Clinical Development & Medical Affairs

RAD001, Everolimus

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An Open-Label, Multi-Center Phase 2 Study to Evaluate Everolimus as Monotherapy Treatment for Patients with Metastatic Recurrent and/or Unresectable Renal Cell Carcinoma (EVERMORE)

Trial: Phase II

RAP Module and appendix deliverables

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STATISTICAL ANALYSIS PLAN SIGNATURE PAGE

Upon review of this document, the undersigned approves this version of the Statistical Analysis Plan, authorizing that the content is acceptable for the reporting of this study.

List of abbreviations used in the text

ATC	Anatomical Therapeutic Chemical
AE	Adverse Event
ALT	Alanine Aminotransferase
AST	Aspartate Aminotransferase
BMI	Body Mass Index
BUN	Blood Urea Nitrogen
CRF	Case Report Form
CT	Computerized Tomography
CTCAE	Common Toxicity Criteria for Adverse Events
ECG	Electrocardiogram
GGT	Gamma-Glutamyl-Transferase
HDL	High Density Lipoprotein
INR	International Normalized Ratio
ITT	Intent-to-Treat
LDH	Lactate Dehydrogenase
LDL	Low Density Lipoprotein
MedDRA	Medical Dictionary for Regulatory Activities
MRI	Magnetic Resonance Imaging
QC	Quality Control
ORR	Objective Response Rate
PFS	Progression Free Survival
PT	Preferred Term
RAP	Reporting Analysis Plan
RCC	Renal Cell Carcinoma
SAE	Serious Adverse Event
SBR	Senior Biostatistical Review
SI	Standard International
SOC	System Organ Class
TEAE	Treatment Emergent Adverse Event
WBC	White Blood Cell
WHO	World Health Organization

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1. INTRODUCTION

1.1 Background and rationale

The reporting analysis plan (RAP) is based upon section 10 'Statistical Methods and Data Analysis' of the study protocol. The RAP has been prepared in compliance with ICH E9.

Statistical analyses will be carried out using all available case report form (CRF) data.

1.2 Study Description

This is an open-label, multi-center Phase II study to evaluate RAD001 (everolimus) as monotherapy treatment for patients with metastatic recurrent and/or unresectable renal cell carcinoma (RCC).

The purpose of this study is to demonstrate the safety and efficacy of RAD001, an mTOR inhibitor, as monotherapy in patients with metastatic carcinoma of the kidney who have not received prior systemic treatment, other than cytokine therapy. The proposed dose and schedule (10 mg/day) is based on various Phase 1 and Phase 2 studies (monotherapy and combination therapy) in advanced cancers, including RCC, and a large controlled Phase 3 study (RECORD-1).

Current standard therapies (chemotherapies and cytokine-based therapies) have produced few and short-lived tumor responses, and are associated with severe toxicities. The efficacy of RAD001 as monotherapy in patients who were previously treated with cytokine therapy (Amato et al., 2009), and whose disease had progressed on VEGF-tyrosine kinase inhibitor therapy (Motzer et al., 2008) were recently reported.

2. STUDY OBJECTIVES

2.1 Primary

The primary objective of the study is to evaluate Progression Free Survival (PFS) rate over time.

2.2 Secondary

1. To evaluate the disease control rate (stable disease [SD] + partial response [PR] + complete response [CR]) (SD + PR + CR);
2. To evaluate the objective response rate (ORR; where ORR = CR + PR);
3. To evaluate duration of response;
4. To evaluate OS;
5. To describe the safety profile of RAD001.

3. STUDY DESIGN

This is an open-label, multi-center, single arm Phase II study.

It is anticipated that approximately 142 patients will be enrolled in the study.

The target population is patients with any Memorial Sloan-Kettering Cancer Center prognosis metastatic recurrent and/or unresectable clear cell or non-clear cell carcinoma of the kidney. Patients who have received prior cytokine therapy are permitted to participate in the study.

3.1 Assessments

Upon provision of written, informed consent patients will be given a unique 9 digit patient number. This will be a combination of their 4 digit center number and 5 digit subject number.

The patient will be assessed for their eligibility to take part in the study (i.e. receive study medication) using the inclusion and exclusion criteria stated in the protocol (Sections 5.1 and 5.2). If the patient fails to start on treatment for any reason, this reason will be entered on the Screening Log. No data for screen failures will be entered into the clinical database.

Patients who are eligible for treatment will be dispensed their study medication on completion of their baseline visit. Patients should present to the clinic on Day 1 and Day 15 of treatment Cycles 1, 2, and 3 and Day 1 of each subsequent treatment cycle to complete the assessments detailed in Table 6 of the protocol, until completion of treatment which will occur when the patient experiences disease progression, unacceptable toxicity, death or discontinues from the study for any other reason. An end of study treatment assessment should then be performed. All patients will have a follow-up visit 28 days after the last dose of the study drug to follow for adverse events (AEs) and serious adverse events (SAEs) that may have occurred after discontinuation from the study.

Tumor response will be assessed at 8 weeks (+/- 1 week), and every 12 weeks (+/- 1 week) thereafter until determination of disease progression and at the end of the study.

Patients who discontinue treatment, or are withdrawn from treatment by the investigator, for any reason, should complete an early discontinuation assessment. All patients who discontinue treatment will continue to have tumor assessments at 12-week intervals until the initiation of new cancer therapy.

The efficacy assessments for this study will be the assessment of tumor response/progression and survival status. Tumor response/progression assessments should be performed by a Computerized Tomography (CT) or Magnetic Resonance Imaging (MRI) scan. The same imaging modality used at screening must be used for all subsequent follow-up assessments.

Safety assessments will consist of evaluating AEs and SAEs, laboratory parameters including hematology, chemistry, vital signs and documentation of all concomitant medications and/or therapies. The Karnofsky Performance Status score will also be recorded.

3.2 Study Medication

Eligible patients will receive RAD001 (10 mg/day) continuously from Visit 2 (Cycle 1, Day 1) until disease progression, unacceptable toxicity, or death or discontinuation from the study for any other reason. Patients will be instructed to take two 5 mg RAD001 tablets (one tablet after another) orally, with a glass of water at the same time each day, in a fasting state or with a light fat-free meal.

Dose adjustments are permitted in those patients who are unable to tolerate the protocol-specified dosing schedule. Rules for the interruption or modification of dosing are described in Table 2, Table 3 and Table 4 of the protocol.

3.3 Treatment Arms

This is a single arm study with all patients receiving RAD001 (10mg/day). There is no control group for this study.

3.4 Randomization and Blinding Procedure

Since this study is an open-label, single arm study no randomization or blinding procedures are required.

3.5 Sample size calculation

The sample size for this study was determined with reference to estimating a CI for the PFS rate at 10 months, assuming (for simplicity) the use of the normal approximation to the binomial distribution and assuming that a CI for a proportion is based on this normal approximation. To be able to estimate a 95% CI for the PFS rate, centered at 0.50, and having an expected total interval width of approximately 0.27, requires a sample size of 55 patients in each of the 2 cohorts (first- and second-line). With 95% confidence, the expected total interval width is approximately 0.19 for all 110 patients (both cohorts combined).

4. ENDPOINTS

4.1 Primary Endpoint

4.1.1 Progression Free Survival Rate

The primary endpoint for this study is progression free survival (PFS). The derivation for this is given in Section 7.2.1.

4.2 Secondary Endpoints

4.2.1 Disease Control Rate (SD + PR + CR)

Disease control rate is defined in Section 7.2.2.

4.2.2 Objective Response Rate and Duration

Objective response rate and duration are defined in Section 7.2.2.

4.2.3 Overall Survival

Overall survival is defined in Section 7.2.1.

4.2.4 Safety Endpoints

The safety endpoints defined for this study are frequency of adverse events and laboratory values.

5. ANALYSIS POPULATIONS

A full description of the patient populations is given below:

Intent-to-treat (ITT) population: Consists of all patients treated with RAD001.

Safety population: Consists of all patients who received at least one dose of the study drug and who have at least one post-baseline safety assessment. Please note that the statement that a patient had no adverse events (on the Adverse Event CRF) constitutes a safety assessment. Patients who have received at least one dose of study drug but who have no post-treatment safety data of any kind would be excluded from the safety population.

The ITT population will be the primary population of interest for the efficacy analyses. The safety population will be used when presenting safety data.

It should also be noted that patients who give informed consent and record any baseline data but are found not to meet the inclusion/exclusion criteria and are not given study medication will be classed as screening failures. No data for these subjects will be recorded in the clinical database. Should a patient receive

study medication and it is subsequently found that they fail to meet inclusion/exclusion criteria then the patient will be included in the ITT population (and safety if they have at least one post-baseline assessment).

6. INTERIM ANALYSIS

There is no interim analysis planned for this study.

7. STATISTICAL ANALYSIS METHODS

7.1 General Principles

The number of patients in the population of interest will be presented on each table, shown as N=XXX. For data summarized by visit, the N will be the number of patients in the population of interest still present in the study at that visit. See Section 7.3 on Patient Disposition for a full definition.

Data from unscheduled visits will be listed only, except for the End of Treatment row in safety tables if the unscheduled visit is the patient's last on-treatment record.

No visit windowing will be applied for this study. However, it will be checked when summarizing any data that are collected by visit that on-treatment assessments did actually take place prior to the end of treatment date. Should an on-treatment assessment be performed later than the date of last treatment, the data will be listed but will not be included in the summary tables. The timing of off-treatment data will be checked again prior to database lock as data collected within 30 days of end of treatment may be considered valid for use in summary tables in which case this definition will be updated to allow for these cases.

It should be noted this rule does not cover adverse event data which have a separate definition of on-treatment.

7.2 Data handling

7.2.1 Calculation of time-to-event

In the following definitions the time of study entry has been defined as date of first dose of study medication (taken from the dosage administration record on the CRF).

The date of last contact (used in the censoring rules below) is collected on the End of Study/Survival Information page of the CRF. However, it should be noted that it is only planned for contact with patients to take place at the clinic visits and so the date of last contact captured on the CRF should always be equal to the date of last visit attended.

<u>Progression Free Survival:</u>

PFS is defined as the time from date of first dose of study medication until the date of the first documented disease progression or death due to any cause. Date of progression and date of death will be captured on the CRF.

For the purpose of calculating the PFS Rate if a patient has not progressed or died at the date of analysis cut-off, or when he/she received further anticancer therapy, then their time to progression or death will be censored at the time of last tumor assessment, before the first cut-off date or the anticancer therapy date.

<u>Progression Free Survival Rate:</u>

The PFS rate is defined as the survival function at the end of the time point based on a Kaplan-Meier analysis of the time to either progression (as per the local radiological review) or death (see next section for handling of censored data).

The time points at which PFS rate will be summarized are: 8 weeks, 20 weeks, 32 weeks, 44 weeks, 56 weeks and every 12 weeks thereafter as appropriate.

Overall Survival:

Overall survival is defined as the time fromdate of first dose of study medication until death due to any cause. The date of death will be captured on the CRF.

If a patient is still alive and not lost to follow-up at the end of the study then their time to death will be censored at the date of last contact date, as recorded on the CRF.

If the patient has been lost to follow-up by the end of the study then their time to death will be censored at the date of last contact as recorded on the CRF.

In the event that a date of last contact has not been recorded on the CRF, then the date of the last assessment recorded should be used instead.

Duration of Response:

The duration of response (CR or PR) is defined as the time from from the first occurrence of PR or CR (as per the local radiological review) until the date of the first documented disease progression or death due to underlying cancer. If a patient has not had an event, duration of response is censored at the date of last adequate tumor assessment prior to starting new anticancer therapy.

7.2.2 RECIST Criteria

Disease Control Rate:

The disease control rate is based on the data as per local radiological review following the RECIST V1.0 criteria. The disease control rate is defined as the proportion of patients with CR, PR, or SD.

Objective Response Rate:

The overall tumor response will be based on the data as per local radiological review, following RECIST criteria. The ORR is defined as the proportion of patients with CR or PR.

7.2.3 Handling of Missing and Incomplete Data

Prior Antineoplastic Therapy:
Missing or partial dates of antineoplastic therapy will be imputed in order to determine the duration of treatment with each therapy. If the end date of antineoplastic therapy is missing or partial the latest possible date will be imputed up until the day prior to start of study medication (since antineoplastic therapy use is pre-study). Partial start dates of antineoplastic therapy will be imputed as the earliest possible date. It should be noted that use of antineoplastic therapy during the study would be considered a protocol deviation. Imputed dates will be for the purpose of calculating duration only and the listing should display only the partial date information recorded on the CRF.

Adverse Events (AEs):
In the event of a missing severity for a patient's adverse event, no imputation will be made but this should be raised with Data Management for further discussion since no missing data would be expected for this variable.

Partial start dates for adverse events will be imputed in order to determine if the event is treatment emergent. The imputation of partial start dates of adverse events will follow the following rules:

Adverse Event Start Date Imputation	
Available Data (YYYY-MM-DD)	Imputation Rule
YYYY	If the year part is the same as the year of first dose of study medication, impute with the date of first dose of study medication. Otherwise, impute with the 1st of January of the known year.
YYYY-MM	If the known part is same as the date of first dose of study medication then impute with date of first dose of study medication. Otherwise, impute with the 1st of the known month.
All missing	If the known end date is after date of first dose of study medication then impute with the date of first dose of study medication. Otherwise, impute with the date of informed consent.

Concomitant Medications/Significant Non-Drug Therapies:
Patial start and end dates of medications will be imputed to determine if a medication is concomitant. The imputation of partial start and/or end dates of medcations will follow the following rules:

Medication Start Date		Medication End Date	
Available Data (YYYY-MM-DD)	Imputation Rule	Available Data (YYYY-MM-DD)	Imputation Rule
YYYY	If the year part is the same as the year of first dose of study medication, impute with the date of first dose of study medication. Otherwise, impute with the 1st of January of the known year.	YYYY	Impute as 31'st December of the known year.
YYYY-MM	If the known part is same as the date of first dose of study medication then impute with date of first dose of study medication. Otherwise, impute with the 1st of the known month.	YYYY-MM	Impute as the last day of the known month.
All missing	If the known end date is after date of first dose of study medication then impute with the date of first dose of study medication. Otherwise, impute with the date of informed consent.	All missing	Impute as date of last contact

Disease Progression:

If disease progression or death is documented after one single missing tumor assessment, the actual event date of disease progression/death will be used for the PFS event date. If disease progression is documented after two or more missing tumor assessments, the PFS time of the patient will be censored at the date of the last tumor assessment with overall lesion response of CR, PR or SD.

Additional sensitivity analyses will be performed where:

1. The actual event date of disease progression/death will be used for the PFS event date, irrespective of whether it is preceded by missing tumor assessments;

2. In case of a documented progression/death after one or more missing tumor assessments, disease progression is considered to have occurred at the next scheduled tumor assessment after the date of the last tumor assessment with overall lesion response of CR, PR, or SD.

Duration of Response:

The same rules for missing data for calculation of duration of response will be applied as for PFS described above.

7.3 Patient Disposition

Patients will be defined as enrolled if they gave written, informed consent to enter the study. Disposition will be assessed at the end of the time of data cut-off for analysis (or at end of treatment if the patient withdraws from the study before then). A patient will be defined as completing treatment if they have not been recorded as discontinuing treatment on the End of Study page of the CRF. If they record any reason for discontinuing treatment on the End of Study page they will be considered as an early withdrawal from treatment. Their primary reason for early discontinuation of treatment will be summarized.

The disposition table will also show the number and percentage of patients in each of the analysis populations and in each stratum (first-line patients and second-line patients). The summaries of safety data that are collected by visit (i.e. laboratory tests and vital signs etc but not adverse events or concomitant medications) will present data relative to the number of patients still present in the study at that visit. A patient will be defined as being still present in the study at Visit X if they have data at Visit X or they have data at a later visit, noting that it cannot be assumed a patient was still in the study at an on-treatment visit if the only later data are from a follow-up visit. A patient with at least one on-treatment visit will be included in the End of Treatment row, even if that one visit is an unscheduled visit.

7.4 Protocol Deviation

Protocol deviations will be identified prior to database lock.

Major protocol deviations will be summarized and tabulated. Other protocol deviations will also be identified, summarized and listed.

7.5 Demographic and Baseline Characteristics

Demographic data including date of birth, sex, race and ethnicity will be collected at Screening Visit 1a. Age will be derived as the age in years at Screening Visit 1a. Age, sex, race, ethnicity, height, weight, BMI and Karnofsky Performance Status will be summarized for the ITT population. In the event of a difference between the safety and ITT populations, this summary of demographic data will be repeated for the safety population.

The date of informed consent, any failed inclusion or exclusion criteria and the source of subject referral will be listed only.

Relevant medical history and current medical conditions are collected at Screening Visit 1a. The number of patients with at least one relevant medical history or current medical condition and at least one active problem will be presented and a summary will also be provided of the medical history by body system and preferred term. These summaries will be performed on the ITT population.

A pregnancy test is performed at Screening Visit 1a and Baseline Visit 1b and the data collected will be listed only. If any unscheduled pregnancy tests are performed during the treatment or follow-up periods of the study these data will also be listed.

Each patient's prior antineoplastic therapy is recorded at Screening Visit 1a. The number of patients taking each therapy type overall and by setting will be presented along with the total number of separate courses of therapy. Each separate record entered on the CRF will be counted as a separate course of therapy. For each therapy type/setting combination the overall best response per patient will be determined as either Complete Response (best), Partial Response, Stable Disease, Complete Response (unconfirmed), Unknown, Not Applicable or Progressive Disease (worst). The total duration of time per therapy type/setting will be calculated for each patient based on the CRF data. It is expected the duration will be calculated in months and should take into account any overlap in dates recorded on the CRF. See Section 7.2.2 regarding the handling of partial dates. Summaries of prior antineoplastic therapy will be performed on the ITT population, and in the event of a difference between the safety and ITT populations will be repeated for the safety population.

A chest x-ray will be performed at Screening Visit 1a. These data will be summarized presenting the investigator's assessment of abnormality for the safety population.

Data for all chest x-ray assessments throughout the study (including unscheduled) will be listed.

Medications (other than study medication) and significant non-drug therapies used throughout the treatment period are captured on the CRF. These will be coded using the Novartis Drug and Therapy Dictionary (Version Sep 2009). Those that start on or after the first day of dosing with study medication and no later than 30 days after the last dose of study medication, and those that end after the start of study medication (even if started prior to study medication) will be defined as concomitant and will be summarized. Summaries will be presented by Anatomical Therapeutic Classification (ATC) class and preferred term for the safety population. If a patient takes multiple medications/therapies within an ATC class or within an ATC class and preferred term, the patient will be counted once.

7.6 Time to Event Analysis

At each visit where tumor assessment is performed the CRF will capture the RECIST assessment of tumor response according to local radiological review. If disease progression occurs then the End of Treatment pages of the CRF should be completed.

The patient's status at the end of study will be summarized with patients being classed as either alive, dead or lost to follow-up and either having had a relapse/recurrence or not. Further, if the patient has died it will be summarized whether death was due to study indication or not. These summaries will be performed on the ITT population.

The time to event variables are defined in Section 7.2.1.

No statistical test of hypotheses will be performed in this study. PFS rate and 95% confidence intervals will be presented graphically and tabulated, overall and by strata, using the Kaplan-Meier product-limit method. The resulting median PFS will be presented along with 95% CIs. These analyses will be performed on the ITT population.

The analysis of PFS will be repeated for the sensitivity analyses described in Section 7.2.3 and also for Duration of Response.

For Overall Survival the Kaplan-Meier curve will be displayed and the median, 25th and 75th percentile of the Kaplan-Meier estimate will be reported for the ITT population.

7.7 Other Efficacy Analysis

Disease control rate and ORR (as defined in Section 7.2.2) will be summarized by percentage of subjects along with 95% CIs for the ITT population.

8. SAFETY ANALYSES

All Summaries of safety data will be conducted on the safety population.

8.1 Adverse Events

All AEs will be coded using the Medical Dictionary for Regulatory Activities (MedDRA®) Version 12.1 to provide the system organ class (SOC) and preferred term for each AE.

An adverse event will be defined as treatment emergent if it begins on or after the first day of dosing with study medication and no later than 30 days after the last dose of study medication. It is expected that adverse event monitoring will continue for at least 4 weeks after the last dose of study medication but new events occurring after the end of the treatment period will not be recorded on the CRF (unless they are serious or lead to death).

Since adverse events occurring prior to start of study or between signing informed consent and start of study medication should be considered as medical history, it is anticipated that all adverse events will be treatment emergent adverse events. However, in the event of any non-treatment emergent adverse events occurring, these will be indicated on the adverse event listings. Non-treatment emergent adverse events are defined as events that begin prior to the first day of dosing. If these events are Serious Adverse Events (SAEs) then they will also be summarized.

The number of patients experiencing each of the following will be summarized:

- At least one treatment emergent adverse event (TEAE)
- At least one SAE
- At least one SAE with a suspected relationship to study medication
- At least one adverse TEAE event leading to death
- At least one TEAE leading to modification of study medication
- At least one TEAE leading to permanent discontinuation of study medication
- At least one severe TEAE
- At least one TEAE with a suspected relationship to study medication

Serious adverse events will be indicated on the CRF, as will adverse events leading to modification or permanent discontinuation of study medication. The addition of non-drug therapy will not be classed as a modification of study medication.

Adverse events resulting in death are not indicated on the CRF so will be defined as adverse events experienced by a patient who died, with a severity of life-threatening and an end date either missing or equal to the patient's date of death. If a patient has more than one adverse event identified as leading to death then a review by the Novartis medical contact should be performed to determine if each event led to death or whether one supersedes the other (e.g. underlying life threatening condition but patient actually died in an unrelated fatal accident).

All treatment emergent adverse events will be summarized by SOC and preferred term. If a patient experiences multiple events within a SOC the patient will only be counted once within that SOC. If a

patient experiences multiple preferred terms with in a SOC the patient will be counted for each preferred term but only only once for each unique preferred term. Deaths reportable as SAEs and non-fatal SAEs will each be summarized by SOC and preferred term and also listed.

Deaths as reported on the Survival Information and Study Evaluation Completion CRF will be listed.

The handling of missing or partial start and end dates of adverse events, and missing assessments of severity and relationship is covered in Section 7.2.2.

All adverse events captured on the CRF will be listed, regardless of severity, relationship or treatment emergence.

8.2 Cardiac assessments

Standard 12 lead ECG assessments will be performed at the investigator's discretion according to local practice, or if there are signs and symptoms of cardiotoxicity. These data will be listed.

8.3 Laboratory Tests

Each hematology, blood chemistry and serum lipid parameter will be summarized at the Baseline visit (Visit 1a), each cycle, the End of Treatment visit (last assessment up to and including 30 days after last dose date, including unscheduled assessments). The change from baseline will be presented at all post-baseline visits where this can be calculated.

Each coagulation parameter is collected at Screening Visit 1a and Day 1of Cycle 2. These data will be listed.

Each urinalysis parameter will be collected at Screening Visit 1a and subsequently as clinically required. These data will be listed.

The hematology parameters collected are:

White blood cells (WBC), hemoglobin, hematocrit, platelets
Either: absolute neutrophils, absolute lymphocytes, absolute eosinophils, absolute basophils and absolute monocytes
Or: percentage neutrophils, percentage lymphocytes, percentage eosinophils, percentage basophils and percentage monocytes

The CRF allows for "other" differential counts to be recorded. These results will be listed only.

The blood chemistry parameters collected are:

Urea, blood urea nitrogen, creatinine, lactate dehydrogenase (LDH), total protein, fasting glucose, phosphorus, serum calcium, serum corrected calcium (calculated at baseline only), electrolytes (sodium, magnesium, chloride, and potassium), total bilirubin, gamma-glutamyl-transferase (GGT), albumin, alkaline phosphatase, alanine aminotransferase (ALT) (or SGPT), aspartate aminotransferase (AST) (or SGOT), uric acid

The serum lipid parameters collected are:

Total cholesterol, triglycerides, low-density lipoprotein (LDL), high-density lipoprotein (HDL)

The coagulation parameters collected are:

Prothrombin time (PT), International normalized ratio (INR)

All laboratory test results will be converted into Standard International (SI) Units by Data Management. Summary tables will present the results in SI Units.

The normal ranges for each parameter will also be included on the database so results can be calculated as being below, within or above the normal range.

Laboratory results will be graded using the Common Toxicity Criteria for Adverse Events (CTCAE) v3.0 document for each parameter where a CTC grade is defined. The parameters with grades defined are:

Hematology: WBC, hemoglobin, platelets and absolute neutrophils

Blood Chemistry: Creatinine, fasting glucose, sodium, magnesium, potassium, albumin, bilirubin, GGT, SGOT (AST), SGPT (ALT) and alkaline phosphatase

Serum Lipid Profile: total cholesterol, triglycerides

A shift table will be presented showing the change from screening to most extreme post-screening value (including the End of Treatment visit and any unscheduled assessments) in CTC grading.

In the event that an unscheduled laboratory test is performed the data from this test will be listed. Unscheduled visit results will only be summarized if the unscheduled visit supersedes the schedules visit's results. I.e. if a scheduled visit is missed, or the laboratory sample is not taken, or there are no results from the laboratory sample, but there is an unscheduled visit occurring prior to the next scheduled visit then the results from the unscheduled visit should be used instead.

8.4 Vital Signs

Body temperature, pulse rate, systolic and diastolic blood pressure will be collected at Screening Visit 1a, Baseline Visit 1b, day1 of each cycle and the End of Treatment visit. Height and weight will be collected at Screening Visit 1a only. The vital signs data, including any unscheduled assessments, will be listed.

8.5 Other Safety Assessments

The Karnofsky Performance Status will be assessed at Screening Visit 1a, Baseline Visit 1b, at day 1 of each subsequent cycle and at End of Treatment. The baseline data will be summarized as well as change from baseline for post-baseline visits. All data, including unscheduled assessments, will be listed.

Pulmonary function test (including spirometry, diffusion capacity of carbon monoxide and room air O_2 saturation at rest) will be performed at screening, as medically necessary if there is evidence of non-infectious pneumonitis, and at the end of the study. These data will be listed.

8.6 Dosage Administration and Compliance

Study medication, RAD001, is given as a 10mg oral dose to be taken daily until the end of treatment. The dose administered throughout the entire treatment period should be captured on the CRF, including any changes in dosing initiated by the investigator for patients unable to tolerate the planned dosage, and any changes as a result of lack of compliance with the planned dosing regimen by the patient.

The total duration of treatment will be calculated as the number of days from the first to the last dose of study medication inclusive (regardless of any breaks in treatment). The total duration of treatment will also be categorized as up to 4 months, >4 to 8 months, >8 to 12 months, >12 to 16 months, >16 to 20 months, >20 to 24 months and >24 months. This will be calculated by dividing the duration of treatment in days by 365.25/12. The duration in days will be summarized and the number of patients in each 4-month treatment category will also be presented.

All dosage administration data will also be listed.

9. PROGRAMMING/QC PLAN AND SOFTWARE/SYSTEM

All statistical programs will be written in SAS® 9.2 or higher. Programming will be done as per [redacted] Standard Operating Procedures and Work Instructions. All outputs produced will undergo an independent quality control (QC) and Senior Biostatistical Review (SBR). A QC and SBR Plan will be produced to detail the checks to be performed.

10. TECHNICAL PROGRAMMING SPECIFICATIONS

10.1 General notes

- All data listings should be sorted by country, investigator site, by patient, and by time point within patient, where appropriate.
- Table specific footnotes should be printed below the table, separated from the end of the table by one blank line and left aligned. Avoid numeric references, which can be confused with data; rather use asterisks and other non-numeric symbols to refer to footnotes. Patient-specific footnotes should be avoided.
- For tables that summarize categorical (discrete) data, an Unknown or Missing category should be added to any parameter for which information is not available for any patient. The table should make clear, whether the denominator for percentages includes the Missing category or not.
- Data in columns of a table should be formatted as follows:
- alphanumeric values are left-justified
- whole numbers (e.g., counts) are right-justified
- numbers containing fractional portions are decimal aligned
- All fractional numeric values should be printed with a zero to the left of the decimal point (e.g., 0.12, 0.3). If -0.0 value occurs due to rounding off it should be printed as 0.0.
- Unless otherwise specified, percentage values should be printed with one digit to the right of the decimal point (e.g., 12.8%, 5.4%).
- Less-than-signs "<0.1%" should be printed when values are >0.0 and <0.1%
- If >100% occurs due to rounding off errors then present as 100%
- Missing data should be represented as blank in listings, unless a missing category was explicitly defined.
- Dates should be printed in SAS format DATE9. (e.g. 01Jul1994). Missing portions of dates should be represented on patient listings as dashes (e.g. --Jul1994).

10.2 Decimal places

Unless otherwise specified, the estimated mean and median for a set of values should be printed out to one more decimal place than the raw (observed) data and rounded appropriately. Standard errors (or standard deviations) should be printed out to two additional decimal places than the raw (observed) data and rounded appropriately.

Decimal places for summary tables and listings will be as follows:

- 3 decimal places (p-values; if p-value is less than 0.001, display <0.001).
- data precision + 2 decimal places (standard errors and standard deviations)
- data precision + 1 decimal place (means, medians)
- same as data precision (minimums, maximums)
- 1 decimal place (percentages)
- if percentage =100, no decimal is required.

For example, for age (with raw data in whole years):

N	xx
Mean	xx.x
S.D.	x.xx
Min	xx
Median	xx.x
Max	xx

10.3 Font size

Font size should be Courier 9 points. Line size is 120 characters. Page size is 30 lines per page.

Column headings should be in initial upper-case characters.

For numeric variables, include "unit" in column heading when appropriate.

11. TABLE AND LISTINGS SHELLS

Each table should be identified by a numeral, and the table designation (e.g., Table 1) should be centered above the title. A decimal system (x.y-c.d) should be used to identify tables and listings with related contents. Tables/listings should be internally paginated in relation to total length (i.e., page number should appear sequentially as page X of N, where N is the total number of pages within a table or listing). The title is in mixed-case characters. The title and table designation are single-spaced, but are separated from the table by at least a double space. The study population or subgroup (e.g., Intent-to-Treat Population) should be identified on the line immediately following the title.

Table 14.x-c.d (page n of y)
Title1
Title2
...
TitleN
Population / Subgroup

The tables are numbered starting from 14 (as per ICH guidelines), Figures start with 15 and Listings start with 16. Numbering then follows the pattern given below:

x takes the values 1 – Baseline (section 11.1)

2 – Visit (section 11.2)
3 – Lab (section 11.3)
4 – Conmed (section 11.4)
5 – AE/SAE
6 – Time-to-event analysis

c takes the values according to the topics under the respective section x.

d is the unique table number under a topic

Examples:

The first table under Patient Disposition will be numbered as: Table 14.1-1.1 and Listing 16.1-1.1. Table 14.2-5.3 refers to the third table under Patient Outcome topic in Visit section. See Sections 11.1 to 11.6 for full details of output grouping.

The output should contain information about the program name and the date when output was generated. This information should be given in a footnote (in the bottom row of a page) in the following format:

E:\EMD\EMR62202\abc.sas, (01Jun2003 10:15)

All output should have the four-line header (the 4th line is left blank) indicating the study protocol and the purpose of the analysis at the upper left margin:

Novartis

Protocol No.: CRAD001LIC01

Section 11.1– Demographic data

This section should include tables and listings for the following data:

1. Patient disposition
2. Demographic and other baseline characteristics (including medical history)
3. Diagnosis and extent of cancer
4. Prior antineoplastic therapy
5. Chest x-ray

Section 11.2– Visit data

This section should include tables and listings for the following data:

1. Vital signs
2. Karnofsky Performance status
3. Dose administration
4. ECG Assessments
5. Pulmonary Function Test

Section 11.3– Lab data

This section should include tables and listings for the following data:

1. Hematology
2. Blood Chemistry
3. Serum Lipid Parameters
4. Coagulation
5. Urinalysis

Section 11.4– Conmed and concomitant diseases data

This section should include tables and listings for the following data:

1. All concomitant medication

Section 11.5– AE/SAE data

This section should include tables and listings for the following data:

1. Summary of all adverse events
2. Adverse events by system organ class and preferred term

Section 11.6– Time-to-event data

This section should include tables and listings for the following data:

1. Summary of time to event data
2. Survival analysis

Table of contents for Table, Listing and Figures templates:

Outputs marked with an asterisk will only be produced if the Safety population differs from the ITT population.

Table Number	Title	Population
Table 14.1-1.1	Patient Disposition and Analysis Populations	
Table 14.1-1.2	Number (%) of Patients with Major Protocol Deviations Post Inclusion	ITT
Table 14.1-2.1	Patient Demographic Characteristics	ITT
Table 14.1-2.2*	Patient Demographic Characteristics	Safety
Table 14.1-2.3	Diagnosis and Extent of Cancer	ITT
Table 14.1-2.4*	Diagnosis and Extent of Cancer	Safety
Table 14.1-2.5	Medical History by System Organ class and Preferred Term	Safety
Table 14.1-2.6	Summary Statistics of Change from Baseline in Karnofsky Performance Status	Safety
Table 14.1-3.1	Summary of Prior Antineoplastic Therapy	ITT
Table 14.1-3.2*	Summary of Prior Antineoplastic Therapy	Safety
Table 14.1-3.3	Duration of Prior Antineoplastic Therapy (months)	ITT
Table 14.1-3.4*	Duration of Prior Antineoplastic Therapy (months)	Safety
Table 14.1-5.1	Summary of Chest X-ray Evaluation at Screening	Safety
Table 14.2-3.1	Summary of Duration of Treatment with Study Medication	Safety
Table 14.3-1.1	Normal ranges for Hematology and Blood Chemistry Parameters	
Table 14.3-2.1	Summary Statistics of Hematology by Visit	Safety
Table 14.3-2.2	Summary Statistics of Change from Baseline in Hematology by Visit	Safety
Table 14.3-2.3	Shift Table for CTC Grade for Hematology Parameters	Safety
Table 14.3-3.1	Summary Statistics of Blood Chemistry by Visit	Safety
Table 14.3-3.2	Summary Statistics of Change from Baseline in Blood Chemistry by Visit	Safety
Table 14.3-3.3	Shift Table for CTC Grade for Blood Chemistry Parameters	Safety
Table 14.3-4.1	Summary Statistics of Serum Lipid Profile by Visit	Safety
Table 14.3-4.2	Summary Statistics of Change from	Safety

	Baseline in Serum Lipid Profile by Visit	
Table 14.3-4.3	Shift Table for CTC Grade for Serum Lipid Profile Parameters	Safety
Table 14.4-1.1	Concomitant Medications and Non-Drug Therapies by ATC class and Preferred Term	Safety
Table 14.5-1.1	Summary of Adverse Events	Safety
Table 14.5-2.1	Treatment Emergent Adverse Events by System Organ Class and Preferred Term	Safety
Table 14.5-2.2	Deaths Reportable as Serious Adverse Events by System Organ Class and Preferred Term	Safety
Table 14.5-2.3	Serious Adverse Events by System Organ Class and Preferred Term	Safety
Table 14.6-1.1	Summary of Survival and End of Study Status	ITT
Table 14.6-2.1	Analysis of Progression Free Survival Rate	ITT
Table 14.6-2.2	Analysis of Progression Free Survival Rate – Sensitivity Analysis	ITT
Table 14.6-2.3	Progression Free Survival Descriptive Statistics	ITT
Table 14.6-2.4	Progression Free Survival Descriptive Statistics – Sensitivity Analysis	ITT
Table 14.6-2.5	Duration of Response Descriptive Statistics	ITT
Table 14.6-2.6	Objective Response Rate and Disease Control Rate	ITT
Table 14.6-2.7	Overall Survival Descriptive Statistics	ITT

Figure Number	Title	Population
Figure 15.6-2.1	Kaplan Meier Plot for Progression Free Survival	ITT
Figure 15.6-2.2	Kaplan Meier Plot for Progression Free Survival – Sensitivity Analysis 1	ITT
Figure 15.6-2.3	Kaplan Meier Plot for Progression Free Survival – Sensitivity Analysis 2	ITT
Figure 15.6-2.4	Kaplan Meier Plot for Duration of Response	ITT
Figure 15.6-2.5	Kaplan Meier Plot for Overall Survival	ITT

Listing Number	Title	Population
Listing 16.1-1.1	End of Treatment Status	All Treated Patients
Listing 16.1-1.2	Analysis Populations and Strata	All Patients
Listing 16.1-1.3	Failed Inclusion/Exclusion Criteria and Major Protocol Deviations	All Patients
Listing 16.1-1.4	All Protocol Deviations	All Patients
Listing 16.1-2.1	Patient Demographic Characteristics	All Patients
Listing 16.1-2.2	Relevant Medical History/Current Medical Conditions	All Patients
Listing 16.1-3.1	Diagnosis and Extent of Cancer	All Patients
Listing 16.1-3.2	Diagnosis and Extent of Cancer – Lesions	All Patients
Listing 16.1-4.1	Prior Antineoplastic Therapy – Medication Details	All Patients
Listing 16.1-4.2	Prior Antineoplastic Therapy – Response	All Patients
Listing 16.1-5.1	Baseline Chest X-Ray Evaluation	All Patients
Listing 16.2-1.1	Vital Signs by Visit	All Treated Patients
Listing 16.2-2.1	Karnofsky Performance Status by Visit	All Treated Patients
Listing 16.2-3.1	Study Drug Administration	All Treated Patients
Listing 16.2-3.2	Dosage Administration Details	All Treated Patients
Listing 16.2-4.1	ECG Assessments	All Treated Patients
Listing 16.2-5.1	Pregnancy Test Results	All Patients
Listing 16.2-6.1	Pulmonary Function Test – Spirometry	All Patients
Listing 16.2-6.2	Pulmonary Function Test – Diffusion Capacity for Carbon Monoxide	All Patients
Listing 16.2-6.3	Pulmonary Function Test – Pulse Oximetry	All Patients
Listing 16.2-7.1	Post-Baseline Chest X-Ray Evaluation	All Patients
Listing 16.2-7.2	Imaging	All Patients
Listing 16.3-1.1	Hematology by Visit	All Treated Patients
Listing 16.3-2.1	Blood Chemistry by Visit	All Treated Patients
Listing 16.3-3.1	Serum Lipid Profile by Visit	All Treated Patients
Listing 16.3-4.1	Coagulation by Visit	All Treated Patients
Listing 16.3-5.1	Urinalysis Dipstick Analysis by Visit	All Treated Patients
Listing 16.3-5.2	Urinalysis Microscopic Analysis by Visit	All Treated Patients
Listing 16.4-1.1	Concomitant Medications and	All Treated Patients

	Non-Drug Therapies	
Listing 16.4-2.1	Antineoplastic Therapy Since Discontinuation of Study Drug	All Treated Patients
Listing 16.5-1.1	All Adverse Events	All Treated Patients
Listing 16.5-2.1	Deaths Reportable as SAEs	All Patients
Listing 16.5-2.2	Non-Fatal SAEs	All Patients
Listing 16.6-1.1	RECIST Solid Tumor Response Assessment – Target Lesions	All Treated Patients
Listing 16.6-1.2	RECIST Solid Tumor Response Assessment – Non-Target Lesions	All Treated Patients
Listing 16.6-1.3	RECIST Solid Tumor Response Assessment – Overall Response	All Treated Patients
Listing 16.6-1.4	Survival Status at End of Study	All Treated Patients
Listing 16.6-1.5	Progression and Survival Details	All Treated Patients
Listing 16.7-1.1	Comments Listing	All Patients

Table 14.1-1.1 (page 1 of 2)
Patient Disposition and Analysis Populations

Disposition Reason	Total n (%)
Enrolled	xx
Completed	xx (xx.x%)
Withdrawn	xx (xx.x%)
Primary reason for early discontinuation of treatment	
Adverse event(s)	xx (xx.x%)
Abnormal laboratory value(s)	xx (xx.x%)
Abnormal test procedure result(s)	xx (xx.x%)
Patient withdrew consent	xx (xx.x%)
Lost to follow-up	xx (xx.x%)
Administrative problems	xx (xx.x%)
Death	xx (xx.x%)
Death due to study indication	xx (xx.x%)
Death due to other reason	xx (xx.x%)
New cancer therapy	xx (xx.x%)
Disease progression	xx (xx.x%)
Protocol deviation	xx (xx.x%)

Percentages are based on the number enrolled in the study. Enrolled is defined as patients who gave informed consent.
Disposition is assessed at the cut off date for analysis therefore completed patients are those remaining on study treatment at this time.
Source: Listings 16.1-1.1 and 16.1-1.2

Programming Note: See Section 7.3 of text for definitions of enrolled, completed and withdrawn.

Table 14.1-1.1 (page 2 of 2)
Patient Disposition and Analysis Populations

Disposition Reason	Total n (%)
Intent-to-treat population	xx (xx.x%)
Safety population	xx (xx.x%)
First-line Patients	xx (xx.x%)
Second-line Patients	xx (xx.x%)
Still present in study at each visit (safety population)	
Baseline Visit	xx
Cycle 1 Visit 2	xx
Cycle 1 Visit 3	xx
Cycle 2 Visit 4	xx
Cycle 2 Visit 5	xx
Cycle 3 Visit 6	xx
Cycle 3 Visit 7	xx
Cycle 4 Visit 8	xx
Cycle 5 Visit 9	xx
Cycle 6 Visit 10	xx
Cycle 7 Visit 11	xx
Cycle 8 Visit 12	xx
…repeat for all treatment cycles	xx
End of Treatment	xx

Percentages are based on the number enrolled in the study.
A patient is defined as being in the population at a visit if they have data at that visit or a subsequent visit. The population at the End of Treatment visit will be anyone who had data for at least one on-treatment visit.
Source: Listings 16.1-1.1 and 16.1-1.2

Table 14.1-1.2 (page 1 of n)
Number (%) of Patients with Major Protocol Deviations Post-Inclusion
Population ITT

Protocol Deviation Description	Total N=xxxx n (%)
Xxxxxxxx	xx (xx.x%)
Xxxx xxxxx	xx (xx.x%)
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xx (xx.x%)
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xx (xx.x%)
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xx (xx.x%)
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xx (xx.x%)
Etc.	

Percentages are based on the ITT population.
Source: Listing 16.1-1.3

Table 14.1-2.1 (page 1 of 3)
Patient Demographic Characteristics
Population ITT

Demographic variable	Total N=xxxx
Age (years)	
N	xx
Mean	xx.x
SD	xx.xx
Min	xx
Median	xx.x
Max	xx
Missing	xx
< 65 years	xx (xx.x%)
>= 65 years	xx (xx.x%)
Sex	
Male	xx (xx.x%)
Female	xx (xx.x%)
Race	
Caucasian	xx (xx.x%)
Black	xx (xx.x%)
Oriental	xx (xx.x%)
Native American	xx (xx.x%)
Pacific Islander	xx (xx.x%)
Other	xx (xx.x%)
Missing	xx
Ethnicity	
Hispanic/latino	xx (xx.x%)
Chinese	xx (xx.x%)
Indian (Indian subcontinent)	xx (xx.x%)
Japanese	xx (xx.x%)
Mixed ethnicity	xx (xx.x%)
Other	xx (xx.x%)
Missing	xx

Demography information is collected at the baseline visit (Visit 1).
Percentages are based on the number of patients in the ITT population with non-missing data for that parameter.
Source: Listing 16.1-2.1, 16.2-1.1 and 16.2-2.1

Table 14.1-2.1 (page 2 of 3)
Patient Demographic Characteristics
Population ITT

Demographic variable	Total N=xxxx
Height (cm)	
N	xx
Mean	xx.xx
SD	xx.xxx
Min	xx.x
Median	xx.xx
Max	xx.x
Missing	xx
Weight (kg)	
N	xx
Mean	xx.xx
SD	xx.xxx
Min	xx.x
Median	xx.xx
Max	xx.x
Missing	xx
BMI (kg/m^2)	
N	xx
Mean	xx.xx
SD	xx.xxx
Min	xx.x
Median	xx.xx
Max	xx.x
Missing	xx

Demography information is collected at the screening visit (Visit 1a).
Percentages are based on the number of patients in the ITT population with non-missing data for that parameter.
Source: Listing 16.1-2.1, 16.2-1.1 and 16.2-2.1

Programming Note: This table will be repeated for the Safety population if this differs from the ITT population (Table 14.1-2.2).

Table 14.1-2.1 (page 3 of 3)
Patient Demographic Characteristics
Population ITT

Demographic variable	Total N=xxxx
Karnofsky Performance Status	
100%	xx (xx.x%)
90%	xx (xx.x%)
80%	xx (xx.x%)
70%	xx (xx.x%)
60%	xx (xx.x%)
50%	xx (xx.x%)
40%	xx (xx.x%)
30%	xx (xx.x%)
20%	xx (xx.x%)
10%	xx (xx.x%)
Missing	xx

Demography information is collected at the screening visit (Visit 1a) for all patients.
Percentages are based on the number of patients in the ITT population with non-missing data for that parameter.
Source: Listing 16.1-2.1, 16.2-1.1 and 16.2-2.1

Programming Note: This table will be repeated for the Safety population if this differs from the ITT population (Table 14.1-2.2).

Table 14.1-2.3 (page 1 of 2)
Diagnosis and Extent of Cancer
Population ITT

Diagnosis variable	Total N=xxxx
Primary Site of Cancer	
Site 1	xx (xx.x%)
Site 2	xx (xx.x%)
Site 3	xx (xx.x%)
…	xx (xx.x%)
Missing	xx
Details of Tumor Histology/Cytology	
Histology/Cytology 1	xx (xx.x%)
Histology/Cytology 2	xx (xx.x%)
Histology/Cytology 3	xx (xx.x%)
…	xx (xx.x%)
Missing	xx
Histologic Grade	
Well differentiated	xx (xx.x%)
Moderately differentiated	xx (xx.x%)
Poorly differentiated	xx (xx.x%)
Undifferentiated	xx (xx.x%)
Unknown	xx (xx.x%)
Missing	xx

Diagnosis and extent of cancer information is collected at the screening visit (Visit 1a).
Percentages are based on the number of patients in the ITT population with non-missing data for that parameter.
Source: Listing 16.1-3.1 and 16.1-3.2

Programming Note: This table will be repeated for the Safety population if this differs from the ITT population (Table 14.1-2.4).

Table 14.1-2.3 (page 2 of 2)
Diagnosis and Extent of Cancer
Population ITT

Diagnosis variable	Total N=xxxx
Stage at Initial Diagnosis	
Stage 0	xx (xx.x%)
Stage I	xx (xx.x%)
Stage Ia	xx (xx.x%)
…	xx (xx.x%)
Missing	xx
Dosing Phase	
Dose escalation phase	xx (xx.x%)
Dose expansion phase	xx (xx.x%)
Missing	xx
Any Target Lesions	
Yes	xx (xx.x%)
No	xx (xx.x%)
Missing	xx
Any Non-Target Lesions	
Yes	xx (xx.x%)
No	xx (xx.x%)
Missing	xx
Any Sites of Metastasis to be Reported	
Yes	xx (xx.x%)
No	xx (xx.x%)
Missing	xx

Diagnosis and extent of cancer information is collected at the screening visit (Visit 1a).
Percentages are based on the number of patients in the ITT population with non-missing data for that parameter.
Source: Listing 16.1-3.1 and 16.1-3.2

Programming Note: This table will be repeated for the Safety population if this differs from the ITT population (Table 14.1-2.4).

Table 14.1-2.5
Medical History by System Organ Class and Preferred Term
Population Safety

System Organ Class Preferred Term	Total N = xxxx n (%)
Any relevant medical history/current medical conditions?	
Yes	xx (xx.x%)
No	xx (xx.x%)
Any active problems?	
Yes	xx (xx.x%)
No	xx (xx.x%)
System Organ Class 1	xx (xx.x%)
Preferred Term 1	xx (xx.x%)
Preferred Term 2	xx (xx.x%)
Preferred Term 3	xx (xx.x%)
System Organ Class 2	xx (xx.x%)
Preferred Term 4	xx (xx.x%)
Preferred Term 5	xx (xx.x%)

Patients experiencing more than one medical history within a system organ class or within a system organ class and preferred term are only counted once.
Percentages are based on the number of patients in the Safety population.
Source: Listing 16.1-2.2

Table 14.1-2.6 (page 1 of n)
Summary Statistics of Change from Baseline in Karnofsky Performance Status
Population Safety

	Statistic						
Visit	n	Missing	Mean	SD	Min	Median	Max
Cycle 1 Visit 2 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 3 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 4 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 5 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 6 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 7 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 4 Visit 8 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 5 Visit 9 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 6 Visit 10 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 7 Visit 11 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Etc.							

Programming note: Table continues for remaining Cycles then presents and End of Treatment summary which will be the last on-treatment assessment.

Table 14.1-3.1 (page 1 of n)
Summary of Prior Antineoplastic Therapy
Population ITT

Therapy Type Setting	Best Response Achieved	Total N=xxxx n (%)
Chemotherapy		xx (xx.x%) xxx
Adjuvant	Overall	xx (xx.x%)
	Complete Response	xx (xx.x%)
	Partial Response	xx (xx.x%)
	Stable Disease	xx (xx.x%)
	Complete Response (unconfirmed)	xx (xx.x%)
	Unknown	xx (xx.x%)
	Not Applicable	xx (xx.x%)
	Progressive Disease	xx (xx.x%)
Neoadjuvant	Overall	xx (xx.x%)
	Complete Response	xx (xx.x%)
	Partial Response	xx (xx.x%)
	Stable Disease	xx (xx.x%)
	Complete Response (unconfirmed)	xx (xx.x%)
	Unknown	xx (xx.x%)
	Not Applicable	xx (xx.x%)
	Progressive Disease	xx (xx.x%)
Etc.		

Percentages of patients on each therapy type/setting combination are based on the ITT population.
Patients are counted once under the best response level achieved within that therapy type/setting combination and percentages are based on the number of patients receiving that therapy type/setting combination.
Source: Listing 16.1-4.1

Programming Note: Table continues for the Chemotherapy/Therapeutic, Chemotherapy/Prevention and then for the therapy types Hormonal Therapy, Immunotherapy, Targeted Therapy and Other Therapy.
This table will be repeated for the Safety population if this differs from the ITT population (Table 14.1-3.2).

Table 14.1-3.3 (page 1 of n)
Duration of Prior Antineoplastic Therapy (months)
Population ITT

Therapy Type Setting	Total N=xxxx n (%)
Chemotherapy	xx (xx.x%)
Adjuvant	xx (xx.x%)
N	xx
Min	xx.x
Median	xx.xx
Max	xx.x
Missing	xx
Neoadjuvant	xx (xx.x%)
N	xx
Min	xx.x
Median	xx.xx
Max	xx.x
Missing	xx
Etc.	

Percentages of patients on each therapy type/setting combination are based on the ITT population.
Source: Listing 16.1-4.1

Programming Note: Table continues for the Chemotherapy/Therapeutic, Chemotherapy/Prevention and then for the therapy types Hormonal Therapy, Immunotherapy, Targeted Therapy and Other Therapy.
This table will be repeated for the Safety population if this differs from the ITT population (Table 14.1-3.4).

Table 14.1-5.1
Summary of Chest X-ray Evaluation at Screening
Population Safety

Description	Total N = xxxx n (%)
X-ray interpretation	
Number with assessment	xx
Normal	xx (xx.x%)
Clinically insignificant abnormality	xx (xx.x%)
Clinically significant abnormality	xx (xx.x%)
Missing	xx

Percentages are based on the number of patients in the Safety population who had the relevant assessment performed.
Source: Listings 16.1-5.1

Table 14.2-3.1 (page 1 of 1)
Summary of Duration of Treatment with Study Medication
Population Safety

	Total N = xxxx
Overall (days)	
N	xx
Min	xx
Median	xx.x
Max	xx
Missing	xx
>0 to 4 months	xx (xx.x%)
>4 to 8 months	xx (xx.x%)
>8 to 12 months	xx (xx.x%)
>12 to 16 months	xx (xx.x%)
>16 to 20 months	xx (xx.x%)
>20 to 24 months	xx (xx.x%)
>24 months	xx (xx.x%)

Percentages are based on the number of patients in the Safety Population.
Source: Listing 16.2-3.1

Table 14.3-1.1 (page 1 of n)
Normal Ranges for Hematology and Blood Chemistry Parameters

Parameter	Unit	Lab Number	Gender	Age Range	Lower Limit	Upper Limit
xxxxxxxxxxxx	xx	xxxxx	Male	xx-xx	xx	xx
				xx-xx	xx	xx
			Female	xx-xx	xx	xx
				xx-xx	xx	xx
		xxxxx	Male		xx	xx
			Female		xx	xx
		. . .				
xxxxxxxxxxxx	xx	xxxxx	Male		xx	xx
			Female		xx	xx

. . .

Programming Note: Will need to confirm once ranges are available – if ranges are in SI units and hence do not vary across lab then the "lab number" column can be dropped.

Table 14.3-2.1 (page 1 of n)
Summary Statistics of Hematology by Visit
Population Safety

	Statistic						
Visit	n	Missing	Mean	SD	Min	Median	Max
Parameter: WBC (*units*)							
Baseline (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 2 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 3 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 4 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 5 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 6 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 7 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 4 Visit 8 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 5 Visit 9 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Etc.							
End of Treatment (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x

Source: Listing 16.3-1.1

Programming note: Table continues for all Cycles. Repeat for each hematology parameter in turn noting that absolute and percentage differentials need to be summarized separately. Results should be shown in SI units.

Table 14.3-2.2 (page 1 of n)
Summary Statistics of Change from Baseline in Hematology by Visit
Population Safety

	Statistic						
Visit	n	Missing	Mean	SD	Min	Median	Max
Parameter: WBC (*units*)							
Cycle 1 Visit 2 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 3 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 4 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 5 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 6 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 7 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 4 Visit 8 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 5 Visit 9 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 6 Visit 10 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 7 Visit 11 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Etc.							

Source: Listing 16.3-1.1

Programming note: Table continues for all Cycles, then presents an End of Treatment summary which will be the last on-treatment assessment. Repeat for each hematology parameter in turn noting that absolute and percentage differentials need to be summarized separately. Results should be shown in SI units.

Table 14.3-2.3 (page 1 of n)
Shift Table for CTC Grade for Hematology Parameters
Population Safety

		Screening Visit 1a (N=xxxx)					
		Grade 1 n (%)	Grade 2 n (%)	Grade 3 n (%)	Grade 4 n (%)	Total n (%)	Missing n
Parameter: WBC (*units*)							
Most Extreme Post-Screening Visit 1a Value (N=xxxx)	Grade 0	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Grade 1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Grade 2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Grade 3	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Grade 4	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Total	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)	Xx
	Missing	Xx	Xx	Xx	Xx	xx	Xx
Parameter: Hemoglobin (*units*)							
Most Extreme Post-Screening Visit 1a Value (N=xxxx)	Grade 0	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Grade 1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Grade 2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Grade 3	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Grade 4	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	Xx
	Total	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)	Xx
	Missing	xx	xx	xx	xx	xx	xx
Etc.							

CTC grades are calculated from V3.0 of the CTCAE manual.
Percentages are based on the number of patients in the Safety Population with data at Screening and the visit of interest.
Source: Listing 16.3-1.1

Programming Note: Repeat for each hematology parameter for those parameters that have a CTC grade defined (see SAP text).

Table 14.3-3.1 (page 1 of n)
Summary Statistics of Blood Chemistry by Visit
Population Safety

	Statistic						
Visit	n	Missing	Mean	SD	Min	Median	Max
Parameter: Urea (*units*)							
Baseline (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 2 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 3 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 4 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 5 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 6 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 7 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 4 Visit 8 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 5 Visit 9 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 6 Visit 10 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 7 Visit 11 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Etc.							

Source: Listing 16.3-2.1

Programming note: Table continues for remaining Cycles then presents and End of Treatment summary which will be the last on-treatment assessment. Repeat for each blood chemistry parameter in turn. Results should be shown in SI units.

Table 14.3-3.2 (page 1 of n)
Summary Statistics of Change from Baseline in Blood Chemistry by Visit
Population Safety

	Statistic						
Visit	n	Missing	Mean	SD	Min	Median	Max
Parameter: Urea (*units*)							
Cycle 1 Visit 2 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 3 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 4 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 5 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 6 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 7 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 4 Visit 8 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 5 Visit 9 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 6 Visit 10 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 7 Visit 11 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Etc.							

Source: Listing 16.3-2.1

Programming note: Table continues for remaining Cycles then presents and End of Treatment summary which will be the last on-treatment assessment. Repeat for each blood chemistry parameter in turn. Results should be shown in SI units.

Table 14.3-3.3 (page 1 of n)
Shift Table for CTC Grade for Blood Chemistry Parameters
Population Safety

		Screening Visit 1a (N=xxxx)					
		Grade 1 n (%)	Grade 2 n (%)	Grade 3 n (%)	Grade 4 n (%)	Total n (%)	Missing n
Parameter: Creatinine (*units*)							
Most Extreme Post-Screening Visit 1a Value (N=xxxx)	Grade 0	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 3	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 4	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Total	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)	xx
	Missing	xx	Xx	Xx	Xx	xx	xx
Parameter: Fasting Glucose (*units*)							
Most Extreme Post-Screening Visit 1a Value (N=xxxx)	Grade 0	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 3	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 4	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Total	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)	xx
	Missing	xx	Xx	Xx	Xx	xx	xx
Etc.							

CTC grades are calculated from V3.0 of the CTCAE manual.
Percentages are based on the number of patients in the Safety Population with data at Screening and the visit of interest.
Source: Listing 16.3-2.1

Programming Note: Repeat for each blood chemistry parameter that has a CTC grade defined (see SAP text).

Table 14.3-4.1 (page 1 of n)
Summary Statistics of Serum Lipid Profile by Visit
Population Safety

	Statistic						
Visit	n	Missing	Mean	SD	Min	Median	Max
Parameter: Total Cholesterol (*units*)							
Baseline (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 2 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 3 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 4 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 5 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 6 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 7 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 4 Visit 8 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 5 Visit 9 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 6 Visit 10 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 7 Visit 11 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Etc.							

Source: Listing 16.3-3.1

Programming note: Table continues for remaining Cycles then presents and End of Treatment summary which will be the last on-treatment assessment. Repeat for each blood chemistry parameter in turn. Results should be shown in SI units.

Table 14.3-4.2 (page 1 of n)
Summary Statistics of Change from Baseline in Serum Lipid Profile by Visit
Population Safety

	Statistic						
Visit	n	Missing	Mean	SD	Min	Median	Max
Parameter: Total Cholesterol (*units*)							
Cycle 1 Visit 2 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 1 Visit 3 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 4 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 2 Visit 5 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 6 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 3 Visit 7 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 4 Visit 8 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 5 Visit 9 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 6 Visit 10 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Cycle 7 Visit 11 (N=xxxx)	xx	xx	xx.xx	xx.xxx	xx.x	xx.xx	xx.x
Etc.							

Source: Listing 16.3-3.1

Programming note: Table continues for remaining Cycles then presents and End of Treatment summary which will be the last on-treatment assessment. Repeat for each serum lipid profile parameter in turn. Results should be shown in SI units.

Table 14.3-4.3 (page 1 of 1)
Shift Table for CTC Grade for Serum Lipid Profile Parameters
Population Safety

		Screening Visit 1a (N=xxxx)					
		Grade 1 n (%)	Grade 2 n (%)	Grade 3 n (%)	Grade 4 n (%)	Total n (%)	Missing n
Parameter: Total Cholesterol (*units*)							
Most Extreme Post-Screening Visit 1a Value (N=xxxx)	Grade 0	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 3	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 4	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Total	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)	xx
	Missing	xx	xx	xx	xx	xx	xx
Parameter: Triglycerides (*units*)							
Most Extreme Post-Screening Visit 1a Value (N=xxxx)	Grade 0	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 1	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 2	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 3	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Grade 4	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx
	Total	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (100%)	xx
	Missing	xx	xx	xx	xx	xx	xx

CTC grades are calculated from V3.0 of the CTCAE manual.
Percentages are based on the number of patients in the Safety Population with data at Screening and the visit of interest.
Source: Listing 16.3-3.1

Table 14.4-1.1 (page 1 of n)
Concomitant Medications and Non-Drug Therapies by ATC class and Preferred Term
Population Safety

ATC Class Preferred Term	Total N = xxxx n (%)
ATC Class 1	xx (xx.x%)
Preferred Term 1	xx (xx.x%)
Preferred Term 2	xx (xx.x%)
Preferred Term 3	xx (xx.x%)
ATC Class 2	xx (xx.x%)
Preferred Term 4	xx (xx.x%)
Preferred Term 5	xx (xx.x%)

Patients receiving more than one medication/therapy within an ATC Class or within an ATC Class and preferred term are only counted once.
Percentages are based on the number of patients in the Safety population.
Source: Listing 16.4-1.1

Table 14.5-1.1 (page 1 of 1)
Summary of Adverse Events
Population Safety

Events	Total N = xxxx n (%)
At least one treatment emergent adverse event	xx (xx.x%)
At least one serious adverse event	xx (xx.x%)
At least one adverse event leading to death	xx (xx.x%)
At least one adverse event leading to discontinuation of study medication	xx (xx.x%)
At least one adverse event leading to modification of study medication	xx (xx.x%)
At least one severe adverse event	xx (xx.x%)
At least one adverse event with suspected relationship to study medication	xx (xx.x%)

Percentages are based on the number of patients in safety population.
Source: Listings 16.5-1.1

Table 14.5-2.1 (page 1 of n)
Treatment Emergent Adverse Events by System Organ Class and Preferred Term
Population Safety

System Organ Class Preferred Term	Total N = xxxx n (%)
All treatment emergent adverse events	xx (xx.x%)
SOC 1	xx (xx.x%)
Preferred Term 1	xx (xx.x%)
Preferred Term 2	xx (xx.x%)
Preferred Term 3	xx (xx.x%)
SOC 2	xx (xx.x%)
Preferred Term 4	xx (xx.x%)
Preferred Term 5	xx (xx.x%)
Etc.	

Patients are counted once within each System Organ Class and Preferred Term or once within each System Organ Class for the summary row.
Percentages are based on the number of patients in safety population.
The table is sorted by system organ class then preferred term within system organ class alphabetically.
Source: Listing 16.5-1.1

Programming Note: Use same template for the following tables (but with different source listings).
- Table 14.5-2.2 Deaths Reportable as Serious Adverse Events by System Organ Class and Preferred Term
- Table 14.5-2.3 Serious Adverse Events by System Organ Class and Preferred Term

Table 14.6-1.1 (page 1 of 1)
Summary of Survival and End of Study Status
Population ITT

		Total N = xxxx n (%)
Alive at end of study	Overall	xx (xx.x%)
	With recurrence	xx (xx.x%)
	Without recurrence	xx (xx.x%)
Died	Overall	xx (xx.x%)
	Due to study indication	xx (xx.x%)
	Due to other reason	xx (xx.x%)
Died due to study indication	Already experienced recurrence	xx (xx.x%)
	No recurrence	xx (xx.x%)
Died due to other reason	Already experienced recurrence	xx (xx.x%)
	No recurrence	xx (xx.x%)
Lost to follow-up	Overall	xx (xx.x%)
	Already experienced recurrence	xx (xx.x%)
	No recurrence	xx (xx.x%)

Percentages are based on the number of patients in ITT population.
With recurrence refers to subjects that had disease progression prior to death.
Source: Listings 16.6-1.2 and 16.6-1.4

Table 14.6-2.1 (page 1 of 1)
Analysis of Progression Free Survival Rate
Population ITT

	First-line Patients N = xxxx	Second-line Patients N = xxxx	Total N = xxxx
PFS Events	xxx	xxx	xxx
PFS Rate	xx.xx	xx.xx	xx.xx
95% CI for PFS Rate	(xx.xxx, xx.xxx)	(xx.xxx, xx.xxx)	(xx.xxx, xx.xxx)

Number of patients achieving PFS = number of subject that experienced progression or died prior to the time of data analysis cut-off.
PFS Rate = survival function at the time of data analysis cut-off based on a Kaplan-Meier analysis of time to either progression or death.
The 95% CI also comes from the Kaplan-Meier analysis.

Source: Listings 16.6-1.5

Table 14.6-2.2 (page 1 of 1)
Analysis of Progression Free Survival Rate - Sensitivity Analysis
Population ITT

	First-line Patients N = xxxx	Second-line Patients N = xxxx	Total N = xxxx
Sensitivity Analysis 1:			
PFS Events	xxx	xxx	xxx
PFS Rate	xx.xx	xx.xx	xx.xx
95% CI for PFS Rate	(xx.xxx, xx.xxx)	(xx.xxx, xx.xxx)	(xx.xxx, xx.xxx)
Sensitivity Analysis 2:			
PFS Events	xxx	xxx	xxx
PFS Rate	xx.xx	xx.xx	xx.xx
95% CI for PFS Rate	(xx.xxx, xx.xxx)	(xx.xxx, xx.xxx)	(xx.xxx, xx.xxx)

Number of patients achieving PFS = number of subject that experienced progression or died prior to the time of data analysis cut-off.
PFS Rate = survival function at the time of data analysis cut-off based on a Kaplan-Meier analysis of time to either progression or death.
The 95% CI also comes from the Kaplan-Meier analysis.
Sensitivity Analysis 1 = Actual event date of disease progression/death used for the PFS event date, regardless of whether is it proceeded by missing tumor assessments.
Sensitivity Analysis 2 = In case of a documented progression/death after one of more missing tumor assessments, disease progression is considered to have occurred at the next scheduled tumor assessment after the date of last tumor assessment with overall lesion response of CR, PR, or SD.

Source: Listings 16.6-1.5

Table 14.6-2.3 (page 1 of 2)
Progression Free Survival Descriptive Statistics
Population ITT

			Product Limit Estimates			
Time to Event	Censored *	Event #	Survival Rate	95% CI of Survival Rate	Failure Rate	Survival Standard Error
<= Week 8	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
<=Week 20	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
<=Week 32	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
<=Week 44	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
<=Week 56	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
Etc.						

* Censored is defined as the number of patients who have discontinued from the study for any reason other than progression/death within the time period.
# Event is progression/death within the time period.

Source: Listings 16.6-1.5

Programming Note: Table continues for every 12 week assessment as appropriate until analysis data cut-off.

Table 14.6-2.3 (page 2 of 2)
Progression Free Survival Descriptive Statistics
Population ITT

	Total N = xxxx
Median (95% CI)	xx.xx (xx.xxx)
Number Assessed	xx
Number Censored	xx
Number Uncensored	xx

Source: Listings 16.6-1.5

Programming Note: Use previous template for the following tables.
- Table 14.6-2.5 Duration of Response Descriptive Statistics – Population ITT

Table 14.6-2.4 (page 1 of 4)
Progression Free Survival Descriptive Statistics – Sensitivity Analysis
Population ITT

			Product Limit Estimates			
Time to Event	Censored *	Event #	Survival Rate	95% CI of Survival Rate	Failure Rate	Survival Standard Error
Sensitivity Analysis 1:						
<= Week 8	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
<=Week 20	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
<=Week 32	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
<=Week 44	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
<=Week 56	xx	xx	x.xxxx	(x.xxxx-x.xxxx)	x.xxxx	x.xxxx
Etc.						

* Censored is defined as the number of patients who have discontinued from the study for any reason other than progression/death within the time period.
# Event is progression/death within the time period.
Sensitivity Analysis 1 = Actual event date of disease progression/death used for the PFS event date, regardless of whether is it proceeded by missing tumor assessments.
Sensitivity Analysis 2 = In case of a documented progression/death after one of more missing tumor assessments, disease progression is considered to have occurred at the next scheduled tumor assessment after the date of last tumor assessment with overall lesion response of CR, PR, or SD.

Source: Listings 16.6-1.5

Programming Note: Table continues for every 12 week assessment as appropriate until analysis data cut-off.

Table 14.6-2.4 (page 2 of 4)
Progression Free Survival Descriptive Statistics - Sensitivity Analysis
Population ITT

	Total N = xxxx
Sensitivity 1:	
Median (95% CI)	xx.xx (xx.xxx)
Number Assessed	xx
Number Censored	xx
Number Uncensored	xx

Sensitivity Analysis 1 = Actual event date of disease progression/death used for the PFS event date, regardless of whether is it proceeded by missing tumor assessments.
Sensitivity Analysis 2 = In case of a documented progression/death after one of more missing tumor assessments, disease progression is considered to have occurred at the next scheduled tumor assessment after the date of last tumor assessment with overall lesion response of CR, PR, or SD.

Source: Listings 16.6-1.5

Programming Note: Repeat for Sensitivity Analysis 2

Table 14.6-2.6 (page 1 of 1)
Objective Response Rate and Disease Control Rate
Population ITT

	Total N = xxxx
Objective Response	
Patients with CR, n (%)	xx (xx.x%)
Patients with PR, n (%)	xx (xx.x%)
Objective Response Rate, n (%)	xx (xx.x%)
95% CI for Objective Response Rate	xx.x - xx.x
Disease Control	
Patients with CR, n (%)	xx (xx.x%)
Patients with PR, n (%)	xx (xx.x%)
Patients with SD, n (%)	xx (xx.x%)
Disease Control Rate, n (%)	xx (xx.x%)
95% CI for Disease Control Rate	xx.x - xx.x

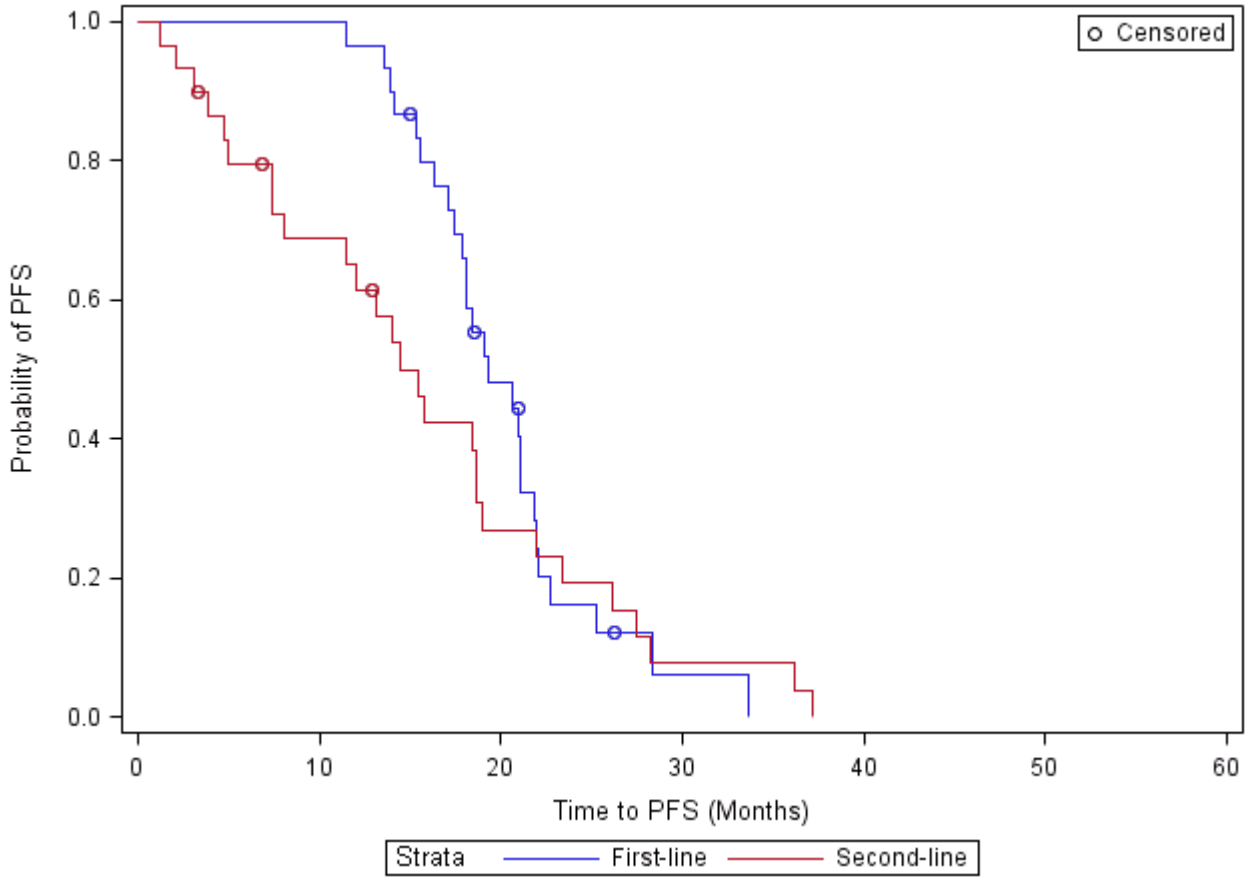
Source: Listings 16.6-1.5

Table 14.6-2.7 (page 1 of 1)
Overall Survival Descriptive Statistics
Population ITT

	Total N = xxxx
25th Percentile (95% CI)	xx.xx (xx.xxx, xx.xxx)
Median (95% CI)	xx.xx (xx.xxx, xx.xxx)
75th Percentile (95% CI)	xx.xx (xx.xxx, xx.xxx)
Number Assessed	xx
Number Censored	xx
Number Uncensored	xx

Source: Listings 16.6-1.5

Figure 15.6-2.1 (page 1 of 1)
Kaplan Meier Plot for Progression Free Survival
Population ITT



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Programming Note: Use same template for the following figures.
- Figure 15.6-2.2 Kaplan Meier Plot for Progression Free Survival - Sensitivity Analysis 1, Population ITT
- Figure 15.6-2.3 Kaplan Meier Plot for Progression Free Survival - Sensitivity Analysis 2, Population ITT
- Figure 15.6-2.4 Kaplan Meier Plot for Duration of Response, Population ITT
- Figure 15.6-2.5 Kaplan Meier Plot for Overall Survival, Population ITT
```

Listing 16.1-1.1 (page 1 of n)
End of Treatment Status
All Treated Patients

Country/ Centre/ Patient	Date/Day of Last Dose	Status at Time of Analysis	Reason for Not Completing Treatment Period	Follow-Up for Post-Treatment Evaluations?	Follow-Up for Survival?
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy/ Xx	Completed		Yes	No
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy/ Xx	Discontinued	New cancer therapy	Yes	Yes
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy/ xx	Discontinued	Protocol deviation - xxxxxxxxxxxxxxxxxxxx	Yes	Yes

Day is calculated relative to the day of first dose of study medication.
These data are collected at the end of the treatment period.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.1-1.2 (page 1 of n)
Analysis Populations and Strata
All Patients

Country/ Centre/ Patient	Date of Informed Consent	Intent-to-Treat Population?	Safety Population?	Strata
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy	Yes/No	Yes/No	First-line
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy	Yes/No	Yes/No	Second-line
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy	Yes/No	Yes/No	First-line

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.1-1.3 (page 1 of n)
Failed Inclusion/Exclusion Criteria and Major Protocol Deviations
All Patients

Country/ Centre/ Patient	Inclusion/Exclusion Criteria Not Met	Major Protocol Deviations Post-Inclusion
Xxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxx
Xxxxxxxxxx/ Xxxx-xxxxx	xxxxxxxxxxxxxxxxxxxxxxx	
Xxxxxxxxxx/ Xxxx-xxxxx		xxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Programming note: Data ordered by country (alphabetically) then centre/patient identifier. Only list patients who have either failed an inclusion/exclusion criteria and/or had a major protocol deviation post-inclusion.

Listing 16.1-1.4 (page 1 of n)
All Protocol Deviations
All Patients

Country/ Centre/ Patient	Deviation Code	Date of Deviation (Day)	Deviation Description	Comment
Xxxxxxxxxx/ Xxxx-xxxxx Xxxxxxxxxx/ Xxxx-xxxxx Xxxxxxxxxx/ Xxxx-xxxxx	XXX	ddmmmyyyy (xx)/	Xxxxxxxxxxxxx	xxxxxxxxxxxxxxx

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.1-2.1 (page 1 of n)
Patient Demographic Characteristics
All Patients

Country/ Centre/ Patient	Date of Birth / Age (years)	Sex	Race	Ethnicity	Child Bearing Potential?	Source of Referral
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy / xx	Male	Caucasian			ER or hospital
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy / xx	Female	Black		Able to bear children	Radio advertisement
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy / xx	Female	Oriental	Japanese	Post-menopausal	Friend/family member

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.1-2.2 (page 1 of n)
Relevant Medical History/Current Medical Conditions
All Patients

Country/ Centre/ Patient	System Organ Class/ Preferred Term/ History/Condition	Date of Diagnosis/ Surgery	Active Problem?
Xxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxxxxxxx/ Xxxxxxxxxxxxxxxxx/ Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ddmmmyyyy	Yes/No
Xxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxxxxxxxx/ Xxxxxxxxxxxxxxxxx/ Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ddmmmyyyy	Yes/No
Xxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxxxxxxxxxx/ Xxxxxxxxxxxxxxxxxxx/ xxxxxxxxxxxxx	ddmmmyyyy	Yes/No

Programming note: Data ordered by country (alphabetically) then centre/patient identifier. Conditions should be ordered by date of diagnosis/surgery with oldest condition shown first.

Listing 16.1-3.1 (page 1 of n)
Diagnosis and Extent of Cancer
All Patients

Country/ Centre/ Patient	Primary Site of Cancer	Tumor Histology/ Cytology	Histologic Grade	Date of Initial Diagnosis	Stage at Initial Diagnosis	Date of First Recurrence/ Relapse	Date of Most Recent Recurrence/ Relapse	Dosing Phase
Xxxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxxx	Xxxxxxxxxxx	Xxxxxxxxxxx	ddmmmyyyy	Xxxxxx	ddmmmyyyy	ddmmmyyyy	Xxxxxxx
Xxxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxx	Xxxxxxxxx	Xxxxxxxxxxx	ddmmmyyyy	Xxxxxx	ddmmmyyyy	ddmmmyyyy	Xxxxxxxxx
Xxxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxx	Xxxxxxxx	Xxxxxxxxxxx	ddmmmyyyy	Xxxxxx	ddmmmyyyy	ddmmmyyyy	xxxxxxxx

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.1-3.2 (page 1 of n)
Diagnosis and Extent of Cancer - Lesions
All Patients

Country/ Centre/ Patient	Any Target Lesions?	Any Non-Target Lesions?	Any Sites of Metastasis?	Metastatic Site(s)
Xxxxxxxxxx/ Xxxx-xxxxx	Yes	Yes	Yes	Xxxxxxxxxx
				Xxxxxxxxxxx
				Xxxxxxxxxx
				Xxxxxxxxxx
Xxxxxxxxxx/ Xxxx-xxxxx	Yes	Yes	No	
Xxxxxxxxxx/ Xxxx-xxxxx	No	Yes	No	

Programming note: Data ordered by country (alphabetically) then centre/patient identifier. Metastatic sites should be ordered by the order they appear in the CRF.

Listing 16.1-4.1 (page 1 of n)
Prior Antineoplastic Therapy - Medication Details
All Patients

Country/ Centre/ Patient	Regimen Number	Therapy Type (Number of Cycles)	Medication	First Dose Date (Day) /Last Dose Date (Day)	Duration of Therapy (months)	Cumulative Dose (Unit)	Planned Dose (Unit)	Route	Setting
Xxxxxxxxxx/ Xxxx-xxxxx	1	Chemotherapy (xx)	xxxxxxxxx	ddmmmyyyy (xx)/ ddmmmyyyy (xx)	xxx	xx (Unit)	xx (Unit)	xx	Therapeutic
Xxxxxxxxxx/ Xxxx-xxxxx	1	Immunotherapy (xx)	xxxxxxxxx	ddmmmyyyy (xx)/ ddmmmyyyy (xx)	xxx	xx (Unit)	xx (Unit)	xx	Adjuvant
Xxxxxxxxxx/ Xxxx-xxxxx	1	Other: xxxxxxxx (xx)	xxxxxxxxx	ddmmmyyyy (xx)/ ddmmmyyyy (xx)	xxx	xx (Unit)	xx (Unit)	xx	Prevention

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier. Therapy should be ordered by Regimen Number.

Listing 16.1-4.2 (page 1 of n)
Prior Antineoplastic Therapy - Response
All Patients

Country/ Centre/ Patient	Regimen Number	Therapy Type	Medication	Best Response	Date of Best Response	Duration of Response (Months)	Reason for Discontinuation of Therapy	Date of Progression
Xxxxxxxxxx/ Xxxx-xxxxx	1	Chemotherapy	xxxxxxxxxx	Complete Response	ddmmmyyyy	xx	Adverse event(s)	
Xxxxxxxxxx/ Xxxx-xxxxx	1	Immunotherapy	xxxxxxxxxx	Partial Response	ddmmmyyyy	xx	Disease Progression	ddmmmyyyy
Xxxxxxxxxx/ Xxxx-xxxxx	1	Other: xxxxxxxx	xxxxxxxxx	Unknown	ddmmmyyyy	xx	Other: xxxxxxxx	

Programming note: Data ordered by country (alphabetically) then centre/patient identifier. Therapy should be ordered by Regimen Number. If necessary the Best Response column should use abbreviations as follows: CR=complete response, PR=partial response, SD=stable disease, PD=progressive disease, CRU=complete response, unconfirmed, UNK=unknown, NA=not applicable and these abbreviations should be footnoted.

Listing 16.1-5.1 (page 1 of n)
Baseline Chest X-Ray Evaluation
All Patients

Country/ Centre/ Patient	Chest X-Ray Performed?	Chest X-Ray Date/ Day	Interpretation	Clinically Significant Abnormalities
Xxxxxxxxxx/ Xxxx-xxxxx	Yes/No	ddmmmyyyy/ xx	Normal	
Xxxxxxxxxx/ Xxxx-xxxxx	Yes/No	ddmmmyyyy/ xx	Clinically insignificant abnormality	
Xxxxxxxxxx/ Xxxx-xxxxx	Yes/No	ddmmmyyyy/ xx	Clinically significant abnormality	Xxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxx

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier. Multiple clinically significant abnormality details should be listed in the order they appear on the CRF.

Listing 16.2-1.1 (page 1 of n)
Vital Signs by Visit
All Treated Patients

Country/ Centre/ Patient	Visit	Assessment Date/Day	Height (cm)	BMI (kg/m^2)	Weight (kg)	Body Temperature (°C)	Sitting Pulse (bpm)	Sitting Blood Pressure (bpm)	
								Systolic	Diastolic
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	xxx	xxx	xxx	xx.x	xxx	xxx	xxx
	Baseline Visit 1b	ddmmmyyyy/ xx				xx.x	xxx	xxx	xxx
	Cycle 1 Visit 2	ddmmmyyyy/ xx				xx.x	xxx	xxx	xxx
	Cycle 2 Visit 4	ddmmmyyyy/ xx				xx.x	xxx	xxx	Xxx
	Cycle 3 Visit 6	ddmmmyyyy/ xx				xx.x	xxx	xxx	xxx

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by visit date. Any unscheduled assessments should be included and labeled “Unscheduled Visit”.

Listing 16.2-2.1 (page 1 of n)
Karnofsky Performance Status by Visit
All Treated Patients

Country/ Centre/ Patient	Visit	Assessment Date/Day	Performance Status
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	100%: Normal, no complaints
	Baseline Visit 1b	ddmmmyyyy/ xx	90%: Able to carry on normal activity, minor signs or symptoms of disease
	Cycle 1 Visit 2	ddmmmyyyy/ xx	90%: Able to carry on normal activity, minor signs or symptoms of disease
	Cycle 2 Visit 4	ddmmmyyyy/ xx	80%: Normal activity with effort; some signs or symptoms of disease
	Cycle 3 Visit 6	ddmmmyyyy/ xx	90%: Able to carry on normal activity, minor signs or symptoms of disease

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by visit date. There is no date of assessment on the CRF page where unscheduled assessments are captured so these assessments cannot be slotted into the correct date order. Therefore unscheduled assessments for a patient will appear at the end of the listing and a footnote will be added regarding this.

Listing 16.2-3.1 (page 1 of n)
Study Drug Administration
All Treated Patients

Country/ Centre/ Patient	Start Date of Study Drug	Planned Dose	Total Daily Dose Administered
Xxxxxxxxxx/ Xxxx-xxxxx	ddmmmyyyy	xxxx	xxxx

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.2-3.2 (page 1 of n)
Dosage Administration Details
All Treated Patients

Country/ Centre/ Patient	Regimen Number	Planned Dose (mg)	Actual Dose (mg)	Regimen	Dose Change?	Reason for Change	Start Date/Day	End Date/Day
Xxxxxxxxxx/ Xxxx-xxxxx	01	10	10	o.d/q.d.	No	Lab Test Abnormality	ddmmmyyyy/ xx	ddmmmyyyy/ xx
	02	10	5	o.d/q.d.	Yes		ddmmmyyyy/ xx	ddmmmyyyy/ xx
	03	10	10	o.d/q.d.	No		ddmmmyyyy/ xx	ddmmmyyyy/ xx

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by visit date. It may be necessary to present Reason For Change using the following abbreviations: AE=adverse event, DOS=dosing error, LAB=lab test abnormality, SCH=scheduling conflict, DIS=dispensing error. If so, these abbreviations will be footnoted.

Listing 16.2-4.1 (page 1 of n)
ECG Assessments
All Treated Patients

Country/ Centre/ Patient	Visit	Assessment Date/Day	Result
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	Normal
	Baseline Visit 1b	ddmmmyyyy/ xx	Clinically Significant Abnormality: xxxxxxxxxx
	Cycle 1 Visit 2	ddmmmyyyy/ xx	Normal
	Cycle 2 Visit 4	ddmmmyyyy/ xx	Normal
	Cycle 3 Visit 6	ddmmmyyyy/ xx	Clinically Insignificant Abnormality

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier. Any unscheduled assessments should be included and labeled “Unscheduled Visit”. ECG assessments are only performed at the investigator’s discretion, only records where the ECG was performed will be presented.

Listing 16.2-5.1 (page 1 of n)
Pregnancy Test Results
All Patients

Country/ Centre/ Patient	Visit	Sample Date/Day	Result
Xxxxxxxxxx/ Xxxx-xxxxx	Baseline Visit 1b	ddmmmyyyy/ xx	Negative/Positive
Xxxxxxxxxx/ Xxxx-xxxxx	Baseline Visit 1b	ddmmmyyyy/ xx	Negative/Positive
Xxxxxxxxxx/ Xxxx-xxxxx	Baseline Visit 1b	ddmmmyyyy/ xx	Negative/Positive
	Unscheduled Visit	ddmmmyyyy/ xx	Negative/Positive

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier. Only female patients need to be included on the listing.

Listing 16.2-6.1 (page 1 of n)
Pulmonary Function Test - Spirometry
All Patients

Country/ Centre/ Patient	Visit	Test Date/Day	Total Lung Capacity (L)	Forced Vital Capacity (L)	Forced Expiratory Volume in One Second (L)	Functional Residual Capacity (L)	Residual Capacity (L)
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	x.x	x.x	x.x	x.x	x.x
	End of Treatment	ddmmmyyyy/ xx	x.x	x.x	x.x	x.x	x.x

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.2-6.2 (page 1 of n)
Pulmonary Function Test - Diffusion Capacity for Carbon Monoxide
All Patients

Country/ Centre/ Patient	Visit	Was DLCO Done?	Test Date/Day	Diffusion Capacity for CO	Unit
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	Yes	ddmmmyyyy/ xx	xx.xx	xxxxxxxxxx
	End of Treatment	No			

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.2-6.3 (page 1 of n)
Pulmonary Function Test - Pulse Oximetry
All Patients

Country/ Centre/ Patient	Visit	Was Pulse Oximetry Done?	Test Date/Day	Functional Residual Capacity (%)
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	Yes	ddmmmyyyy/ xx	xxx
	End of Treatment	No		

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.2-7.1 (page 1 of n)
Post-Baseline Chest X-Ray Evaluation
All Patients

Country/ Centre/ Patient	Visit	Chest X-Ray Performed?	Chest X-Ray Date/ Day	Interpretation	Clinically Significant Abnormalities	Abnormality Compared to Baseline
Xxxxxxxxxx/ Xxxx-xxxxx	Cycle 4 Visit 8	Yes/No	ddmmmyyyy/ xx	Normal		
		Yes/No	ddmmmyyyy/ xx	Clinically insignificant abnormality		
		Yes/No	ddmmmyyyy/ xx	Clinically significant abnormality	Xxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxx	New or worsened
					xxxxxxxxxxxxxxxxx	Not compared
					xxxxxxxxxxxxxxxxx	Unchanged

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier and visit date. Multiple clinically significant abnormality details should be listed in the order they appear on the CRF.

Listing 16.2-7.2 (page 1 of n)
Imaging
All Patients

Country/ Centre/ Patient	Visit	Date of Scan/Day	Scan Category	Location/ Site	Scan Type	Findings
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	Chest, Abdomen and Pelvis	Other: xxxxxxx	CT scan (with contrasts)	xxxxxxx
		ddmmmyyyy/ xx	Brain	Other: xxxxxxxx	CT scan (with contrasts)	xxxxxxx
		ddmmmyyyy/ xx	Bone	Bone		xxxxxxx
	…					

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier and visit date.

Listing 16.3-1.1 (page 1 of n)
Hematology by Visit
All Treated Patients

Country/ Centre/ Patient	Visit	Sample Date/ Day	Laboratory Number / Name	Parameter	Result (units)	CTC Grade
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	Xxxxxxxxxxxx/ xxxxxxx	WBC	xx (unit)	Xx
				Hemoglobin	xx (unit)	Xx
				Platelets	xx (unit)	Xx
				Hematocrit	xx (unit)	
				Neutrophils	xx (unit)	Xx
				Lymphocytes	xx (unit) L	
				Eosinophils	xx (unit)	
				Basophils	xx (unit)	
				Monocytes	xx (unit) H	
				Other: xxxxx	xx (unit)	
	Baseline Visit 1b	ddmmmyyyy/ xx	Xxxxxxxxxxxx/ xxxxxxx	WBC	xx (unit)	Xx
				Hemoglobin	xx (unit)	Xx

L=Low and H=High relative to normal ranges.
Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by visit date. Any unscheduled assessments should be included and labeled “Unscheduled Visit”.

Listing 16.3-2.1 (page 1 of n)
Blood Chemistry by Visit
All Treated Patients

Country/ Centre/ Patient	Visit	Sample Date/ Day	Laboratory Number / Name	Parameter	Result (units)	CTC Grade
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	Xxxxxxxxxx/ xxxxxxxxxx	Urea	xx (unit)	
				BUN	xx (unit)	
				Creatinine	xx (unit) L	Xx
				LDH	xx (unit) L	
				Total Protein	xx (unit) L	
				Albumin	xx (unit)	Xx
				Total Bilirubin	xx (unit)	Xx
				SGOT(AST)	xx (unit)	Xx
				SGPT(ALT)	xx (unit)	Xx
				Alkaline Phosphatase	xx (unit)	Xx
	Baseline Visit 1b	ddmmmyyyy/ xx	Xxxxxxxxxx/ xxxxxxxxxx	Urea	xx (unit)	
				BUN	xx (unit)	

L=Low and H=High relative to normal ranges.
Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by visit date. Any unscheduled assessments should be included and labeled “Unscheduled Visit”.

Listing 16.3-3.1 (page 1 of n)
Serum Lipid Profile by Visit
All Treated Patients

Country/ Centre/ Patient	Visit	Sample Date/ Day	Laboratory Number / Name	Parameter	Result (units)	CTC Grade
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	Xxxxxxxxxx/ xxxxxxxxxx	Total Cholesterol	xx (unit)	Xx
				Triglycerides	xx (unit)	Xx
				LDL	xx (unit) L	
				HDL	xx (unit) L	
					xx (unit) L	
	Baseline Visit 1b	ddmmmyyyy/ xx	Xxxxxxxxxx/ xxxxxxxxxx	Total Cholesterol	xx (unit)	xx
				Triglycerides	xx (unit)	xx

L=Low and H=High relative to normal ranges.
Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by visit date. Any unscheduled assessments should be included and labeled “Unscheduled Visit”.

Listing 16.3-4.1 (page 1 of n)
Coagulation by Visit
All Treated Patients

Country/ Centre/ Patient	Visit	Sample Date/ Day	Laboratory Number / Name	Parameter	Result (units)
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	Xxxxxxxxxx/ xxxxxxxxxx	PT	xx (unit)
				INR	xx (unit) L
	Cycle 2 Visit 4	ddmmmyyyy/ xx	Xxxxxxxxxx/ xxxxxxxxxx	PT	xx (unit) L
				INR	xx

L=Low and H=High relative to normal ranges.
Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by visit date. Any unscheduled assessments should be included and labeled “Unscheduled Visit”.

Listing 16.3-5.1 (page 1 of n)
Urinalysis Dipstick Analysis by Visit
All Treated Patients

Country/ Centre/ Patient	Visit	Sample Date/ Day	Laboratory Number / Name	Parameter	Result
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	Xxxxxxxxxx/ xxxxxxxxxx	Specific Gravity	Xx
				pH	Xx L
				Protein	Xx
				Glucose	Xx
				Bilirubin	Xx
				Ketones	Xx
				Blood Cells	Xx
				Leukocytes	Xx
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	Xxxxxxxxxx/ xxxxxxxxxx	Specific Gravity	Xx L
				pH	Xx
				Protein	Xx
				Glucose	Xx
				Bilirubin	Xx
				Ketones	Xx
				Blood Cells	Xx
				Leukocytes	Xx

L=Low and H=High relative to normal ranges.
Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by visit date. Any unscheduled assessments should be included and labeled “Unscheduled Visit”.

Listing 16.3-5.2 (page 1 of n)
Urinalysis Microscopic Analysis by Visit
All Treated Patients

Country/ Centre/ Patient	Visit	Sample Date/ Day	Any Abnormal Results	Sample Name	Result	Value
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	No			
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	No			
Xxxxxxxxxx/ Xxxx-xxxxx	Screening Visit 1a	ddmmmyyyy/ xx	Yes	UWBC/HPF Present	Not Present	
				Casts/LPF Present	Present	xxxx

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by visit date. Any abnormal results will be sorted by the order they appear on the CRF.

Listing 16.4-1.1 (page 1 of n)
Concomitant Medications and Non-Drug Therapies
All Treated Patients

Country/ Centre/ Patient	ATC Class/ Preferred Term/ Medication or Non-Drug Therapy	Dose	Frequency	Route	Reason	Start Date/ Day	End Date/ Day
Xxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxx/ Xxxxxxxxxxxxx ^	Xx mg	2x daily	PO	xxxxxxxxxxx	ddmmmyyyy/ xx	ddmmmyyyy/ xx
	Xxxxxxxxxxx/ Xxxxxxxxxxxxx	Xx mg	Xxxxxxx	Nasal	xxxxxxxxxxx	ddmmmyyyy/ xx	ddmmmyyyy/ xx
	Xxxxxxxxxxx/ Xxxxxxxxxxxxx	Xx patch	On demand	Other	xxxxxxxxxxx	ddmmmyyyy/ xx	ddmmmyyyy/ xx
	Xxxxxxxxxxx/ Xxxxxxxxxxxxx	Xx mg	1x weekly	Oral	xxxxxxxxxxx	ddmmmyyyy/ xx	Ongoing
Xxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxx/ Xxxxxxxxxxxxx ^	Xx mg	2x daily	PO	xxxxxxxxxxx	ddmmmyyyy/ xx	Ongoing
	Xxxxxxxxxxx/ xxxxxxxxxxxxx	Xx mg	Xxxxxxx	Nasal	xxxxxxxxxxx	ddmmmyyyy/ xx	ddmmmyyyy/ xx

Day is calculated relative to the day of first dose of study medication.

^ Prior Medication

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by medications/therapies in order of start date (oldest first). Where unit or frequency have been recorded as "other" and then specified, it is only necessary to show the text in the specification (rather than Other: xxxxx). For route it appears from the CRF design that there is no further specification if "Other" is recorded so in this case the listing should just present "Other".

Listing 16.4-2.1 (page 1 of n)
Antineoplastic Therapy Since Discontinuation of Study Drug
All Treated Patients

Country/ Centre/ Patient	Regimen Number	Therapy Type	Medication/ Non-Drug Therapy	Start Date/ Day	Stop Date/ Day
Xxxxxxxxxx/ Xxxx-xxxxx	1	Chemotherapy	xxxxxxxxxx	ddmmmyyyy/ xx	Ongoing
Xxxxxxxxxx/ Xxxx-xxxxx	1	Immunotherapy	xxxxxxxxxx	ddmmmyyyy/ xx	ddmmmyyyy/ xx
Xxxxxxxxxx/ Xxxx-xxxxx	1	Other: xxxxxxxx	xxxxxxxxx	ddmmmyyyy/ xx	ddmmmyyyy/ xx

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier. Therapy should be ordered by Regimen Number.

Listing 16.5-1.1 (page 1 of n)
All Adverse Events
All Treated Patients

Country/ Centre/ Patient	System Organ Class/ Preferred Term/ Verbatim	Serious Adverse Event	Grade	Relationship Suspected? / Action Taken	Resulted in Death?	Start Date/ Day	End Date/ Day	Treatment Emergent Event
Xxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxx/ Xxxxxxxxxxxxxx/ Xxxxxxxxx	Yes	4	No/ No Action Taken	No	ddmmmyyyy/ xx	ddmmmyyyy/ xx	No
	Xxxxxxxxxxx/ Xxxxxxxxxxxxxx/ Xxxxxxxxxxxxxxxx	No	2	No/ Conmed Given	No	ddmmmyyyy/ xx	ddmmmyyyy/ xx	Yes
	Xxxxxxxxxxx/ Xxxxxxxxxxxxxx/ xxxxxxxxxxx	No	1	Yes/ Temporarily stopped study drug	No	ddmmmyyyy/ xx	ddmmmyyyy/ xx	Yes
	Xxxxxxxxxxx/ Xxxxxxxxxxxxxx/ xxxxxxxxxx	No	1	No/ No action taken	No	ddmmmyyyy/ xx	Ongoing	Yes
Xxxxxxxxxx/ Xxxx-xxxxx	Xxxxxxxxxxx/ Xxxxxxxxxxxxxx/ xxxxx	No	2	No/ Permanently stopped study drug	Yes	ddmmmyyyy/ xx	ddmmmyyyy/ xx	No

Day is calculated relative to the day of first dose of study medication.
Adverse events are flagged as resulting in death if the patient dies and the AE end date is the day of death or is missing.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by adverse event in order of start date (oldest first).

The following listings will follow this format:
Listing 16.5-2.1 Deaths Reportable as SAEs - All Patients
Listing 16.5-2.2 Non-Fatal SAEs - All Patients

Listing 16.6-1.1 (page 1 of n)
RECIST Solid Tumor Response Assessment – Target Lesions
All Treated Patients

Country/ Centre/ Patient	Visit	Visit Date/ Day	Lesion Number	Location	Evaluation Method	Date of Baseline Evaluation	Baseline Evaluation Method	Date of Evaluation 1	Evaluation 1 (mm)
Xxxxxxxxxx/ Xxxx-xxxxx	Cycle 3 Visit 7	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x
			2	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x
	Cycle 6 Visit 10	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x
			2	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x
	Cycle 9 Visit 13	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x
			2	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x
	Cycle 12 Visit 16	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x
			2	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x
	Cycle 15 Visit 19	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x
			2	xxxxxxxx	4	ddmmmyyyy	4	ddmmmyyyy	xx.x

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then visit. Lesions should be sorted by Lesion Number. Any unscheduled assessments should be included and labeled “Unscheduled Visit”.

Listing 16.6-1.2 (page 1 of n)
RECIST Solid Tumor Response Assessment – Non-Target Lesions
All Treated Patients

Country/ Centre/ Patient	Visit	Visit Date/ Day	Lesion Number	Location	Evaluation Method	Date of Baseline Evaluation	Baseline Evaluation Method	Date of Evaluation 1	Evaluation 1
Xxxxxxxxxxx/ Xxxx-xxxxx	Cycle 3 Visit 7	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx
			2	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx
	Cycle 6 Visit 10	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx
			2	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx
	Cycle 9 Visit 13	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx
			2	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx
	Cycle 12 Visit 16	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx
			2	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx
	Cycle 15 Visit 19	ddmmmyyyy/ xx	1	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx
			2	xxxxxxxx	4	ddmmmyyyy	4	4	Xxxxxxxx

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then visit. Lesions should be sorted by Lesion Number. Any unscheduled assessments should be included and labeled “Unscheduled Visit”.

Listing 16.6-1.3 (page 1 of n)
RECIST Solid Tumor Response Assessment – Overall Response
All Treated Patients

Country/ Centre/ Patient	Visit	Visit Date/ Day	Evaluation Number	Date of Response	Overall Lesion Response
Xxxxxxxxxx/ Xxxx-xxxxx	Cycle 3 Visit 7	ddmmmyyyy/ xx	1	ddmmmyyyy	Xxxxxxxx
			2	ddmmmyyyy	Xxxxxxxx
	Cycle 6 Visit 10	ddmmmyyyy/ xx	1	ddmmmyyyy	Xxxxxxxx
			2	ddmmmyyyy	Xxxxxxxx
	Cycle 9 Visit 13	ddmmmyyyy/ xx	1	ddmmmyyyy	Xxxxxxxx
			2	ddmmmyyyy	Xxxxxxxx
	Cycle 12 Visit 16	ddmmmyyyy/ xx	1	ddmmmyyyy	Xxxxxxxx
			2	ddmmmyyyy	Xxxxxxxx
	Cycle 15 Visit 19	ddmmmyyyy/ xx	1	ddmmmyyyy	Xxxxxxxx
			2	ddmmmyyyy	Xxxxxxxx

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then visit. Evaluations should be sorted by Evaluation Number. Any unscheduled assessments should be included and labeled “Unscheduled Visit”.

Listing 16.6-1.4 (page 1 of n)
Survival Status at End of Study
All Treated Patients

Country/ Centre/ Patient	Current Status	Death Date/ Day	Principal Cause of Death	Last Contact Date/ Day
Xxxxxxxxxx/ Xxxx-xxxxx	Alive			ddmmmyyyy/ xx
Xxxxxxxxxx/ Xxxx-xxxxx	Lost to Follow-up			ddmmmyyyy/ xx
Xxxxxxxxxx/ Xxxx-xxxxx	Dead	ddmmmyyyy/ xx	Other: xxxxxxxxxxxxxxxxxxxxxx	
Xxxxxxxxxx/ Xxxx-xxxxx	Alive			ddmmmyyyy/ xx
Xxxxxxxxxx/ Xxxx-xxxxx	Dead	ddmmmyyyy/ xx	Study Indication	

Day is calculated relative to the day of first dose of study medication.

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.6-1.5 (page 1 of n)
Progression and Survival Details
All Treated Patients

Country/ Centre/ Patient	Progression Status	Date of First Progression Event	Days from Start of Treatment to Progression	Survival Status	Date of Death/ Last Contact	Days from Start of Treatment to Death	Disease Control	Objective Response	Duration of Response (Days)
Xxxxxxxxxx/ Xxxx-xxxxx	Progression	ddmmmyyyy	xx	Dead	ddmmmyyyy	xx	No	No	
Xxxxxxxxxx/ Xxxx-xxxxx	No Progression	ddmmmyyyy	xx^	Alive	ddmmmyyyy	xx^	Yes	Yes	xx
Xxxxxxxxxx/ Xxxx-xxxxx	Progression	ddmmmyyyy	xx	Alive	ddmmmyyyy	xx^	No	No	
Xxxxxxxxxx/ Xxxx-xxxxx	No Progression	ddmmmyyyy	xx^	Alive	ddmmmyyyy	xx^	Yes	Yes	xx^

^Censored

Programming note: Data ordered by country (alphabetically) then centre/patient identifier.

Listing 16.7-1.1 (page 1 of n)
Comments Listing
All Patients

Country/ Centre/ Patient	Cycle	Page Number	Comments
Xxxxxxxxxx/ Xxxx-xxxxx	Cycle 1	Xxx	Xxxxxxxx xxxxxxx xxxxx xxxxxxxxxxx xxxxxxx Xxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxx
	Cycle 4	Xxx	Xxxxxxxxx xxxxxxxxxx xxxxxxxxxxxxxx xxxxxxxxxxx xxxxxx
Xxxxxxxxxx/ Xxxx-xxxxx	Cycle 2	Xxx	Xxxxxxxxx xxxxxxxxxx xxxxxxxx xxxxxxxx
Xxxxxxxxxx/ Xxxx-xxxxx	End of Treatment	Xx	Xxxxxxxxx xxxxxxxxxx xxxxxxxx xxxxxxxx

Programming note: Data ordered by country (alphabetically) then centre/patient identifier then by cycle and page number.