the day of the month may be missing. In such a case, the following conventions will be applied for calculating the time to onset and the duration of the event: ○ Missing Start Day: First of the month will be used unless this is before the start date of study treatment; in this case the study treatment start date will be used and hence the event is considered On-treatment as per Appendix 4: Study Phases and Treatment Emergent Adverse Events. ○ Missing Stop Day: Last day of the month will be used, unless this is after the stop date of study treatment; in this case the study treatment stop date will be used. • Completely missing start or end dates will remain missing, with no imputation applied. Consequently, time to onset and duration of such events will be missing.
Concomitant Medications/ Medical History	• Partial dates for any concomitant medications recorded in the CRF will be imputed using the following convention: ○ If the partial date is a start date, a '01' will be used for the day and 'Jan' will be used for the month ○ If the partial date is a stop date, a '28/29/30/31' will be used for the day (dependent on the month and year) and 'Dec' will be used for the month. • The recorded partial date will be displayed in listings.

14.8. Appendix 8: Values of Potential Clinical Importance

14.8.1. Laboratory Values

Division of AIDS (DAIDS, Version 2.0, November 2014) AE grades 2, 3, and 4 of lab abnormalities will be listed by subject, period/treatment, visit, and actual date and time.

Haematology				
Laboratory Parameter	**Units**	**Category**	**Potential Clinical Concern Range**	
			Low Flag (< x)	**High Flag (>x)**
Hematocrit	Ratio of 1	Male		0.54
		Female		0.54
		Δ from BL	↓0.075	
Haemoglobin	g/L	Male		180
		Female		180
		Δ from BL	↓25	
Lymphocytes	$x10^9$/ L		0.8	
Neutrophil Count	$x10^9$/ L		1.5	
Platelet Count	$x10^9$/ L		100	550
While Blood Cell Count (WBC)	$x10^9$/ L		3	12

Clinical Chemistry				
Laboratory Parameter	**Units**	**Category**	**Potential Clinical Concern Range**	
			Low Flag (< x)	**High Flag (>x)**
Bicarbonates	mmol/L		18	32
BUN	mmol/L			>9
Calcium	mmol/L		2	2.75
Chloride	mmol/L		98	107
Creatinine	umol/L	Δ from BL		↑ 44.2
Glucose (fasting)	mmol/L		3	9
Potassium	mmol/L		3	5.5
Sodium	mmol/L		130	150
Total Protein	g/L	Δ from BL	< -15	>15

Liver Function			
Test Analyte	**Units**	**Category**	**Potential Clinical Concern Range**
ALT/SGPT	U/L	High	≥ 2x ULN
AST/SGOT	U/L	High	≥ 2x ULN
Alkaline phosphatase	U/L	High	≥ 2x ULN
Total Bilirubin	µmol/L	High	≥ 1.5xULN
Total Bilirubin + ALT	µmol/L U/L	High	1.5xULN T. Bilirubin + ≥ 2x ULN ALT

14.8.2. ECG

ECG Parameter	Units	Potential Clinical Concern Range	
		Lower	Upper
Absolute			
PR Interval	msec	<120	>200
QRS Interval	msec	< 60	>120
QTcF Interval	msec	< 320	>450
RR Interval	msec	< 600	> 1200
Change from Baseline			
Increase from Baseline QTc	msec		>60

14.8.3. Vital Signs

Vital Sign Parameter (Absolute)	Units	Potential Clinical Concern Range	
		Lower	Upper
Systolic Blood Pressure	mmHg	<85	>140
Diastolic Blood Pressure	mmHg	<45	>90
Heart Rate	bpm	<40	>100
Respiratory Rate	Breaths/min	12	20

14.8.4. Urinalysis

Per IDSL standards, a subject is considered to have urinalysis results of PCI, if there is an increase in Protein or an increase in Occult Blood results during the study, or if microscopy is performed.

14.9. Appendix 9: Population Pharmacokinetic (PopPK) Analyses

14.9.1. Population Pharmacokinetic (PopPK) Dataset Specification

Not applicable.

14.9.2. Population Pharmacokinetic (PopPK) Methodology

Not applicable.

14.10. Appendix 10: Pharmacokinetic / Pharmacodynamic Analyses

14.10.1. Pharmacokinetic / Pharmacodynamic Dataset Specification

Not applicable.

14.10.2. Pharmacokinetic / Pharmacodynamic Methodology

Not applicable.

14.11. Appendix 11: Abbreviations & Trade Marks

14.11.1. Abbreviations

Abbreviation	Description
ADaM	Analysis Data Model
AE	Adverse Event
AIC	Akaike's Information Criteria
ALT	Alanine Aminotransferase
AST	Aspartate Aminotransferase
A&R	Analysis and Reporting
CDISC	Clinical Data Interchange Standards Consortium
CI	Confidence Interval
CPMS	Clinical Pharmacology Modelling & Simulation
CS	Clinical Statistics
CSR	Clinical Study Report
CTR	Clinical Trial Register
CV_b / CV_w	Coefficient of Variation (Between) / Coefficient of Variation (Within)
DBF	Database Freeze
DBR	Database Release
DOB	Date of Birth
DP	Decimal Places
eCRF	Electronic Case Record Form
EMA	European Medicines Agency
FDA	Food and Drug Administration
FDAAA	Food and Drug Administration Clinical Results Disclosure Requirements
GSK	GlaxoSmithKline
IA	Interim Analysis
ICH	International Conference on Harmonization
IDMC	Independent Data Monitoring Committee
IDSL	Integrated Data Standards Library
IMMS	International Modules Management System
IP	Investigational Product
ITT	Intent-To-Treat
MMRM	Mixed Model Repeated Measures
PCI	Potential Clinical Importance
PD	Pharmacodynamic
PDMP	Protocol Deviation Management Plan
PK	Pharmacokinetic
PP	Per Protocol
PopPK	Population PK
QC	Quality Control
QTcF	Frederica's QT Interval Corrected for Heart Rate
QTcB	Bazett's QT Interval Corrected for Heart Rate
RAP	Reporting & Analysis Plan
RAMOS	Randomization & Medication Ordering System

Abbreviation	Description
SAC	Statistical Analysis Complete
SDSP	Study Data Standardization Plan
SDTM	Study Data Tabulation Model
SGOT	Serum Glutamic-Oxaloacetic Transaminase
SGPT	Serum Glutamic-Pyruvic Transaminase
SOP	Standard Operation Procedure
TA	Therapeutic Area
TFL	Tables, Figures & Listings

14.11.2. Trademarks

Trademarks of the GlaxoSmithKline Group of Companies
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14.12. Appendix 12: List of Data Displays

14.12.1. Data Display Numbering

The following numbering will be applied for RAP generated displays:

Section	Tables	Figures
Study Population	1.1 to 1.12	Not applicable
Efficacy	Not applicable	Not applicable
Safety	3.1 to 3.18	3.1 to 3.3
Pharmacokinetic	4.1 to 4.7	4.1 to 4.5
Population Pharmacokinetic (PopPK)	Not applicable	Not applicable
Pharmacodynamic and / or Biomarker	Not applicable	Not applicable
Pharmacokinetic / Pharmacodynamic	Not applicable	Not applicable
Section	**Listings**	
ICH Listings	1 to 35	
Other Listings	36	

14.12.2. Mock Example Shell Referencing

Non IDSL specifications will be referenced as indicated and if required example mock-up displays provided in Appendix 13: Example Mock Shells for Data Displays.

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

NOTES:

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

14.12.3. Deliverables

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

NOTES:

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

14.12.4. Study Population Tables

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subject Disposition					
1.1.	Safety	ES1A	Summary of Participant Disposition for the Participant Conclusion Record	ICH E3, FDAAA, EudraCT	SAC [1]
1.2.	Safety	SD1	Summary of Treatment Status and Reasons for Discontinuation of Study Treatment	ICH E3	SAC [1]
1.3.	Safety	ES4	Summary of Participant Disposition at Each Study Epoch	ICH E3	SAC [1]
1.4.	Screened	ES6	Summary of Screening Status and Reasons for Screen Failure	Journal Requirements	SAC [1]
1.5.	Enrolled	NS1	Summary of Number of Participant by Country and Site ID	EudraCT/Clinical Operations. For crossover studies, only a total column should be used; the number of subjects will not be broken down by treatment group.	SAC [1]
Protocol Deviation					
1.6.	Safety	DV1	Summary of Important Protocol Deviations	ICH E3. Only total column is needed since this is a crossover study.	SAC [1]
Population Analysed					
1.7.	Screened	SP1	Summary of Study Populations	IDSL	SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Demographic and Baseline Characteristics					
1.8.	Safety	DM3	Summary of Demographic Characteristics	ICH E3, FDAAA, EudraCT	SAC [1]
1.9.	Enrolled	DM11	Summary of Age Ranges	EudraCT, Only include total column	SAC [1]
1.10.	Safety	DM5	Summary of Race and Racial Combinations	ICH E3, FDA, FDAAA, EudraCT, Only include total column	SAC [1]
Prior and Concomitant Medications					
1.11.	Safety	MH4	Summary of Medical Conditions	ICH E3	SAC [1]
1.12.	Safety	CM1	Summary of Concomitant Medications	ICH E3	SAC [1]

14.12.5. Efficacy Tables

Not applicable.

14.12.6. Efficacy Figures

Not applicable.

14.12.7. Safety Tables

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Adverse Events (AEs)					
3.1.	Safety	AE5A	Summary of All Adverse Events by Maximum Intensity by System Organ Class and Preferred Term	ICH E3, Include column for total across all intensities	SAC [1]
3.2.	Safety	AE3	Summary of Common (>=5%) Grade 2-4 Adverse Events by Overall Frequency	ICH E3	SAC [1]
3.3.	Safety	AE5A	Summary of All Drug-Related Adverse Events by System Organ Class and Preferred Term and Maximum Intensity	ICH E3	SAC [1]
3.4.	Safety	AE15	Summary of Non-serious Adverse Events by System Organ Class and Preferred Term (Number of Participant and Occurrences)	FDAAA, EudraCT	SAC [1]
Laboratory: Chemistry					
3.5.	Safety	LB1	Summary of Clinical Chemistry Changes from Baseline	ICH E3	SAC [1]
Laboratory: Hematology					
3.6.	Safety	LB1	Summary of Hematology Changes from Baseline	ICH E3	SAC [1]
3.7.	Safety	LB17	Summary of Worst Case Hematology Results by PCI Criteria Post-Baseline Relative to Baseline	ICH E3	SAC [1]
Laboratory: Urinalysis					
3.8.	Safety	UR1	Summary of All Urinalysis Results by Visit		SAC [1]
Laboratory: Hepatobiliary (Liver)					
3.9.	Safety	LIVER10	Summary of Hepatobiliary Laboratory Abnormalities	IDSL	SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
ECG					
3.10.	Safety	EG1	Summary of ECG Findings	IDSL	SAC [1]
3.11.	Safety	EG10	Summary of Maximum QTc Values Post-Baseline Relative to Baseline by Category	IDSL	SAC [1]
3.12.	Safety	Table 10.17 from Study HAI115711	Summary of Category of QTc Data by Treatment and Visit		SAC [1]
3.13.	Safety	EG11	Summary of Maximum Increase in QTc Values Post-Baseline Relative to Baseline by Category	IDSL	SAC [1]
3.14.	Safety	Table 10.18 from Study HAI115711	Summary of Category of QTc Change from Baseline by Treatment and Visit		SAC [1]
3.15.	Safety	EG2	Summary of Change from Baseline in ECG Values by Visit	IDSL, Include Baseline values	SAC [1]
Vital Signs					
3.16.	Safety	VS1	Summary of Vital Signs	ICH E3	SAC [1]
3.17.	Safety	VS1	Summary of Change from Baseline in Vital Signs	ICH E3	SAC [1]
Other					
3.18.	Safety	CSSRS4	Listing of C-SSRS Suicidal Ideation or Behaviour Data	IDSL	SAC [1]

14.12.8. Safety Figures

Safety: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Laboratory					
3.1.	Safety	As EG9	Line Plot of Selected Clinical Lab Tests Mean (95% CI) Change from Baseline by Treatment and Time	Only include scheduled visits and for selected lab test (ALT, AST, Bili) Plots will be presented with treatment groups overlaid	SAC [1]
ECG					
3.2.	Safety	EG9	Line Plot of Mean (95% CI) Change from Baseline of ECG Data by Treatment and Time	Plots will be presented with treatment groups overlaid Include plots on separate pages for QT, QTcF, QTcB, PR, and QRS	SAC [1]
Vital Signs					
3.3.	Safety	As EG9	Line Plot of Mean (95% CI) Change from Baseline for Vital Signs by Treatment and Time	Plots will be presented with treatment groups overlaid Include plots on separate pages for SBP, DBP, HR	SAC [1]

14.12.9. Pharmacokinetic Tables

Pharmacokinetic: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Bioavailability					
4.1.	PK	PK01	Summary of Plasma GSK3640254 Pharmacokinetic Concentration-Time Data by Treatment		SAC [1]
4.2.	PK	PK04	Summary of Derived Plasma GSK3640254 Pharmacokinetic Parameters by Treatment		SAC [1]
4.3.	PK	PK05	Summary Statistics of Log-Transformed Derived Plasma GSK3640254 Pharmacokinetic Parameters by treatment		SAC [1]
4.4.	PK	Non-Standard1	Summary of Result of Plasma GSK3640254 Pharmacokinetic Parameter Treatment Comparisons for Relative Bioavailability	PK Parameters: AUC(0-inf), and Cmax Ratio: Test/Reference (Mesylate/HCl)	SAC [1]
4.5.	PK	PK14	Listing of Derived Plasma GSK3640254 Pharmacokinetic Parameters by treatment	Sort by participant and treatment	SAC [1]
4.6.	PK	PK08	Listing of Plasma GSK3640254 Pharmacokinetic Concentration-Time Data by treatment	Sort by participant, period, day, and time	SAC [1]
4.7.	PK	PK15	Listing of Individual Derived Plasma GSK3640254 Pharmacokinetic Parameters Treatment Ratios	PK Parameters: AUC(0-inf), and Cmax Ratio: Test/Reference (Mesylate/HCl)	SAC [1]

14.12.10. Pharmacokinetic Figures

Pharmacokinetic: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Bioavailability					
4.1.	PK	PK16b	Individual Plasma GSK3640254 Concentration-Time Plots (Linear and Semi-log)	Linear and Semi-Log Scale Paged by participant, overlay all treatments for each participant. Include LOQ line in plot.	SAC [1]
4.2.	PK	PK17	Mean Plasma GSK3640254 Concentration-Time Plots (Linear and Semi-log)	Linear and Semi-Log Scale By treatment. Use nominal times in X axis.	SAC [1]
4.3.	PK	PK18	Median Plasma GSK3640254 Concentration-Time Plots (Linear and Semi-log)	Linear and Semi-Log Scale By treatment. Use nominal times in X axis.	SAC [1]
4.4.	PK	PK28	Geometric Mean Treatment Ratio and 90% Confidence Interval of GSK3640254 PK Parameters for Relative Bioavailability	Ratio: Test/Reference (Mesylate/HCl)	SAC [1]
4.5.	PK	PK25	Comparative Plot of Individual Plasma GSK3640254 PK Parameters for Relative Bioavailability by treatment (Linear and Semi-log)		SAC [1]

14.12.11. Pharmacokinetic Population (PopPK) Tables

Not applicable.

14.12.12. Pharmacokinetic Population (PopPK) Figures

Not Applicable

14.12.13. Pharmacodynamic Tables

Not applicable.

14.12.14. Pharmacodynamic Figures

Not applicable.

14.12.15. Pharmacokinetic / Pharmacodynamic Tables

Not applicable.

14.12.16. Pharmacokinetic / Pharmacodynamic Figures

Not applicable.

14.12.17. ICH Listings

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subject Disposition					
1.	Screened	ES7	Listing of Reasons for Screen Failure	Journal Guidelines	SAC [1]
2.	Safety	ES3	Listing of Reasons for Study Withdrawal	ICH E3	SAC [1]
3.	Safety	SD3	Listing of Reasons for Study Treatment Discontinuation	ICH E3	SAC [1]
4.	Safety	TA2	Listing of Planned and Actual Treatments	IDSL	SAC [1]
Protocol Deviations					
5.	Safety	DV2A	Listing of Important Protocol Deviations	ICH E3	SAC [1]
6.	Safety	IE4	Listing of Participants with Inclusion/Exclusion Criteria Deviations	ICH E3	SAC [1]
Populations Analysed					
7.	Safety	SP3A	Listing of Participants Excluded from Any Population	ICH E3	SAC [1]
Demographic and Baseline Characteristics					
8.	Safety	DM4	Listing of Demographic Characteristics	ICH E3	SAC [1]
9.	Safety	DM10	Listing of Race	ICH E3	SAC [1]
Prior and Concomitant Medications					
10.	Safety	CP_CM4	Listing of Concomitant Medications	IDSL	SAC [1]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Exposure and Treatment Compliance					
11.	Safety	EX4	Listing of Exposure Data	ICH E3	SAC [1]
12.	Safety	Non-Standard2	Listing of Meal Data	Identical to study 207187 Listing 54	SAC [1]
Adverse Events					
13.	Safety	AE9CP	Listing of All Adverse Events	ICH E3	SAC [1]
14.	Safety	AE7	Listing of Subject Numbers for Individual Adverse Events	ICH E3	SAC [1]
15.	Safety	AE2	Listing of Relationship Between Adverse Event System Organ Classes, Preferred Terms, and Verbatim Text	IDSL	SAC [1]
Serious and Other Significant Adverse Events					
16.	Safety	AE9CPa	Listing of Serious Adverse Events	ICH E3	SAC [1]
17.	Safety	AE14	Listing of Reasons for Considering as a Serious Adverse Event	ICH E3	SAC [1]
18.	Safety	AE9CP	Listing of Adverse Events Leading to Withdrawal from Study / Permanent Discontinuation of Study Treatment	ICH E3	SAC [1]
Hepatobiliary (Liver)					
19.	Safety	MH2	Listing of Medical Conditions for Participants with Liver Stopping Events	IDSL	SAC [1]
20.	Safety	SU2	Listing of Substance Use for Participants with Liver Stopping Events	IDSL	SAC [1]
21.	Safety	LIVER5	Listing of Liver Monitoring/Stopping Event Reporting	IDSL	SAC [1]
All Laboratory					
22.	Safety	LB13	Listing of Reference Ranges for Clinical Laboratory Tests		SAC [1]
23.	Safety	LB6	Listing of Clinical Chemistry Data		SAC [1]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
24.	Safety	LB6	Listing of Hematology Data		SAC [1]
25.	Safety	UR2B	Listing of Urinalysis Data	ICH E3 Sorted by visit	SAC [1]
26.	Safety	LB6	Listing of All Clinical Chemistry Laboratory Data for Participants with Any Value of Potential Clinical Importance OR Outside Normal Range	ICH E3. Display ALL labs for a subject who experienced a value of potential clinical importance or a value outside of normal range	SAC [1]
27.	Safety	LB6	Listing of Clinical Chemistry Laboratory Values of Potential Clinical Importance		SAC [1]
28.	Safety	LB6	Listing of All Hematology Data for Participants with Any Value of Potential Clinical Importance OR Outside Normal Range	ICH E3. Display ALL labs for a subject who experienced a value of potential clinical importance or a value outside of normal range	SAC [1]
29.	Safety	LB6	Listing of Hematology Laboratory Values of Potential Clinical Importance		SAC [1]
30.	Safety	LB14	Listing of Laboratory Data with Character Results	ICH E3	SAC [1]
ECG					
31.	Safety	EG4	Listing of All ECG Findings	IDSL. Sort by treatment/period and visit	SAC [1]
32.	Safety	EG6	Listing of Abnormal ECG Findings	IDSL	SAC [1]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
33.	Safety	EG4	Listing of All ECG Values for Participants with Any Value of Potential Clinical Importance	IDSL. Display ALL ECGs for a subject who experienced a value of potential clinical importance Display ALL ECGs for a subject who experienced a value of potential clinical importance.	SAC [1]
Vital Signs					
34.	Safety	VS5	Listing of Vital Signs	IDSL	SAC [1]
35.	Safety	VS5	Listing of All Vital Signs Data for Participants with Any Value of Potential Clinical Importance	IDSL. Display ALL vital signs for a subject who experienced a value of potential clinical importance	SAC [1]

14.12.18. Non-ICH Listings

Non-ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Pharmacokinetic Statistical Analysis					
36.	PK	SAS output of Table 4.4	SAS Output of Summary Results of GSK3640254 PK Parameter Treatment Comparisons for the Relative Bioavailability		SAC [1]

14.13. Appendix 13: Example Mock Shells for Data Displays

Data Display Specification will be made available on Request