Statistical Analysis Plan

TauRx Therapeutics Ltd

TRx-237-020

An Open-Label, Extension Study of the Effects of Leuco-methylthioninium bis(hydromethanesulfonate) in Subjects with Alzheimer's Disease or Behavioral Variant Frontotemporal Dementia

VERSION 3.0, 24 March 2016

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Approval

Upon review of this document, including table, listing, and figure shells, the undersigned approves the Statistical Analysis Plan. The analysis methods and data presentation are acceptable.

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LIST OF ABBREVIATIONS

AChEI	acetylcholinesterase inhibitor
AD	Alzheimer's Disease
AE	adverse event
AESI	adverse event of special interest
ALK-P	alkaline phosphatase
ALT	alanine aminotransferase
AST	aspartate aminotransferase
ATC	Anatomical Therapeutic Chemical
BMI	body mass index
BP	blood pressure
bpm	beats per minute
bvFTD	behavioral variant Frontotemporal Dementia
°C	degrees Celsius
CA	Competent Authority
CK	creatine kinase
cm	centimeter(s)
CNS	central nervous system
CRF	case report form
CS	clinically significant
CSR	clinical study report
DBP	diastolic blood pressure
EC	Ethics Committee
ECG	electrocardiogram
eGFR	estimated glomerular filtration rate
EQ-5D-5L	EuroQol – 5 Dimension – 5 Level
g, kg, mg	gram, kilogram, milligram
GGT	gamma-glutamyl transpeptidase
HCT	hematocrit
HR	heart rate
ICH	International Conference on Harmonisation
IP	investigational product

LIST OF ABBREVIATIONS	
IRB	Institutional Review Board
IWRS	interactive web response system
K	Potassium
L, dL, mL	liter, deciliter, milliliter
LDH	lactate dehydrogenase
LMTM	leuco-methylthioninium bis(hydromethanesulfonate)
MCH	mean corpuscular hemoglobin
MCHC	mean corpuscular hemoglobin concentration
MCV	mean cell volume
MedDRA	Medical Dictionary for Regulatory Activities
mEq	milliequivalent
mmHg	millimeters of mercury
mmol	millimole
MMSE	Mini-Mental State Examination
msec	millisecond
Na	Sodium
NCS	Non-clinically significant
PCS	Potentially Clinically Significant
PCST	Treatment-emergent PCS post-baseline worsening
PT	MedDRA preferred term
QTcB	Bazett's QT correction
QTcF	Fridericia's QT correction
RBC	red blood cell
RTF	rich text format
RUD Lite	Resource Utilization in Dementia – short version
SAE	serious adverse event
SAP	statistical analysis plan
SAR	serious adverse reaction
SBP	systolic blood pressure
SD	standard deviation
SI	The International System of Units
SOC	MedDRA System Organ Class
TSH	thyroid stimulating hormone

LIST OF ABBREVIATIONS	
ULN	upper limit of normal
WBC	white blood cell
WHO	World Health Organization

1. INTRODUCTION

This document outlines the statistical methods to be implemented during the analysis of data collected within the scope of TauRx Therapeutics Ltd Protocol TRx-237-020, An Open-Label, Extension Study of the Effects of Leuco-methylthioninium bis(hydromethanesulfonate) (LMTM) in subjects with Alzheimer's Disease (AD) or Behavioral Variant Frontotemporal Dementia (bvFTD). The purpose of this statistical analysis plan (SAP) is to provide specific guidelines from which the analysis will proceed. Any deviations from these guidelines will be documented in the clinical study report (CSR).

This SAP is based on the final protocol Version 3.0, approved 24 March 2016. The data presented for this study will characterize subjects at study entry and report safety data restricted to study-emergent information.

2. STUDY OBJECTIVES

The primary objectives of this open-label extension study of LMTM in subjects with AD or bvFTD are:

1. To provide subjects who have completed participation in a Phase 2 or Phase 3 trial continued access to therapy, and
2. To evaluate the long-term safety and tolerability of LMTM given in flexible doses of up to 300 mg/day, or in those countries where limited by a Competent Authority (CA) or Ethics Committee (EC), 200 mg/day.

3. STUDY DESIGN AND PLAN

This study is a multicenter, open-label extension study of LMTM in subjects with mild to moderate AD or bvFTD at the time they first enrolled in a double-blind trial sponsored by TauRx. Specifically, participation in this study will be offered to any subject who completed participation in Studies TRx-237-005, TRx-237-008, or TRx-237-015 (AD subjects) or TRx-237-007 (bvFTD subjects). Only AD subjects who have completed the full double-blind period of the originating studies (including the one-month post-treatment follow-up), or bvFTD subjects who completed the full double-blind treatment period through Visit 9 in TRx-237-007, are eligible for inclusion in this open-label extension study.

The study will be open only to approximately 170 participating sites in North America, Asia, Australia, and Europe.

Subjects may enter this study at the final designated visit in the double-blind study, provided subjects and caregivers have had sufficient time to consider the study prior to giving consent, or at any subsequent time. Subjects may continue participation at the same site at which they participated in the originating double-blind study or, if an AD subject, transfer to a geographically close investigational site (that also participated in the same study). Eligibility for continued open-label treatment is to be determined by the original investigator and, if applicable, a referral to a new site made. The new investigator will have access to the subject's prior study case report forms (CRFs) and is to confirm eligibility. Baseline testing can be repeated as necessary in the judgment of the new investigator. The initial visit will be designated Visit 1. Study drug will be dispensed at each visit, beginning with Visit 1. The study drug will be dispensed in 13-week (± 2-week) supplies.

The first on-treatment visit will occur approximately 2 weeks after Visit 1 (designated Visit 2) for the initial post-treatment safety assessment. During the first year, post-Baseline study visits will occur at approximately 2 weeks (Visit 2), 13 weeks (Visit 3), 26 weeks (Visit 4), 39 weeks (Visit 5), and 52 weeks (Visit 6) after Baseline. Required assessments will be performed at all visits as described in the Schedule of Assessments in Section 3.1. Caregivers will be contacted by telephone at the mid-point between Visits 2 and 3; they will also be asked to contact the investigator in response to any safety concern. An unscheduled visit will be arranged to assess the subject as needed.

Continued participation will be re-evaluated approximately every 12 months on the basis of safety, tolerability, and continued benefit as judged by the investigator. Subjects deemed eligible for continued treatment (and their caregivers) must provide informed consent for re-enrollment. Subjects for whom consent is not provided consistent with national requirements and IRB/EC approval will be discontinued.

For subjects who cease to take LMTM, a post-treatment follow-up visit 4 weeks after the last dose of study drug is to be scheduled, regardless of the reason for discontinuation. Subjects who fail to complete the initial 12-month extension period will not be eligible to continue to receive treatment during any subsequent extension period.

A schematic representation of the first 12 months of the study is provided in Table 3-1.

Table 3-1 Schematic Representation of Study (First 12 Months)

	1st Dose						Last Dose	Follow-up (4 wks after last dose)
Visit	1	2	(T)*	3	4	5	6	-
Week	0	2	5	13	26	39	52	56
Day	1	15	43	92	183	274	365	393
(±days)		(3)	(14)	(14)	(14)	(14)	(14)	(14)

*A telephone contact (T) will occur between the scheduled Weeks 2 and 13 study visits (at approximately Week 6).
Note: The same 13-week visit schedule will be maintained for continued treatment beyond the first 12 months (if there is re-consent approximately every 12 months), with no requirement for the Week 2 visit in the second or any subsequent year of participation.

3.1 Schedule of Assessments

Baseline safety assessments may be made at the final designated visit of the prior TauRx study in which the subject was enrolled. For purposes of the open-label extension, these will be designated as Baseline (Visit 1, Day 1). If Visit 1 does not coincide with the final designated visit of the previous double-blind study of participation, medical history, concomitant medication use, and adverse events (AEs) should be updated; serum pregnancy testing should be performed in women of childbearing potential. If more than 42 days have elapsed since that final visit, additional baseline safety assessments must be repeated. The additional safety assessments include clinical laboratory testing (e.g., hematology and serum chemistry panels), vital signs (seated blood pressure and pulse, temperature, and respirations), body weight, targeted physical and neurological examinations (including an assessment for signs and symptoms of serotonin toxicity), and 12-lead Electrocardiogram (ECG). If needed to confirm eligibility or to evaluate an AE, unscheduled local 12-lead ECG testing and/or physical and neurological examinations may be performed if judged to be required by the investigator for any given subject. Baseline assessments may be repeated (also within 42 days) as determined by the new investigator for AD subjects transferring to a different site.

Safety assessments (described further in Section 7 of the TRx-237-020 protocol) will be repeated at each visit, i.e., approximately 2 weeks post-Baseline and at visits occurring approximately every 3 months (13 weeks) relative to Baseline (or upon early termination). These assessments include adverse event and concomitant medication recording, vital signs (seated blood pressure and pulse, temperature, and respirations), body weight, targeted physical and neurological examinations (including an assessment for signs and symptoms of serotonin toxicity), clinical laboratory testing (e.g., hematology and serum chemistry panels), and serum pregnancy testing in women of childbearing potential. A

12-lead ECG will be obtained in triplicate approximately every 6 months (or upon early termination).

The EuroQol – 5 Dimension – 5 Level (EQ-5D-5L) scale, applied to the subject and to the caregiver on behalf of the subject, will be evaluated at Baseline (as it is not used in the Phase 3 studies of prior participation). The Resource Utilization in Dementia – short version (RUD Lite) will be also be evaluated at Baseline if not available from within the prior 42 days. These evaluations will be repeated approximately every 6 months, i.e., approximately 26 and 52 weeks after Baseline.

The same 13-week schedule of in-clinic safety assessments will be maintained for continued treatment beyond the first 12 months (if there is re-consent approximately every 12 months), with no requirement for the Week 2 visit or Week 6 telephone contact in the second or any subsequent year of participation. Continued treatment will be restricted to those subjects for whom continued benefit is expected by the investigator to outweigh risk and informed consent is provided.

Additional targeted examinations may be performed as clinically indicated (e.g., in the event of an AE that requires such follow up or any reported change in the subject's physical condition).

Post-treatment safety assessments will be conducted at the follow-up visit to be scheduled to occur approximately 4 weeks after the last dose of study drug (End of Treatment or Early Termination). These visits should be scheduled for all subjects.

A schedule of assessments (the first 12 months of the study) is shown in Table 3-2.

Table 3-2: Schedule of Assessments (First 12 Months)

Visit Name	Baseline	First 12 Month Open-Label Extension					Follow-up
Overall Visit Number:	1	2*	3	4	5	6 (End of Treatment or Early Termination)	
Months Relative to Baseline Day:	--	--	3	6	9	12	13
Weeks Relative to Baseline Day:	--	2	13	26	39	52	56
(Allowable Time Window in days):	--	(±3)	(±14)	(±14)	(±14)	(±14)	(±14)
Informed Consent (Subject and Caregiver) (M)	X					X	
Inclusion/Exclusion Criteria Review (M)	X						
Concomitant Medication Recording/ Review (M)	X	X	X	X	X	X	X
Adverse Events / Medical History Review (M)	X	X	X	X	X	X	X
Study Drug Dispensing	X		X	X	X	X	
Study Drug Compliance Assessment		X	X	X	X	X	
Blood Samples for Laboratory Tests	X	X	X	X	X	X	X
Serum Pregnancy Test (women of childbearing potential)	X	X	X	X	X	X	X
Seated Blood Pressure and Pulse	X	X	X	X	X	X	X
Temperature and Respiratory Rate	X	X	X	X	X	X	X
Body Weight	X	X	X	X	X	X	X
ECG	X			X		X	X
Physical and Neurological Exam (including an assessment for signs and symptoms of serotonin toxicity)	X	X	X	X	X	X	X
MMSE (to inform the evaluation for possible serotonin toxicity)	X			X		X	X
RUD Lite	X			X		X	
EQ-5D-5L	X			X		X	

*A documented telephone contact will occur between the scheduled Visit 2 and 3 study visits, scheduled to occur at approximately Week 6 (± 14 days) and will include AE and concomitant medication review.
Note: The same 13-week schedule of in-clinic safety assessments will be maintained for continued treatment beyond the first 12 months (if there is re-consent approximately every 12 months), with no requirement for the Week 2 visit in the second or any subsequent year of participation.

3.2 Assignment of Treatment

This is not applicable to this open-label study as all subjects will receive LMTM.

Treatment assignment from the prior double-blind clinical study will be recorded in a listing.

Subjects will be assigned a study identification number with the first three digits for the study (020), the next two letters for the country, the next three digits for the site, and the last two digits for the sequential order of enrollment at a given site. These study identification numbers will be listed along with the subject's study identification number in the prior study. Subjects that have switched sites for this study will be flagged.

3.3 Study Treatment

Study drug is provided as 100-mg tablets. The intended schedule of dosing is twice daily, with or without meals.

The initial LMTM dose for all subjects will be 200 mg/day, except for subjects from Study TRx-237-007 who were taking a reduced dose (i.e., 100 mg/day) and who should continue taking this reduced regimen upon entering this extension study. Thereafter, dosing will be flexible (in 100-mg decrements or increments). The dose may be increased (at Visit 3 or at any subsequent dispensing visit as determined by the investigator during the treatment period) or decreased (at any time at or after Visit 2) in response to benefit as judged by the investigator and safety and tolerability. The maximum allowable dose is 300 mg/day (or in those countries where limited by a CA or EC, 200 mg/day). The dose may also be interrupted at any time as needed (for up to 30 days at any one time). Study drug and regimens, including dose interruptions and modifications in response to adverse events, are further described in Section 6 of the TRx-237-020 protocol.

4. GENERAL ANALYSIS CONSIDERATIONS

The Safety population will include all subjects who take at least one dose of study drug. All analyses described in this SAP will be based on the Safety Population. All subjects entering the study, even if not known to have taken a dose, will be accounted for in a listing.

The statistical analyses will be reported using summary tables, figures, and data listings. Continuous variables will be summarized with means, standard deviations, medians, minimums, and maximums. Categorical variables will be summarized by counts and by percentage of subjects in corresponding categories.

For purposes of calculations of change from baseline, Baseline (Visit 1) for the open-label study will be used. Depending on the parameter, the data may have been acquired during the double-blind study of prior participation.

Summary tables will present results by diagnosis (AD or bvFTD) and an "All Subjects" column.

Individual subject data obtained from the CRFs (including mapped data[1]), central clinical laboratory (local laboratory results are entered on the CRFs), and any derived data will be presented by subject in data listings. Listings will include relative study day, where negative values will indicate visits prior to first dose of study drug in 020, and any data collected after discontinuation of study drug will be flagged as follow-up. All data captured on the CRF, including specific descriptions of 'other' and comments fields, will be included on the listings. Listings will be sorted by subject number.

All analyses and tabulations will be performed using SAS® Version 9.4 or higher. Tables, listings, and figures will be presented in RTF format. Upon completion, all SAS® programs will be validated by an independent programmer. In addition, all program output will undergo a senior level statistical review. The validation process will be used to confirm that statistically valid methods have been implemented and that all data manipulations and calculations are accurate. Checks will be made to ensure accuracy, consistency with this plan, consistency within tables, and consistency between tables and corresponding data listings. Upon completion of validation and quality review procedures, all documentation will be collected and filed by the project statistician or designee.

4.1 Conventions

The precision of original measurements will be maintained in summaries, when possible. Means, medians and standard deviations will be presented with an increased level of precision; means and medians will be presented to one more decimal place than the raw data, and the standard deviations will be presented to two more decimal places than the raw data.

[1] Mapped data consists of medical history, concomitant medication, and AE data obtained during the prior studies and imported into the 020 database (for handling of these data see Sections 5.5, 5.6, and 7.1, respectively).

Unless otherwise specified, summaries of continuous variables that have some values recorded using approximate values (e.g., < or >) will use imputed values. The approximate values will be imputed using the closest exact value for that measurement. For tables where rounding is required, rounding will be done to the nearest round-off unit. For example, if the round-off unit is the ones place (i.e., integers), values ≥ XX.5 will be rounded up to XX+1 while values < XX.5 will be rounded down to XX.

For percentages, unless they are calculated to be exactly 0% or 100%, values of very small or very large percentages will be reported as <0.1% and >99.9%.

For by-visit tables, percentages will be based on available data and denominators will generally exclude subjects with missing values. For frequency counts of categorical variables, categories whose counts are zero will be displayed for the sake of completeness. For example, if none of the subjects discontinue due to "lost to follow-up", this reason will be included in the table with a count of 0.

4.2 Standard Calculations

Variables requiring calculation will be derived using the following formulas:

- **Baseline** - A baseline value, unless specified otherwise, is the last non-missing value recorded prior to the first dose of study drug in 020. If an assessment has the same date as the date of first dose of study drug in 020, the assessment will be counted as baseline (depending on the parameter, the data may have been acquired during the double-blind study of prior participation).
- **Study day** – For a given date (*date*), study day is calculated as days since the date of first dose of study drug in the open-label extension (*firstdose*):

  Study day = date – firstdose + 1, where date ≥ firstdose
  Study day = date – firstdose, where date < firstdose
- **Days** – Durations, expressed in days, between one date (*date1*) and another later date (*date2*) are calculated using the following formula: duration in days = (date2-date1+1).
- **Weeks** – Durations, expressed in weeks, between one date (*date1*) and another later date (*date2*) are calculated using the following formula: duration in weeks = (date2-date1+1)/7.
- **Months** – Durations, expressed in months, between one date (*date1*) and another later date (*date2*) are calculated using the following formula: duration in months = (date2-date1+1)/30.4375.

- **Years** – Durations, expressed in years, between one date (*date1*) and another later date (*date2*) are calculated using the following formula: duration in years = (date2-date1+1)/365.25.
- **Body Mass Index (BMI)** - BMI (kg/m^2) = weight (kg) / [height (cm)/100]^2
- **Estimated Glomerular Filtration Rate (eGFR) -**
  eGFR ($mL/min/1.73\ m^2$) = 175 × (serum creatinine in mg/dL)$^{-1.154}$ × (Age in years)$^{-0.203}$ × (0.742 if female) × (1.212 if African American).

Note that age on consent date is collected on the CRF and will not be calculated.

4.3 Handling Partial Dates

If only a partial date is available and is required for a calculation, the following standards will be applied:

- Start dates
  a. For missing start day only in 020 - Day will be imputed as the first day of the month (i.e., 1) with the following exception: if the partial date falls in the same month and year as the date being used in the calculation (e.g., first dose date in 020, informed consent date for 020), then the partial date will be imputed to equal the date being used for the calculation. If the partial date is used for multiple calculations, then the earliest date will be used.
  b. For missing start day and month in 020 - Day and month will be imputed as the first day of the year (i.e., 1 January) with the following exception: if the partial date falls in the same year as the date being used in the calculation (e.g., first dose date in 020, informed consent date for 020), then the partial date will be imputed to equal the date being used for the calculation. If the partial date is used for multiple calculations, then the earliest date will be used.
  c. For missing start day only that is mapped from a previous study - Day will be imputed as the first day of the month (i.e., 1) with the following exception: if the partial date falls in the same month and year as the date being used in the calculation (e.g., first dose date, informed consent date), then the partial date will be imputed to equal the date being used for the calculation. If the partial date is used for multiple calculations, then the earliest date will be used.
  d. For missing start day and month that is mapped from a previous study - Day and month will be imputed as the first day of the year (i.e., 1 January) with the following exception: if the partial date falls in the same year as the date

being used in the calculation (e.g., first dose date, informed consent date), then the partial date will be imputed to equal the date being used for the calculation. If the partial date is used for multiple calculations, then the earliest date will be used.

- Stop dates
    a. For missing stop day only - Day will be imputed as the last day of the month (i.e., 28, 29, 30, or 31) or the last day of study contact if earlier
    b. For missing stop day and month - Day and month will be imputed as the last day of the year (i.e., 31 December) or the last day of study contact if earlier

The date of last dose of study drug will be taken from the Study Exit Status CRF page. If this is missing, then the last visit date, excluding the follow-up visit, will be used, unless a data review indicates a different date. Similarly, if other key dates are missing, a review will be undertaken to aid imputation of these.

Any partial dates will be displayed in data listings without imputation of missing days and/or months (e.g., MAR2011, 2009).

4.4 Visit Windows

Since study visits do not always take place exactly as scheduled in the protocol, it is necessary to assign the actual observation times to "analysis visit windows" for analysis purposes. Post-baseline visit windows for each target visit are defined in Appendix A, and will be applied to all measurements. For each summary and value if there are multiple values within a visit window, the "worst" value as defined in Appendix D will be used for that visit window summary. These visit windows will be applied to all visits, including scheduled, unscheduled, and early termination visits.

5. STUDY POPULATION

5.1 Analysis Population

The safety population is defined as all subjects who received at least one dose of LMTM in 020. Subjects dispensed study medication who subsequently are lost to follow up without any contact are not included in the Safety Population but will be included in the study disposition tabulation and listings. With the exception of study disposition, all tables and listings will be generated on the basis of the Safety Population.

5.2 Subject Disposition

Subject disposition information will be summarized for all subjects, overall and by region, country and site. Summaries will include: the number of subjects, (discontinued or completed), all reasons for discontinuation, and the primary reason for discontinuation.

The timing of the early discontinuations will be assessed by summarizing discontinuations by reason during each of the following time periods, overall and by region:

- Day 1
- Days 2 - 53
- Days 54 - 137
- Days 138 - 228
- Days 229 - 319
- Days 320 - 410
- Days 411 - 501
- Days 502 - 591
- Days 592 - 683
- > 683 Days

5.3 Protocol Deviations

In accordance with ICH E3, Sponsor-defined eligibility violations and important post-baseline protocol deviations will be identified and listed separately by study site and subject. Sources for these deviations may include IWRS, CTMS (Clinical Trial Management System) and the clinical database. Deviations will be classified as follows:

Deviation type/code as provided by Sponsor:

- Informed consent
- Safety
- IP / Treatment deviation
- Other protocol deviations

Deviations are then categorized into:

- Critical
- Major
- Minor

A tabulation of protocol deviations by type/code overall and by categorization will be provided. A by-subject listing of deviations will also be provided.

5.4 Demographic and Baseline Characteristics

Tabular summaries of demographics will be prepared based on data collected at the Baseline visit for the prior study and at the baseline for the open-label extension study. These include the following: age, sex, ethnicity, race and geographic region. Age at informed consent for participation in the prior study will be imported into the 020 CRF from IWRS (it is not entered by the site).

General study-specific baseline characteristics to be summarized include the following: height, weight and body mass index (BMI).

Summaries of demographic and baseline characteristics will also be provided by region, country and site.

Additional demographic and baseline characteristics will be presented in a listing only, including childbearing status (for females), main method of adequate contraception, subject's living accommodation, and with whom they live.

5.5 Medical History

There are two CRFs contributing medical history data.

- Prior Study – Medical History CRF: Medical history as recorded during prior studies 005, 007 and 015 will be automatically uploaded to the Prior Study – Medical History CRF and medical history recorded during the 008 study will be recopied from the 008 records by the site to the Prior Study – Medical History CRF.
- Medical History CRF: Medical History discovered since the last visit in the prior study that is considered clinically relevant by the Investigator as well as prior study AEs that, at the Investigator’s discretion, are judged clinically relevant will be recorded on the Medical History CRF.

Verbatim terms on CRFs will be coded to preferred term (PT) and system organ class (SOC) using the Medical Dictionary for Regulatory Activities (MedDRA) (version 16.0). The coding process is described in the Data Management Plan.

The number and percentage of subjects with a given medical history will be summarized for both CRFs combined for each system organ class and preferred term. The verbatim and coded medical histories from both CRFs will also be included in a listing. Newly added medical history will be flagged.

5.6 Concomitant Medications

There are two CRFs contributing concomitant medication data.

- Prior Study - Concomitant Medications CRF: Concomitant medications as recorded during prior studies 005, 007 and 015 will be automatically uploaded to the Prior Study – Concomitant Medications CRF. These mapped medications will be available to the investigator at Visit 1 to use as a resource for completing the Concomitant Medications CRF. Concomitant medications recorded during the 008 study will be recopied from the 008 records by the site to the Prior Study – Concomitant Medications CRF.
- Concomitant Medications CRF: During Visit 1, all medications that were ongoing at the end of the prior study will be recopied by the site to the Concomitant Medications CRF. At each visit, any changes to existing concomitant medications and any new concomitant medications will be reviewed and recorded in the Concomitant Medications CRF. The date of commencement, dose, and date of any change of dose of concomitant medications are to be recorded.

Verbatim terms on case report forms will be coded to Anatomical Therapeutic Chemical (ATC) classes and Generic Drug Names using the World Health Organization (WHO) dictionary (WHODDE B2, March 1, 2013 release). The coding process is described in the Data Management Plan.

Each of the below summaries will be presented for each of the following:

1. Concomitant medications that were ongoing on Day 1 of dosing (pre-existing) - source is the Concomitant Medications CRF.
2. Concomitant medications that started on or after Day 1 of dosing (study-emergent) - source is the Concomitant Medications CRF.
3. All concomitant medications, whether pre-existing or study-emergent (merge of ongoing medications from the Prior Study - Concomitant Medications CRF and medications that were ongoing on Day 1 of dosing and medications that started on or after Day 1 of dosing from the Concomitant Medications CRF).

Concomitant medications will be summarized by WHO ATC classification level 1 term, ATC level 3 term and Preferred Term (generic name) with frequency and percentage of subjects. At each level of subject summarization, a subject is counted once if he/she reported one or more medications at that level. Each summary will be ordered alphabetically by each level of ATC class and generic drug name within each level of ATC class.

Concomitant medications will be listed with these elements as well as the verbatim drug name. Pre-existing medications, new medications as of the start of this study and medications that are initiated after the last dose of study drug will be flagged.

Prior medications will also be listed (separately). Prior medications are defined as those medications that were either started or ongoing at the end of the prior study participation and were stopped prior to the 020 first dose date.

6. EXTENT OF EXPOSURE

There are four sources of data for determining exposure:

- The date of the first dose is collected on the First Dose of Study Drug CRF.
- The Drug Accountability CRF provides a sequential record of dispensing and return of tablets (including kit ID dispensed and a comment field).
- The Dose Adjustment / Interruption Log CRF provide a record of the start and stop dates of each treatment interruption and dose change (including a comment field).
- The Study Exit Status CRF provides a record of the date of the last dose of study drug.

For each subject, the total duration of exposure, exposure accounting for interruptions, mean and modal daily doses (including a dose of 0 for days not dosed and dose adjustments when applicable), highest daily dose, cumulative dose and dosing compliance, will be summarized descriptively. Notations on the Drug Accountability Log CRF about missed doses are not accounted for programmatically; these will be included in the listing.

Total duration of exposure is defined as the difference between the last dose date and the first dose date, plus 1 day. The total exposure duration defined above includes any periods where the dose is interrupted. A second calculation of exposure duration that excludes dose interruptions will also be performed.

Mean daily dose is calculated as follows:

$$\frac{\sum_{i=1}^{n} \text{Dose}_i(\text{mg/day}) \times \text{Duration(days) on Dose}_i}{\text{Total Duration (days)}}$$

The cumulative dose (i.e., the numerator in the above formula) will also be summarized.

Compliance rate over the entire treatment period is calculated using the following formula:

$$\frac{\text{(Total Tablets Dispensed} - \text{Total Tablets Returned)}}{\sum_{i=1}^{n} \text{Duration of Dose}_i \times \text{Frequency}_i - \sum_{j=1}^{m} \text{Duration of Dose Interruption}_j \times \text{Frequency of Interrupted Dose}_j}$$

where

- Duration of Dose$_i$ is defined as the last dose date - the first dose date +1 for the i^{th} dosing regimen administered.
- Duration of Dose Interruption$_j$ is defined as the date of dose restart/adjustment – the date of the dose interruption for the j^{th} dose interruption.
- Frequency$_i$ is the number of tablets taken daily during the i^{th} dosing regimen.
- Frequency of Interrupted Dose$_j$ is the number of tablets taken daily during the dosing regimen that was interrupted.

This analysis will be repeated for subjects who returned an adequate amount of packages to allow for a meaningful calculation.

The frequency and percentage of subjects in the following duration of exposure categories (based on total duration of exposure, inclusive of interruptions) will be presented according to target visit windows defined in Appendix A.

The cumulative number and percentage of subjects across the categories will also be summarized, as well as total subject years of exposure, defined as the sum of exposure in years, will also be presented.

All study drug administration and compliance data will be presented in listings, including chronological dates of administration, number of tablets dispensed and returned with corresponding package ID, treatment duration, mean and modal daily dose, compliance, and any associated comments.

An additional listing will provide a chronological record of study drug administration including the first dose and any subsequent dose increases, reductions, or interruptions, and any associated comments.

7. SAFETY ANALYSES

7.1 Adverse Events

There are two CRFs contributing adverse event data.

- Prior Study – Adverse Events CRF: All adverse events as recorded during prior studies 005, 007 and 015 will be automatically uploaded to the Prior Study – Adverse Events CRF and and adverse events recorded during the 008 study will be recopied from the 008 records by the site to the Prior Study – Adverse Events CRF. The only field that can be modified by the site is the OLEX end date as applicable. Additionally there is a comment field where text can be entered by site.
- Adverse Event CRF: New adverse events or changes to an existing adverse event will be recorded on the Adverse Event CRF.

Adverse events will be coded to SOC and PT using MedDRA (version 16.0). The coding process is described in the Data Management Plan.

AEs are grouped as follows and source(s) of data identified:

1. Prior AEs: AEs that were ongoing at the end of the prior study but that resolved before Day 1 of dosing in 020 or that started and resolved during the gap between studies. The source would be both the Prior Study – Adverse Events CRF and the (020) Adverse Event CRF.
2. Pre-existing AEs: AEs that were ongoing on Day 1 of dosing in 020 - source is the Prior Study – Adverse Events CRF. The source would be both the Prior Study – Adverse Events CRF and the (020) Adverse Event CRF.

3. Study-emergent AEs: AEs that started on or after Day 1 of dosing in 020, excluding post-treatment AEs (defined in #5 below). The source would be the (020) Adverse Event CRF.
4. All AEs: Whether pre-existing or study-emergent (merge of AEs that were ongoing on Day 1 of dosing) excluding post-treatment AEs. Sources are the Prior Study – Adverse Events CRF and the (020) Adverse Event CRF) (note, this is a merge of #2 and 3 above *only*).
5. Post-treatment AEs: The study-emergent AEs (3# above) that have an onset more than 14 days after the last dose of study drug or that worsen in intensity or treatment attribution following discontinuation more than 14 days after the last dose of study drug.

The tabular summaries will be provided for AEs, with the number and percentage of subjects reporting each type of event. If a subject reports the same preferred term more than once, it is counted only once within that category. Further, for a given tabulation, the preferred term will only be counted once at its worst severity and strongest relationship to treatment.

After missing date imputation, if the end date and start date of two or more AEs with the same Preferred Term are less than or equal to two days apart, then the AE will be considered to be the same event and will be counted as one event. If the end date is missing for the first AE or the start date for the sequential AE is before the end date for the first AE, then the AEs will be considered one event and will be counted once. In every other case, the events will be counted separately.

The following summaries will be provided for AE categories 2-4 above:

- An overall summary of AEs summarizing the number and percent of subjects, and the number of unique AEs, in the following categories: any AE, severe AE, AE related to study drug, serious AE, related serious AE (serious adverse reaction or SAR), AE with outcome of death, adverse events of special interest (AESIs), AE leading to dose reduction, AE leading to dose interruption, AE leading to withdrawal of study drug, and AE leading to dose reduction, dose interruption, or withdrawal of study drug.
- Number of subjects who experienced AEs and total number of unique AEs by MedDRA SOC and PT.
- Number of subjects who experienced AEs by MedDRA SOC, PT, and worst severity.

- Number of subjects who experienced AEs by MedDRA SOC, PT, and strongest relationship[2] to study drug (Related/Not Related). Events reported as "Possibly Related," or "Related" will be included in the Related category. Events reported as "Unlikely Related" or "Not Related" will be included in the Not Related category. At each level of subject summarization a subject is classified according to the strongest relationship, as determined by the investigator, if the subject reported one or more events. AEs with a missing relationship will be considered related for this summary.
- Number of subjects who experienced serious AEs (SAEs) and total number of unique serious AEs by MedDRA SOC and PT (and subsets for fatal and nonfatal SAEs as well as related SAEs (SARs), as described above).
- Number of subjects who experienced severe AEs and total number of unique severe AEs by MedDRA SOC and PT. AEs with missing severity will be considered severe for inclusion in this summary.
- Number of subjects who experienced AEs leading to change in dose and total number of unique AEs leading to change in dose (dose reduction, dose interruption, and study drug withdrawal, separately and combined) by MedDRA SOC and PT.
- Number of subjects who experienced unique protocol-specified AESIs and total number of unique protocol-specified AESIs by MedDRA SOC and PT.

The above summaries of AEs will also be presented for non-AChEI (acetylcholinesterase inhibitor)/Memantine users. Selected summaries of AEs will also be presented by diagnosis and prior study treatment. Depending on controlled study results, analyses of selected TauRx AE groupings may be undertaken.

A tabular summary of post-treatment adverse events (#5 above) by MedDRA SOC and PT will be provided.

The AE listing will include Prior AEs, All AEs, and Post-treatment AEs (#1, 4, and 5 above). Prior AEs, Pre-existing AEs and Post-treatment AEs will be flagged.

In addition, listings will also be provided for study-emergent or post-treatment SAEs (including subsets for fatal and non-fatal SAEs), study-emergent AEs leading to dose reduction, interruption or study drug withdrawal, and study-emergent or post-treatment AESIs. Post-treatment AEs will be flagged.

[2] Relationship is determined by the Investigator

7.2 Clinical Laboratory Evaluation

Central laboratory data are transferred electronically by Covance. The Data Transfer Specification document provides a detailed description of the content and format of the laboratory datasets. Both conventional and SI units are provided and will be summarized in separate tables and listings. The eGFR values will be calculated and included in the tables and listings for clinical chemistry parameters.

Results from local laboratories are entered into the CRF by the site; these will not be included in summary tabulations but will be included in the data listings together with the corresponding normal ranges. Values for local laboratory parameters will be converted to the corresponding alternative units, either conventional or SI, depending on how reported.

For the summary tabulations of laboratory results, Baseline is defined as the last non-missing value prior to first dose of study drug in 020. Laboratory tests obtained on the date of the first dose will be assigned to pre-treatment. For each analyte, Baseline values will be restricted to those subjects in the safety population for whom there is at least one post-Baseline value (either overall or for the corresponding target visit). Any lab result 14 or more days after the last dose will be considered post-treatment.

Visit windows are used when results are presented by target visit (see Appendix A). For each analyte, if a subject has multiple values within a visit window, the "worst" value as defined in Appendix D will be used for that visit window summary.

Results of all continuous laboratory parameters will be summarized using descriptive statistics at baseline and at each post-baseline target visit; the last available on-treatment value and post-treatment results will also be summarized. The baseline data may come from the prior study, if not repeated in 020. For each subsequent target visit, changes from baseline will also be summarized by the number and percentage of subjects and the mean, median, SD, minimum, and maximum values for continuous laboratory parameters. These will also be prepared for subjects categorized by diagnosis and AChEI/Memantine use.

Box and whisker plots will be presented for selected parameters including hemoglobin, reticulocytes (%), neutrophils, and liver function tests. Other parameters may be identified during data review.

Thresholds for potentially clinically significant (PCS) laboratory abnormalities are defined in Appendix B for selected parameters. When there are thresholds provided for low and high values, they will be handled separately. Summaries will include the number and percent of subjects with treatment-emergent PCS values, restricted to those subjects in

whom the values represent a post-baseline worsening (PCST); the number meeting criteria at baseline will also be summarized. A PCST is defined as any PCS event that happened at any post-baseline visit and has a value more out of range than the value for a particular test at baseline (see Appendix D for directionality of worsening).

Listings of laboratory parameter results will be presented. Listings will include all laboratory flags provided by the central laboratory in the data transfer as well as flags for those that meet criteria for being PCS (whether or not a study-emergent worsening); additionally, results evaluated by the investigator as abnormal/clinically significant will be flagged in the listing. A separate listing for samples that could not be analyzed and the corresponding comments will be provided.

Separate listings for each hematology and chemistry parameter will include only subjects with treatment-emergent PCS values and, for these subjects, all laboratory results for the parameter meeting PCS criteria and related parameters (e.g., ALT, AST, bilirubin, neutrophils, WBC, etc.) will be provided.

7.3 Vital Signs

Vital sign measurements will be summarized descriptively by target visit using the visit windows defined in Appendix A and the last available on-treatment visit; baseline will be the last non-missing value prior to the first dose of study drug. The baseline data may come from the prior study, if not repeated in 020. Vital signs include seated blood pressure and pulse, temperature, respiratory rate, and body weight. Change from baseline will also be calculated and summarized. If a subject has multiple values within a visit window, the "worst" value as defined in Appendix D will be used for that visit window summary.

Potentially clinically significant vital sign changes are defined for selected parameters in Appendix C. When there are thresholds provided for low and high values, they will be handled separately. Summaries will include the number and percent of subjects with treatment-emergent PCS values, restricted to those subjects in whom the values represent a post-baseline worsening (PCST). A PCST is defined as any PCS event that happened at any post-baseline visit and has a value more out of range than the value for a particular parameter at baseline (see Appendix D for directionality of worsening).

Listings of vital sign measurements including height at Screening will be presented. Listings will flag results that meet criteria as being PCS (whether or not a treatment emergent worsening).

Separate listings for each vital sign parameter will include only subjects with study-emergent PCS values and, for these subjects, all corresponding vital sign results will be provided.

7.4 Physical and Neurological Examinations and Serotonin Syndrome (Toxicity)

Targeted examinations were optional prior to protocol version 3.0. With version 3.0 or higher, they are to be performed at every visit (or upon early termination), including the 4-week post-treatment follow-up visit if applicable.

The targeted examinations will be focused on, but not limited to, evaluating subjects for potential serotonin toxicity and also as clinically indicated. At a minimum, they are to include assessments for serotonin toxicity, evaluation of deep tendon reflexes, clonus, and muscle rigidity; size and reactivity of pupils; dryness of oral mucosa; intensity of bowel sounds; skin color; and presence or absence of diaphoresis.

Summaries will present the number and percentage of subjects with normal and abnormal observations by body system/parameter evaluated. By-subject listings will detail any abnormalities.

Ratings for signs and symptoms of serotonin syndrome (toxicity), inclusive of the MMSE, were introduced in protocol version 3.0 and will be performed at each visit. A by-subject listing of all responses will be prepared. A separate listing will be provided for the Mini-Mental State Examination (MMSE) scores.

7.5 Electrocardiography

A 12-lead ECG (triplicate recording) was introduced in protocol version 3.0. Measurements are taken approximately every 6 months thereafter (or upon early termination), including the 4-week post-treatment follow-up visit if applicable. Recordings will be evaluated by a centralized ECG reading facility. Interval data (including QT and corrected QT intervals), ventricular rate, and overall interpretation are to be reported for every ECG. The interval data and ventricular rate are to be noted in the CRF as averages of the three readings (with the exception of values that are not evaluable and reported as zero, in which case the average will exclude this zero value and note in the CRF the average of values > 0).

ECG interval and ventricular rate data will be summarized using descriptive statistics. Windows for each target visit will be used (Appendix A). Parameters to be analyzed include heart rate (HR) and PR, QRS, QT, and corrected QT (using Fridericia's and Bazett's corrections), and RR intervals. Counts and percent of subjects in each result

category will be tabulated. Overall interpretations of abnormalities will also be tabulated, with subjects categorized by whether or not they have study-emergent abnormalities.

Subjects are also to be categorized and enumerated on the basis of QTcB/F interval as follows:

- Absolute measurements (in categories of > 450 to ≤ 480, > 480 to ≤ 500, > 500 msec)
- Change from first 020 measurement (in categories of > 30 to ≤ 60, > 60 to < 90, ≥ 90 msec)

All HR, interval data, and interpretations will be listed. Any local ECG results (optional prior to version 3.0 of the protocol) will be listed separately.

8. OTHER ASSESSMENTS

8.1 MMSE

For MMSE in subjects with AD, change from baseline for pooled treatment allocation will be analyzed using a restricted maximum likelihood based repeated measures linear mixed model. The model will include fixed effects for AChEI/Memantine use as randomized in the prior study (Yes and No), time since baseline in the prior study (continuous), AChEI/Memantine use as randomized in the prior study by time interaction and the prior study baseline MMSE, prior study (015 and 005) and region (The Americas and RoW). In addition, the baseline MMSE from the prior study will be included as a covariate An unstructured covariance model will be used. The Kenward and Roger method of calculating the denominator degrees of freedom will be used for the tests of fixed effects. Annualized LS means will be provided. Additionally, observed means according to the visit windowing in Appendix A will be provided.

If more than 20 bvFTD subjects have MMSE values in 020, the above analysis will be repeated for bvFTD subjects.

If more than 10 subjects with AD discontinue AChEI/Memantine in 020, then summary of MMSE at the visits prior to and the visits subsequent to discontinuation will be provided.

8.2 EQ-5D-5L

The EQ-5D-5L is a standardized instrument developed by the EuroQol Group to describe and value health-related quality of life. The EQ-5D-5L will be performed at baseline and approximately every 6 months thereafter (or upon early termination). There will be two

applications of the self-reported EQ-5D-5L at each visit: one version will be completed by the subject and a second copy of this version will be completed by the caregiver.

The instrument comprises the following five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension is rated by the subject and caregiver on a 5-point scale as having "no problems" (a score of "1"), "slight problems" (a score of "2"), "moderate problems" (a score of "3"), "severe problems" (a score of "4"), and "extreme problems" (a score of "5") based on descriptive examples; the scores are not intended to be summed. Present overall state of health is also to be rated on a vertical visual analogue scale (approximately 20 cm in length) from 0 to 100 (the higher the number the better the quality of life). Each of the five dimensions as well as the overall state of health will be summarized descriptively by visit. Following the 24-Aug-2015 CRF migration, the original EQ-5D-5L eCRF was inactivated and the EQ-5D-5L Patient Rated and EQ-5D-5L Caregiver Rated eCRFs were activated. For subjects under version protocol version 1.1, only the EQ-5D-5L was applied to the subject, who should receive no help from the caregiver. For subjects under protocol version 2.1 or later versions, EQ-5D-5L is to be applied separately to both subject and caregiver. For the purposes of this summary, data obtained from the original EQ-5D-5L eCRF prior to the 24-Aug-2015 CRF migration and data obtained from the EQ-5D-5L Patient Rated eCRF after the 24-Aug-2015 CRF migration will be used.

The EQ-5D-5L health economic and economic modelling, and additional sensitivity analyses will be addressed in a separate external SAP.

8.3 RUD Lite

The RUD Lite assesses both formal and informal resource use, making it possible to calculate costs from a societal perspective. The RUD Lite is administered as an interview with the caregiver. The following dimensions are captured on the subject's part: accommodation/long term care, respite care, hospital care, social service, home nursing care, and work status. In addition, the following aspects are covered from the caregiver perspective: caregiving time for the subject and work status.

Each component of caregiver time will be calculated as the hours of care on a typical day multiplied by days spent on providing these services and summarized descriptively by visit. Caregiver work status, whether the subject was admitted to a hospital, whether the subject received services in a hospital emergency room, whether the subject visited any health care professional, whether the subject received any nursing services as well as caregiver relationship with subject and the subject's living accommodations will also be summarized descriptively by visit.

The RUD Lite unit cost and economic modelling, and additional sensitivity analyses will be addressed in a separate external SAP.

9. CHANGES TO PROTOCOL-SPECIFIED ANALYSES

Any changes will be documented in the Clinical Study Report in Section 9.8.

APPENDICES

Appendix A: Post-Dose Visit Windows

Visit windows are defined in the following table. Unscheduled and early termination visits are included in the windowing algorithm.

Target Visit	Visit Window Time Interval (Study Day*)	Scheduled Day
Baseline	< 2	NA
Week 2	2 to 53	15
Week 13	54 to 137	92
Week 26	138 to 228	183
Week 39	229 to 319	274
Week 52	320 to 410	365
Week 65	411 to 501	456
Week 78	502 to 591	546
Week 91	592 to 683	637
Week 104	> 683	729
Follow-up	First post-treatment value at least 14 days after last dose	

Appendix B: Criteria for Determining Potentially Clinically Significant Values in Laboratory Test Results

Test	Criteria	
	System International Units	Conventional Units
Hemoglobin	Female: ≤ 95 g/L; Male: ≤ 115 g/L Decrease of ≥ 20%	Female: ≤ 9.5 g/dL; Male: ≤ 11.5 g/dL
Hematocrit	Female: ≤ 0.32; Male: ≤ 0.37	Female: ≤ 32%; Male: ≤ 37%
WBC count	≤ 2.8×10^9/L ≥ 16×10^9/L	≤ 2800/μL or ≥ 16000/μL
Neutrophils	≤ 1.0×10^9/L	≤ 1000/μL
Eosinophils	≥ 0.7×10^9/L	≥ 700/μL
Platelet count	≤ 75×10^9/L ≥ 700×10^9/L	≤ 75×10^3/μL ≥ 700×10^3/μL
Sodium	<130 mmol/L >150 mmol/L	<130 mEq/L >150 mEq/L
Potassium	< 3.0 mmol/L > 5.5 mmol/L	< 3.0 mEq/L > 5.5 mEq/L
Calcium	< 1.75 mmol/L > 3.00 mmol/L	< 7.00 mg/dL > 12.00 mg/dL
Glucose, fasting/nonfasting/unknown	< 2.775 mmol/L >13.875 mmol/L	< 50 mg/dL > 250 mg/dL
Uric acid	Female: >475.8 μmol/L; Male: >594.8 μmol/L	Female: > 8 mg/dL; Male: >10 mg/dL
Albumin	<25 g/L	<2.5 g/dL
Total bilirubin	≥ 34.2 μmol/L	≥ 2 mg/dL
ALT	≥ 3 × ULN	≥ 3 × ULN
AST	≥ 3 × ULN	≥ 3 × ULN
Alkaline phosphatase	≥ 3 × ULN	≥ 3 × ULN
Urea (nitrogen)	> 17.85 mmol/L	> 50 mg/dL
Creatinine	≥ 177 μmol/L	≥ 2 mg/dL
CK	≥ 3 × ULN	≥ 3 × ULN
GGT	≥ 3 × ULN	≥ 3 × ULN
LDH	≥ 3 × ULN	≥ 3 × ULN
Phosphorus	< 0.646 mmol/L > 1.777 mmol/L	Low: <2.0 mg/dL High: >5.5 mg/dL

ULN = Upper Limit of Normal

Appendix C: Criteria for Determining Potentially Clinically Significant Values in Vital Signs

Test	Criteria
Systolic Blood Pressure (SBP) – Seated (mmHg)	Increase of ≥ 20 mmHg from baseline and ≥ 180 mmHg
	≤ 90 mmHg
	Decrease of ≥ 20 mmHg from baseline and ≤ 90 mmHg
Diastolic Blood Pressure (DBP) – Seated (mmHg)	Increase of ≥ 15 mmHg from baseline and ≥ 105 mmHg
	≤50 mmHg
Pulse – Seated (beats/min)	Increase of ≥ 15 beats/min from baseline and > 120 beats/min
	Decrease of ≥ 15 beats/min from baseline and ≤ 50 beats/min
Temperature	Increase of ≥ 2.0^{o}C from baseline and ≥ 38.0^{o}C
	Decrease of ≥ 2.0^{o}C from baseline and ≤ 36.0^{o}C
Weight	Decrease of ≥ 7% from baseline Decrease of ≥ 10% from baseline
	Increase of ≥ 7% from baseline Increase of ≥ 10% from baseline

Appendix D: Rules for Determining "Worst" Value

"Worst" Clinical Laboratory Value

Rule	Parameters
Highest value	Hematology: eosinophils, basophils, monocytes, reticulocytes
	Serum chemistry: ALT, AST, ALK-P, creatinine, total bilirubin, urea (nitrogen), uric acid, LDH, creatine kinase, GGT
Lowest value	Hematology: neutrophils, RBC count, HCT, hemoglobin, platelets
	Serum chemistry: albumin, creatinine clearance total protein
Farthest from normal range midpoint	Hematology: WBC count, lymphocytes, MCV, MCH, MCHC
	Serum chemistry: glucose (random), Na, K, phosphate, calcium, chloride

"Worst" Vital Sign and Weight Measurement

Parameter	Criterion for "Worst" Vital Sign
Systolic blood pressure	Value farthest from 125 mmHg
Diastolic blood pressure	Value farthest from 75 mmHg
Pulse	Value farthest from 75 beats per minute
Temperature	Highest
Respiratory Rate	Highest
Weight	Greatest weight loss from baseline

"Worst" ECG Measurement

Parameter	Criterion for "Worst" ECG
PR	Highest
QT (QTcF and QTcB)	Highest
QRS	Value farthest from midpoint of normal range
Heart Rate	Value farthest from midpoint of normal range

Appendix E: Rules for Scoring the MMSE

The MMSE score ranges from 0 to 30, and is defined as the sum of 11 items as listed in the following table.

Item	Maximum Score
Orientation – Time (including questions about year, season, month, week, date)	5
Orientation – Place (including questions about state, county, city/town, building and floor)	5
Memory – Registration (including registration word 1-3)	3
Attention and Concentration (including five "what is 100 taken away 7" questions)	5
Memory – Recall (including questions of "Recall Word" 1-3)	3
Language – Naming (including questions about pencil/pen and watch)	2
Language – Repetition ("Repeat what I say")	1
Language – Reading Comprehension ("Close your eyes")	1
Praxis – Ideational (Including questions of "Take in right hand" "Fold in Half" "Put on Floor").	3
Language – Writing Spontaneous ("Please Write a Sentence")	1
Praxis – Coping Drawing ("Please copy this design")	1
Total	30

Some of the item scores are simple sums of sub-item scores. If a sub-item is missing for these items, the maximum score for the item is reduced correspondingly. The following rule will then be used to calculate the MMSE score: Let s denote the sum of the scores of non-missing items, and m denote the sum of maximum possible scores of the non-missing items. If $m/30 \geq 2/3$, then MMSE score = $30 \times s/m$. Otherwise the MMSE score will be missing.

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Appendix G: Table Layouts

Table 14.1.1.1
Subject Disposition
All Subjects

	AD	bvFTD	All Subjects
Subjects Enrolled	n	n	n
Safety Population [1]	n (%)	n (%)	n (%)
Completed	n (%)	n (%)	n (%)
Discontinued	n (%)	n (%)	n (%)
All Reasons for Study Discontinuation [2]			
Reason 1	n (%)	n (%)	n (%)
Reason 2	n (%)	n (%)	n (%)
Primary Reason for Study Discontinuation[2]			
Reason 1	n (%)	n (%)	n (%)
Reason 2	n (%)	n (%)	n (%)
. . .			

[1]All enrolled subjects who take at least one dose of study drug.
[2]Subjects may be counted for more than one reason for study discontinuation but are counted only once for primary reason for discontinuation.
Note: The following xx subjects vvv, www, xxx, yyy, zzz were enrolled but not dosed. (programming note: List the subject IDs)

Programming Note: Repeat table for Table 14.1.1.4 Subject Disposition – Non-AChEI/Memantine Users (All Subjects)

Table 14.1.1.2
Subject Disposition by Region
All Subjects

	AD	bvFTD	All Subjects
Subjects Enrolled	n	n	n
Safety Population [1]	n (%)	n (%)	n (%)
Completed	n (%)	n (%)	n (%)
Discontinued	n (%)	n (%)	n (%)
All Reasons for Study Discontinuation [2]			
Reason 1	n (%)	n (%)	n (%)
Reason 2	n (%)	n (%)	n (%)
Primary Reason for Study Discontinuation[2]			
Reason 1	n (%)	n (%)	n (%)
Reason 2	n (%)	n (%)	n (%)
. . .			

[1]All enrolled subjects who take at least one dose of study drug.
[2] Subjects may be counted for more than one reason for study discontinuation but are counted only once for primary reason for discontinuation.
Note: The following xx subjects vvv, www, xxx, yyy, zzz were enrolled but not dosed. (programming note: List the subject IDs)

Table 14.1.1.3
Subject Disposition by Country and Site
All Subjects

Country	Site		AD	bvFTD	All Subjects
Country 1	All Sites	Subjects Enrolled	n	n	n
		Safety Population [1]	n (%)	n (%)	n (%)
		Completed	n (%)	n (%)	n (%)
		Discontinued	n (%)	n (%)	n (%)
		All Reasons for Study Discontinuation [2]			
		Reason 1	n (%)	n (%)	n (%)
		Reason 2	n (%)	n (%)	n (%)
		Primary Reason for Study Discontinuation [2]			
		Reason 1	n (%)	n (%)	n (%)
		Reason 2	n (%)	n (%)	n (%)
		. . .			
	Site 1				
	. . .				
. . .	. . .				

[1]All enrolled subjects who take at least one dose of study drug.
[2] Subjects may be counted for more than one reason for study discontinuation but are counted only once for primary reason for discontinuation.
Note: The following xx subjects vvv, www, xxx, yyy, zzz were enrolled but not dosed. (programming note: List the subject IDs)

Programmer note: Start each site on a new page. Group sites within country within region.

Table 14.1.2.1
Study Discontinuation by Time Period
Safety Population

	AD (N=)	bvFTD (N=)	All Subjects (N=)
Study Discontinuation	n (%)	n (%)	n (%)
Study Discontinuation on Day 1	n (%)	n (%)	n (%)
Reason 1	n (%)	n (%)	n (%)
Reason 2	n (%)	n (%)	n (%)
. . .			
Study Discontinuation During Days 2-	n (%)	n (%)	n (%)
Reason 1	n (%)	n (%)	n (%)
Reason 2	n (%)	n (%)	n (%)
. . .			
. . .			
Repeat for other period categories			
. . .			

Note: Percentages are based on the number of subjects in the Safety Population.

Programming Note: Repeat table for Table 14.1.2.2 Study Discontinuation by Time Period – Non-AChEI/Memantine Users (Safety Population)

Table 14.1.2.3
Study Discontinuation by Time Period and by Region
Safety Population

Country		AD (N=)	bvFTD (N=)	All Subjects (N=)
Country 1	Study Discontinuation	n (%)	n (%)	n (%)
	Study Discontinuation on Day 1	n (%)	n (%)	n (%)
	Reason 1	n (%)	n (%)	n (%)
	Reason 2	n (%)	n (%)	n (%)
	. . .			
	Study Discontinuation During Days 2-	n (%)	n (%)	n (%)
	Reason 1	n (%)	n (%)	n (%)
	Reason 2	n (%)	n (%)	n (%)
	. . .			
	. . .			
	Repeat for other period categories			
	. . .			

…

Note: Percentages are based on the number of subjects in the Safety Population.

Table 14.1.3.1
Protocol Deviations
Safety Population

	AD (N=)	bvFTD (N=)	All Subjects (N=)
All Deviations Types	n (%)	n (%)	n (%)
Informed consent	n (%)	n (%)	n (%)
Safety	n (%)	n (%)	n (%)
IP / Treatment Deviation	n (%)	n (%)	n (%)
Other Deviations	n (%)	n (%)	n (%)

Note: IP = investigational product

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Table 14.1.3.2
Protocol Deviations by Critical, Major and Minor Categories
Safety Population

	AD (N=)	bvFTD (N=)	All Subjects (N=)
Critical Deviation	n (%)	n (%)	n (%)
Informed consent	n (%)	n (%)	n (%)
Safety	n (%)	n (%)	n (%)
IP / Treatment Deviation	n (%)	n (%)	n (%)
Other Deviations	n (%)	n (%)	n (%)
Major Deviation	n (%)	n (%)	n (%)
Informed consent	n (%)	n (%)	n (%)
…	n (%)	n (%)	n (%)
Minor Deviation	n (%)	n (%)	n (%)
Informed consent	n (%)	n (%)	n (%)
…	n (%)	n (%)	n (%)

Note: IP = investigational product

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Table 14.1.4.1
Demographic and Baseline Characteristics
Safety Population

	AD (N=)	bvFTD (N=)	All Subjects (N=)
Age at Informed Consent to Prior Study (years)			
n	n	n	n
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx
< 75 years	n (%)	n (%)	n (%)
≥ 75 years	n (%)	n (%)	n (%)
Gender			
Male	n (%)	n (%)	n (%)
Female	n (%)	n (%)	n (%)
Ethnicity			
Hispanic or Latino	n (%)	n (%)	n (%)
Not Hispanic or Latino	n (%)	n (%)	n (%)
Race			
American Indian or Alaska Native	n (%)	n (%)	n (%)
Asian	n (%)	n (%)	n (%)
Black or African American	n (%)	n (%)	n (%)
Native Hawaiian or Other Pacific Islander	n (%)	n (%)	n (%)
White	n (%)	n (%)	n (%)
Other	n (%)	n (%)	n (%)
Multiple Races Checked	n (%)	n (%)	n (%)
Geographic Region			
The Americas	n (%)	n (%)	n (%)
Europe	n (%)	n (%)	n (%)
Rest of World	n (%)	n (%)	n (%)

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Table continues on next page.

Table 14.1.4.1
Demographic and Baseline Characteristics
Safety Population

	AD (N=)	bvFTD (N=)	All Subjects (N=)
Height (cm)			
n	n	n	n
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx
Weight (kg)			
n	n	n	n
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx
BMI (kg/m^2)			
n	n	n	n
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx
Subject's Living Accommodation			
Own Home (owner occupied or rented)	n (%)	n (%)	n (%)
Intermediate Forms of Accommodation (not dementia-specific)	n (%)	n (%)	n (%)
Dementia-specific Residential Accommodation	n (%)	n (%)	n (%)
Long-term Institutional Care	n (%)	n (%)	n (%)
Other	n (%)	n (%)	n (%)
Not Available	n (%)	n (%)	n (%)
Who Does the Subject Live With?			
Alone	n (%)	n (%)	n (%)
Spouse	n (%)	n (%)	n (%)
Sibling	n (%)	n (%)	n (%)
Child	n (%)	n (%)	n (%)
Other	n (%)	n (%)	n (%)
Not Applicable	n (%)	n (%)	n (%)
Not Available	n (%)	n (%)	n (%)

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Programming Note: Repeat table for Table 14.1.4.2 Demographic and Baseline Characteristics – Non-AChEI/Memantine Users (Safety Population)

Table 14.1.5.1
Medical History
Safety Population

MedDRA System Organ Class High Level Term Preferred Term	AD (N=)	bvFTD (N=)	All Subjects (N=)
SOC1	n (%)	n (%)	n (%)
High Level Term 1	n (%)	n (%)	n (%)
Preferred Term 1	n (%)	n (%)	n (%)
Preferred Term 2	n (%)	n (%)	n (%)
Etc…	n (%)	n (%)	n (%)
High Level Term 2	n (%)	n (%)	n (%)
SOC1	n (%)	n (%)	n (%)
etc.	n (%)	n (%)	n (%)

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Programmer note: Sort table based on SOC order alphabetically

Programming Note: Repeat table for Table 14.1.5.2 Medical History – Non-AChEI/Memantine Users (Safety Population)

Table 14.1.6.1.1
Concomitant Medications Ongoing On Day 1 of Dosing (Pre-existing Medications)
Safety Population

ATC Class (Level 1) / ATC Class (Level 3)/ Generic Drug Name	AD (N=)	bvFTD (N=)	All Subjects (N=)
Subjects Receiving Concomitant[1] Medications	n (%)	n (%)	n (%)
ATC Class (Level 1) 1	n (%)	n (%)	n (%)
ATC Class (Level 3) 1	n (%)	n (%)	n (%)
Generic Drug Name 1	n (%)	n (%)	n (%)
Generic Drug Name 2	n (%)	n (%)	n (%)
.			
.			
ATC Class (Level 3) 2	n (%)	n (%)	n (%)
Generic Drug Name 1	n (%)	n (%)	n (%)
Generic Drug Name 2	n (%)	n (%)	n (%)
.			
.			
ATC Class (Level 1) 2	n (%)	n (%)	n (%)
ATC Class (Level 3) 1	n (%)	n (%)	n (%)
Generic Drug Name 1	n (%)	n (%)	n (%)
Generic Drug Name 2	n (%)	n (%)	n (%)
.			
.			

[1] Pre-existing concomitant medications are those medications that were ongoing on Day 1 of dosing.
Note: At each level of summation (overall, ATC classes, generic drug name), subjects reporting more than one medication are counted only once. Each summary is ordered alphabetically by ATC class and generic drug name within each ATC class.

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Programming Note: Repeat table for the tables listed below

Table 14.1.6.1.2 Concomitant Medications Ongoing On Day 1 of Dosing (Pre-existing Medications) – Non-AChEI/Memantine Users (Safety Population)
Table 14.1.6.2.1 Concomitant Medications that Started On or After Day 1 of Dosing (Study-emergent Medications) (Safety Population)
Table 14.1.6.2.2 Concomitant Medications that Started On or After Day 1 of Dosing (Study-emergent Medications) – Non-AChEI/Memantine Users (Safety Population)
Table 14.1.6.3.1 Concomitant Medications (Pre-existing and Study-emergent Medications) (Safety Population)
Table 14.1.6.3.2 Concomitant Medications (Pre-existing and Study-emergent Medications) – Non-AChEI/Memantine Users (Safety Population)

Table 14.2.1.1
MMSE
Safety Population

Time Point	AD (N=)
Baseline [1]	
n	n
Mean (SD)	xx.x (xx.xx)
Median	xx.x
Min, Max	xx, xx
Week 26	
n	n
Mean (SD)	xx.x (xx.xx)
Median	xx.x
Min, Max	xx, xx
Change from Baseline to Week 26	
n	n
Mean (SD)	xx.x (xx.xx)
Median	xx.x
Min, Max	xx, xx
.	
.	
.	

[1] Baseline is defined as the last non-missing value prior to first dose of study drug in 020.

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Table 14.2.1.2
MMSE Annualized LS Means
Safety Population

Time Point	AD (N=)
Baseline [1]	
n	n
Mean (SD)	xx.x (xx.xx)
Median	xx.x
Min, Max	xx, xx
52 Weeks	
LS Mean [2]	xx.x
95% CI [2]	(xx, xx)
104 Weeks	
LS Mean [2]	xx.x
95% CI [2]	(xx, xx)
.	
.	
.	

[1] Baseline is defined as the last non-missing value prior to first dose of study drug in the prior study.
[2] LS means and 95% CIs are from a restricted maximum likelihood based repeated measures linear mixed model with fixed effects for AChEI/Memantine use as randomized in the prior study (Yes and No), time since baseline in the prior study (continuous), AChEI/Memantine use as randomized in the prior study by time interaction and the prior study baseline MMSE, prior study (015 and 005) and region (The Americas and RoW). In addition, the baseline MMSE was included as a covariate. An unstructured covariance model was used.

Table 14.2.2
RUD Lite
Safety Population: Subjects with at Least One Post-Baseline RUD Lite Questionnaire

RUD Lite Items	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Caregiver Time Spent on Toilet visit, etc. in Last 30 Days	Baseline [1]			
	n	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Week 26			
	n	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Change from Baseline to Week 26			
	n	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	…			
Caregiver Time Spent on Shopping, etc.in Last 30 Days				
. . .				
Caregiver Time Spent on Supervising in Last 30 Days				
. . .				
. . .				

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.

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Table 14.2.2
RUD Lite
Safety Population: Subjects with at Least One Post-Baseline RUD Lite Questionnaire

RUD Lite Items	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Missed Any Whole Days of Work in Last 30 Days	Baseline[1]	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	…			
Missed Any Part of Days of Work in Last 30 Days	Baseline[1]	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	…			

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.

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Table 14.2.2
RUD Lite
Safety Population: Subjects with at Least One Post-Baseline RUD Lite Questionnaire

	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Patient Current Living Accommodation	Baseline [1]	n=	n=	n=
	Own Home	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Intermediate Forms of Accommodation	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Dementia-specific Residential Accommodation	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Long-term Institutional Care	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Any permanent changes since last visit	Week 26	n=	n=	n=
	Yes			
Whom Patient Lives with	Baseline [1]	n=	n=	n=
	Alone	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Spouse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Sibling	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Child	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Not Applicable	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	…			
Temporary Living Accommodation in Last 30 Days	Baseline [1]	n=	n=	n=
	Own Home	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Intermediate Forms of Accommodation	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Dementia-specific Residential Accommodation	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Long-term Institutional Care	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	…			

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.
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Table 14.2.2
RUD Lite
Safety Population: Subjects with at Least One Post-Baseline RUD Lite Questionnaire

	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Admitted to a Hospital in Last 30 Days	Baseline [1]	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	…			
Ward if Admitted to a Hospital in Last 30 Days	Baseline [1]	n=	n=	n=
	Geriatric	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Psychiatric	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Internal Medicine	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Surgery	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Neurology	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	General Ward	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Other			
	Week 26	n=	n=	n=
	…			

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.

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Table 14.2.2
RUD Lite
Safety Population: Subjects with at Least One Post-Baseline RUD Lite Questionnaire

	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Received Care in a Hospital Emergency Room in Last 30 Days	Baseline [1]	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	…			
Any Doctor Visits in Last 30 Days	Baseline [1]	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	…			
Type of Care if Any Doctor Visits in Last 30 Days	Baseline [1]	n=	n=	n=
	General Practitioner	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Geriatrician	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Neurologist	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Psychiatrist	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Physiotherapist	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Occupational Therapist	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Social Worker	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Psychologist	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	…			

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.
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Table continues on next page.

Table 14.2.2
RUD Lite
Safety Population: Subjects with at Least One Post-Baseline RUD Lite Questionnaire

	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Received Any Nursing Service in Last 30 Days	Baseline [1]	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	…			
Type of Care if Received Any Nursing Service in Last 30 Days	Baseline [1]	n=	n=	n=
	District Nurse	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Home Help/Healthcare Assistant	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Meals on Wheels	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Day Care	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Transportation (care related)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26			
	…			

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.

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Table 14.2.3
EQ-5D-5L
Safety Population: Subjects with at Least One Post-Baseline EQ-5D-5L Questionnaire

	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Mobility	Baseline [1]	n=	n=	n=
	I have no problems in walking about	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	I have slight problems in walking about	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	I have moderate problems in walking about	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	I have severe problems in walking about	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	I am unable to walk about	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26	n=	n=	n=
	I have no problems in walking about	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	I have slight problems in walking about	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	…	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Self-care	Baseline [1]	n=	n=	n=
	I have no problems washing or dressing myself	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	I have slight problems washing or dressing myself	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	…	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Week 26			
	…			
…				

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.
Note: Following the 24-Aug-2015 CRF migration, the original EQ-5D-5L eCRF was inactivated and the EQ-5D-5L Patient Rated and EQ-5D-5L Caregiver Rated eCRFs were activated. For the purposes of this summary, data obtained from the original EQ-5D-5L eCRF prior to the 24-Aug-2015 CRF migration and data obtained from the EQ-5D-5L Patient Rated eCRF after the 24-Aug-2015 CRF migration are used.

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Table 14.3.1.1
Study Drug Exposure and Compliance
Safety Population

	AD (N=)	bvFTD (N=)	All Subjects (N=)
Total Duration of Exposure (days) [1]			
n	n	n	n
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx
Total Duration Category (days) [2]			
1	n (%) [n (%)]	n (%) [n (%)]	n (%) [n (%)]
2-	n (%) [n (%)]	n (%) [n (%)]	n (%) [n (%)]
etc. (refer to Section 5.2)			
Duration of the Exposure Accounting for Interruptions (days) [3]			
n	n	n	n
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx
Mean Daily Dose (mg) [4]			
n	n	n	n
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx

[1] Total duration of exposure in days is defined as the difference between the last dose date recorded on the study exit CRF page and the first dose date, plus 1 day.
[2] Number (%) of subjects in each category followed by [cumulative number (%) of subjects].
[3] Defined as the difference between the last dose date recorded on the study exit CRF page and the first dose date, minus the duration of dose interruption(s), plus 1 day.
[4] Defined as the total dose received divided by total duration of exposure.
[5] Defined as 100 x (Total Tablets Dispensed – Total Tablets Returned) / (Expected Number of Tablets).

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Table 14.3.1.1
Study Drug Exposure and Compliance
Safety Population

	AD (N=)	bvFTD (N=)	All Subjects (N=)
Total Subject Years of Exposure	xxx.x	xxx.x	xxx.x
Cumulative Dose (mg)			
n	n	n	n
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx
Modal Daily Dose (mg)			
Dose 1	n (%)	n (%)	n (%)
Dose 2	n (%)	n (%)	n (%)
Dose 3	n (%)	n (%)	n (%)
etc..			
Highest Daily Dose (mg)			
Dose 1	n (%)	n (%)	n (%)
Dose 2	n (%)	n (%)	n (%)
Dose 3	n (%)	n (%)	n (%)
etc..			
Compliance (%) [5]			
n	n	n	n
Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
Median	xx.x	xx.x	xx.x
Min, Max	xx, xx	xx, xx	xx, xx

[1] Total duration of exposure in days is defined as the difference between the last dose date recorded on the study exit CRF page and the first dose date, plus 1 day.
[2] Number (%) of subjects in each category followed by [cumulative number (%) of subjects].
[3] Defined as the difference between the last dose date recorded on the study exit CRF page and the first dose date, minus the duration of dose interruption(s), plus 1 day.
[4] Defined as the total dose received divided by total duration of exposure.
[5] Defined as 100 x (Total Tablets Dispensed – Total Tablets Returned) / (Expected Number of Tablets).

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Programming Note: Repeat table for Table 14.3.1.2 Study Drug Exposure and Compliance – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.1.1.1
Overall Summary of Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events)
Safety Population

	AD (N=)	bvFTD (N=)	All Subjects (N=)
Subjects with any AE	n (%)[2]	n (%)	n (%)
Subjects with any Severe AE	n (%)	n (%)	n (%)
Subjects with any AE Related to Study Drug [1]	n (%)	n (%)	n (%)
Subjects with any Serious AE	n (%)	n (%)	n (%)
Subjects with any Serious AE Related to Study Drug [1]	n (%)	n (%)	n (%)
Subjects with any AE with Outcome of Death	n (%)	n (%)	n (%)
Subjects with any AESI	n (%)	n (%)	n (%)
Subjects with any AE Leading to Dose Reduction	n (%)	n (%)	n (%)
Subjects with any AE Leading to Dose Interruption	n (%)	n (%)	n (%)
Subjects with any AE Leading to Study Drug Withdrawal	n (%)	n (%)	n (%)
Subjects with any AE Leading to Dose Reduction, Interruption, or Withdrawal	n (%)	n (%)	n (%)
Total Number of AEs	n	n	n
Total Number of Severe AEs	n	n	n
Total Number of AEs Related to Study Drug [1]	n	n	n
Total Number of Serious AEs	n	n	n
Total Number of Serious AEs Related to Study Drug [1]	n	n	n
Total Number of AEs with Outcome of Death	n	n	n
Total Number of AESIs	n	n	n
Total Number of AEs Leading to Dose Reduction	n	n	n
Total Number of AEs Leading to Dose Interruption	n	n	n
Total Number of AEs Leading to Study Drug Withdrawal	n	n	n
Total Number of AEs Leading to Dose Reduction, Interruption, or Withdrawal	n	n	n

[1] Includes all events reported as "Possibly Related" or "Related" to study drug.

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Programming Note: Repeat table for the tables listed below

Table 14.3.2.1.1.2 Overall Summary of Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) – Non-AChEI/Memantine Users (Safety Population)
Table 14.3.2.1.2.1 Overall Summary of Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) (Safety Population)
Table 14.3.2.1.2.2 Overall Summary of Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.1.3.3
Overall Summary of Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by Diagnosis and Prior Study Treatment
Safety Population

	AD				bvFTD	
	LMTM 8 mg/day (N=)	LMTM 150 mg/day (N=)	LMTM 200 mg/day (N=)	LMTM 250 mg/day (N=)	LMTM 8 mg/day (N=)	LMTM 200 mg/day (N=)
Subjects with any AE	n (%)[2]	n (%)	n (%)	n (%)[2]	n (%)	n (%)
Subjects with any Severe AE	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Subjects with any AE Related to Study Drug [1]	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Subjects with any Serious AE	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Subjects with any Serious AE Related to Study Drug [1]	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Subjects with any AE with Outcome of Death	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Subjects with any AESI	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Subjects with any AE Leading to Dose Reduction	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Subjects with any AE Leading to Dose Interruption	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Subjects with any AE Leading to Study Drug Withdrawal	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Subjects with any AE Leading to Dose Reduction, Interruption, or Withdrawal	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Total Number of AEs	n	n	n	n	n	n
Total Number of Severe AEs	n	n	n	n	n	n
Total Number of AEs Related to Study Drug [1]	n	n	n	n	n	n
Total Number of Serious AEs	n	n	n	n	n	n
Total Number of AEs with Outcome of Death	n	n	n	n	n	n
Total Number of AESIs	n	n	n	n	n	n
Total Number of AEs Leading to Dose Reduction	n	n	n	n	n	n
Total Number of AEs Leading to Dose Interruption	n	n	n	n	n	n
Total Number of AEs Leading to Study Drug Withdrawal	n	n	n	n	n	n
Total Number of AEs Leading to Dose Reduction, Interruption, or Withdrawal	n	n	n	n	n	n

[1] Includes all events reported as “Possibly Related” or “Related” to study drug.

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Table 14.3.2.2.1.1
Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class and Preferred Term
Safety Population

System Organ Class / Preferred Term	AD (N=)		bvFTD (N=)		All Subjects (N=)	
	Subjects [1]	Events	Subjects [1]	Events	Subjects [1]	Events
Subjects Reporting at Least One Adverse Event	n (%)	n	n (%)	n	n (%)	n (%)
System Organ Class 1	n (%)	n	n (%)	n	n (%)	n (%)
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n (%)
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n (%)
.						
.						
System Organ Class 2	n (%)	n	n (%)	n	n (%)	n (%)
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n (%)
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n (%)

[1] At each level of summation (overall, system organ class, preferred term), subjects reporting more than one adverse event are counted only once.

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Programming Note: Repeat table for the tables listed below

Table 14.3.2.2.1.2 Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.2.2.1 Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class and Preferred Term (Safety Population)

Table 14.3.2.2.2.2 Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.2.3.1 Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class and Preferred Term (Safety Population)

Table 14.3.2.2.3.2 Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.2.3.3
Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by Diagnosis, Prior Study Treatment, System Organ Class and Preferred Term
Safety Population

	AD								bvFTD			
System Organ Class / Preferred Term	LMTM 8 mg/day (N=)		LMTM 150 mg/day (N=)		LMTM 200 mg/day (N=)		LMTM 250 mg/day (N=)		LMTM 8 mg/day (N=)		LMTM 200 mg/day (N=)	
	Subjects [1]	Events	Subjects [1]	Events	Subjects [1]	Events	Subjects [1]	Events	Subjects [1]	Events	Subjects [1]	Events
Subjects Reporting at Least One Adverse Event	n (%)	n	n (%)	n	n (%)	n (%)	n (%)	n	n (%)	n	n (%)	n (%)
System Organ Class 1	n (%)	n	n (%)	n	n (%)	n (%)	n (%)	n	n (%)	n	n (%)	n (%)
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n (%)	n (%)	n	n (%)	n	n (%)	n (%)
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n (%)	n (%)	n	n (%)	n	n (%)	n (%)
.												
.												
System Organ Class 2	n (%)	n	n (%)	n	n (%)	n (%)	n (%)	n	n (%)	n	n (%)	n (%)
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n (%)	n (%)	n	n (%)	n	n (%)	n (%)
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n (%)	n (%)	n	n (%)	n	n (%)	n (%)

[1] At each level of summation (overall, system organ class, preferred term), subjects reporting more than one adverse event are counted only once.

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Programming Note: Repeat table for the tables listed below
Table 14.3.2.10.3.3 Adverse Events Leading to Dose Reduction (Pre-existing Adverse Events and Study-emergent Adverse Events) by Diagnosis, Prior Study Treatment, System Organ Class and Preferred Term (Safety Population)
Table 14.3.2.11.3.3 Adverse Events Leading to Dose Interruption (Pre-existing Adverse Events and Study-emergent Adverse Events)by Diagnosis, Prior Study Treatment, System Organ Class and Preferred Term (Safety Population)

Table 14.3.2.3.1.1
Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class, Preferred Term and Severity
Safety Population

System Organ Class / Preferred Term	AD (N=)			bvFTD (N=)			All Subjects (N=)		
	Mild	Moderate	Severe	Mild	Moderate	Severe	Mild	Moderate	Severe
Subjects Reporting at Least One Adverse Event	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
System Organ Class 1	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Preferred Term 1	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Preferred Term 2	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
.									
.									
System Organ Class 2	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Preferred Term 1	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Preferred Term 2	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)

Note: At each level of summation (overall, system organ class, preferred term), subjects reporting more than one adverse event are counted only once using the worst severity.
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Programming Note: Repeat table for the tables listed below

Table 14.3.2.3.1.2 Adverse Events Ongoing On Day 1of Dosing (Pre-existing Adverse Events) by System Organ Class, Preferred Term and Severity – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.3.2.1 Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class, Preferred Term and Severity (Safety Population)

Table 14.3.2.3.2.2 Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class, Preferred Term and Severity – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.3.3.1 Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class, Preferred Term and Severity (Safety Population)

Table 14.3.2.3.3.2 Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class, Preferred Term and Severity – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.4.1.1
Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class, Preferred Term and Relationship
Safety Population

System Organ Class / Preferred Term	AD (N=)		bvFTD (N=)		All Subjects (N=)	
	Related [1]	Not Related [2]	Related [1]	Not Related [2]	Related [1]	Not Related [2]
Subjects Reporting at Least One Adverse Event	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
System Organ Class 1	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Preferred Term 1	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Preferred Term 2	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
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System Organ Class 2	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Preferred Term 1	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Preferred Term 2	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)

Note: At each level of summation (overall, system organ class, preferred term), subjects reporting more than one adverse event are counted only once using the strongest relationship to study drug.
[1] Includes all events reported by the Investigator as "Possibly Related," or "Related" to study drug.
[2] Includes all events reported by the Investigator as "Unlikely Related" or "Not Related" to study drug.

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Programming Note: Repeat table for the tables listed below

Table 14.3.2.4.1.2 Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class, Preferred Term and Relationship – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.4.2.1 Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class, Preferred Term and Relationship (Safety Population)

Table 14.3.2.4.2.2 Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class, Preferred Term and Relationship – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.4.3.1 Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class, Preferred Term and Relationship (Safety Population)

Table 14.3.2.4.3.2 Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class, Preferred Term and Relationship – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.5.1.1
Serious Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class and Preferred Term
Safety Population

System Organ Class / Preferred Term	AD (N=)		bvFTD (N=)		All Subjects (N=)	
	Subjects [1]	Events	Subjects [1]	Events	Subjects [1]	Events
Subjects Reporting at Least One Adverse Event	n (%)	n	n (%)	n	n (%)	n
System Organ Class 1	n (%)	n	n (%)	n	n (%)	n
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n
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.						
System Organ Class 2	n (%)	n	n (%)	n	n (%)	n
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n

[1] At each level of summation (overall, system organ class, preferred term), subjects reporting more than one adverse event are counted only once.

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Programming Note: Repeat table for the tables listed below

Table 14.3.2.5.1.2 Serious Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.5.2.1 Serious Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class and Preferred Term (Safety Population)

Table 14.3.2.5.2.2 Serious Adverse Events that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.5.3.1 Serious Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class and Preferred Term (Safety Population)

Table 14.3.2.5.3.2 Serious Adverse Events (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.6.1.1 Fatal Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class and Preferred Term (Safety Population)

Table 14.3.2.6.1.2 Fatal Adverse Events Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.13.3.2 *Adverse Events Leading to Dose Reduction, Dose Interruption or Study Drug Withdrawal (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)*

Table 14.3.2.14.1.1
Adverse Events of Special Interest (AESI) Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class and Preferred Term
Safety Population

System Organ Class / Preferred Term	AD (N=)		bvFTD (N=)		All Subjects (N=)	
	Subjects [1]	Events	Subjects [1]	Events	Subjects [1]	Events
Subjects Reporting at Least One AESI	n (%)	n	n (%)	n	n (%)	n
System Organ Class 1	n (%)	n	n (%)	n	n (%)	n
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n
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.						
System Organ Class 2	n (%)	n	n (%)	n	n (%)	n
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n
.						
.						

[1] At each level of summation (any AESI, system organ class, preferred term), subjects reporting more than one adverse event are counted only once.

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Programming Note: Repeat table for the tables listed below

Table 14.3.2.14.1.2 Adverse Events of Special Interest (AESI) Ongoing On Day 1 of Dosing (Pre-existing Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.14.2.1 Adverse Events of Special Interest (AESI) that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class and Preferred Term (Safety Population)

Table 14.3.2.14.2.2 Adverse Events of Special Interest (AESI) that Started On or After Day 1 of Dosing (Study-emergent Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.14.3.1 Adverse Events of Special Interest (AESI) (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class and Preferred Term (Safety Population)

Table 14.3.2.14.3.2 Adverse Events of Special Interest (AESI) (Pre-existing Adverse Events and Study-emergent Adverse Events) by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.2.15.1
Post-Treatment Adverse Events by System Organ Class and Preferred Term
Safety Population

System Organ Class / Preferred Term	AD (N=)		bvFTD (N=)		All Subjects (N=)	
	Subjects [1]	Events	Subjects [1]	Events	Subjects [1]	Events
Subjects Reporting at Least One Adverse Event	n (%)	n	n (%)	n	n (%)	n
System Organ Class 1	n (%)	n	n (%)	n	n (%)	n
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n
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.						
System Organ Class 2	n (%)	n	n (%)	n	n (%)	n
Preferred Term 1	n (%)	n	n (%)	n	n (%)	n
Preferred Term 2	n (%)	n	n (%)	n	n (%)	n

Note: Post-treatment adverse events are defined as TEAEs that have an onset more than 14 days after the last dose of study drug.
[1] At each level of summation (overall, system organ class, preferred term), subjects reporting more than one adverse event are counted only once.

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Programming Note: Repeat table for Table 14.3.2.15.2 Post-Treatment Adverse Events by System Organ Class and Preferred Term – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.3.1.1.1
Hematology Values and Changes from Baseline at All Visits – Conventional Units
Safety Population

Laboratory Parameter	Target Visit	AD (N=)	bvFTD (N=)	All Subjects (N=)
Hematocrit (%)	Baseline [1]			
	n	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	By-visit Baseline for Week 2 Visit[2]			
	N	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Week 2			
	N	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Change from Baseline to Week 2			
	n	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	…			
Hemoglobin (g/dL)				
.				
.				

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.
[2] By-visit Baseline is defined as the baseline assessments from subjects with a non-missing assessment at that visit.

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Programming note: Table will include all hematology parameters collected from Central Laboratory, and all target visits and for Last Available On-Treatment Value. Please see Appendix A for visit windows.
Programming Note: Repeat table for the tables listed below
Table 14.3.3.1.1.2 Hematology Values and Changes from Baseline at All Visits – Conventional Units – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.3.2.1.1
Serum Chemistry Values and Changes from Baseline at All Visits – Conventional Units
Safety Population

Laboratory Parameter	Target Visit	AD (N=)	bvFTD (N=)	All Subjects (N=)
Sodium (mEq/L)	Baseline [1]			
	n	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	By-visit Baseline for Week 2 Visit[2]			
	N	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Week 2			
	N	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Change from Baseline to Week 2			
	n	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	…			
Poatassium (mEq/L)				
.				
.				

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.
[2] By-visit Baseline is defined as the baseline assessments from subjects with a non-missing assessment at that visit.

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Programming note: Table will include all serum chemistry parameters collected from Central Laboratory, and all target visits and for Last Available On-Treatment Value. Please see Appendix A for visit windows.
Programming Note: Repeat table for the tables listed below
Table 14.3.3.2.1.2 Serum Chemistry Values and Changes from Baseline at All Visits – Conventional Units – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.3.3.1
Incidence of Potentially Clinically Significant Hematology and Serum Biochemistry Results
Safety Population

Laboratory Parameter	Potentially Clinically Significant Criteria	Target Visit	AD m/n (%)[1] (N=)	bvFTD m/n (%)[1] (N=)	All Subjects m/n (%)[1] (N=)
Hematology					
Hemoglobin	Criteria	Baseline	m/n (%)	m/n (%)	m/n (%)
		Any Post-Baseline PCS	m/n (%)	m/n (%)	m/n (%)
		Any Post-Baseline Worsening	m/n (%)	m/n (%)	m/n (%)
.		Week 2	m/n (%)	m/n (%)	m/n (%)
.		Week 13	m/n (%)	m/n (%)	m/n (%)
Serum Chemistry					
Sodium	Criteria	Baseline	m/n (%)	m/n (%)	m/n (%)
.		Any Post-Baseline PCS	m/n (%)	m/n (%)	m/n (%)
		Any Post-Baseline Worsening	m/n (%)	m/n (%)	m/n (%)
.		Week 2	m/n (%)	m/n (%)	m/n (%)
		Week 13	m/n (%)	m/n (%)	m/n (%)

Note: ULN = Upper Limit of Normal.
[1] m: number of subjects with at least one potentially clinically significant result at corresponding visit; n: number of subjects with at least one non-missing result at corresponding visit.
Note: For the post-Baseline visits, only subjects in whom the values represent a treatment-emergent worsening from Baseline (i.e. more out of range) are summarized.
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Programming note: Table will include all parameters with defined potentially clinically significant ranges at each post-Baseline visit and for Last Available On-Treatment Value. Please see Appendix A for target visits and visit windows. Ensure that criteria indicating an increase or a decrease are presented separately.

Programming Note: Repeat table for Table 14.3.3.3.2 Incidence of Potentially Clinically Significant Hematology and Serum Biochemistry Results – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.4.1.1.1
Vital Signs
Safety Population

Vital Sign	Target Visit	AD (N=)	bvFTD (N=)	All Subjects (N=)
Systolic BP (mmHg)	Baseline			
	n	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Baseline [1]			
	…			
	Week 2			
	…			
	Change from Baseline to Week 2			
	…			

[1] Baseline is defined as the last non-missing value prior to first dose of study drug.

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Programming note: Table will include the following vital signs: systolic BP (mmHg), diastolic BP (mmHg), heart rate (bpm), oral temperature (°C), respiratory rate (bpm) and weight (kg) for all target visits and for Last Available On-Treatment Value. Please see Appendix A for target visits and visit windows.

Programming Note: Repeat table for Table 14.3.4.1.1.2 Vital Signs – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.4.1.2.1
Weight Directional Changes
Safety Population

Direction of Change	Target Visit	Category	AD (N=)	bvFTD (N=)	All Subjects (N=)
Increase	Baseline	0-5 kg	n (%)	n (%)	n (%)
		>5 – 10 kg	n (%)	n (%)	n (%)
		>10 – 15 kg	n (%)	n (%)	n (%)
		etc…			
Decrease		0-5 kg	n (%)	n (%)	n (%)
		>5 – 10 kg	n (%)	n (%)	n (%)
		>10 – 15 kg	n (%)	n (%)	n (%)
	etc…	etc…			

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Programming note: Table will include all target visits and Last Available On-Treatment Value. Please see Appendix A for target visits and visit windows..

Programming Note: Repeat table for Table 14.3.4.1.2.2 Weight Directional Changes – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.4.1.3.1
Incidence of Potentially Clinically Significant Vital Sign Results
Safety Population

Any Post-Baseline Clinically Significant Abnormalities?	Potentially Clinically Significant Criteria	Target Visit	AD (N=)	bvFTD (N=)	All Subjects (N=)
Systolic Blood Pressure	Criteria	Baseline	n (%)	n (%)	n (%)
		Any Post-Baseline Visit	n (%)	n (%)	n (%)
.		Day 1 Post-Dose	n (%)	n (%)	n (%)
.		Week 2	n (%)	n (%)	n (%)
Diastolic Blood Pressure	Criteria	Baseline	n (%)	n (%)	n (%)
.		Any Post-Baseline Visit	n (%)	n (%)	n (%)
.		Day 1 Post-Dose	n (%)	n (%)	n (%)
		Week 2	n (%)	n (%)	n (%)

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Programming note: Table will include all parameters (systolic BP (mmHg), diastolic BP (mmHg), pulse (bpm), temperature (°C), and weight (kg)) with defined potentially clinically significant ranges at each post-Baseline visit. Table will include all target visits and Last Available On-Treatment Value. Please see Appendix A for target visits and visit windows

Programming Note: Repeat table for Table 14.3.4.1.3.2 Incidence of Potentially Clinically Significant Vital Sign Results – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.4.2
Physical Examination by Visit
Safety Population

Body System	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Skin	Baseline [1]	(n=)	(n=)	(n=)
	Normal	n (%)	n (%)	n (%)
	Abnormal NCS	n (%)	n (%)	n (%)
	Abnormal CS	n (%)	n (%)	n (%)
	Week 2	(n=)	(n=)	(n=)
	Normal	n (%)	n (%)	n (%)
	Abnormal NCS	n (%)	n (%)	n (%)
	Abnormal CS	n (%)	n (%)	n (%)
	…			
Head				
…				

Note: NCS = Not clinically significant, CS = Clinically significant.
[1] Baseline is defined as the last non-missing value prior to first dose of study drug.

path\t_program.sas date time

Programming note: Table will include all body systems for all target visits and for Last Available On-Treatment Value. Please see Appendix A for target visits and visit windows.

Table 14.3.4.3
Neurological Examination by Visit
Safety Population

Body System	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Appearance	Baseline [1]	(n=)	(n=)	(n=)
	Normal	n (%)	n (%)	n (%)
	Abnormal NCS	n (%)	n (%)	n (%)
	Abnormal CS	n (%)	n (%)	n (%)
	Week 2	(n=)	(n=)	(n=)
	Normal	n (%)	n (%)	n (%)
	Abnormal NCS	n (%)	n (%)	n (%)
	Abnormal CS	n (%)	n (%)	n (%)
	…			
Behaviour				
…				

Note: NCS = Not clinically significant, CS = Clinically significant.
[1] Baseline is defined as the last non-missing value prior to first dose of study drug.

path\t_program.sas date time

Programming note: Table will include all body systems for all target visits and for Last Available On-Treatment Value. Please see Appendix A for target visits and visit windows.

Table 14.3.4.4.1
Serotonin Toxicity (Syndrome) Assessment by Visit
Safety Population

	Time point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Sign or Symptom of Serotonin Toxicity (Syndrome) Exhibited [1]	Baseline	(n=) n (%)	(n=) n (%)	(n=) n (%)
	Week 2	(n=) n (%)	(n=) n (%)	(n=) n (%)
	…			

Note: Baseline is defined as the last non-missing value prior to first dose of study drug.
[1] Subjects are counted if they answered "yes" to any of the signs or symptoms on the Serotinin Toxicity (Syndrome) Assessment form.

path\t_program.sas date time

Programming note: Table will include all target visits and Last Available On-Treatment Value. Please see Appendix A for target visits and visit windows.

Programming Note: Repeat table for Table 14.3.4.4.2 Serotonin Toxicity (Syndrome) Assessment by Visit – Non-AChEI/Memantine Users (Safety Population)

Table 14.3.4.5.1
Central ECG Data by Visit
Safety Population

ECG Parameter	Time Point	AD (N=)	bvFTD (N=)	All Subjects (N=)
Ventricular Rate (bpm)	Baseline [1]			
	N	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Week 26			
	N	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	Change from Baseline to Week 26			
	N	n	n	n
	Mean (SD)	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	Median	xx.x	xx.x	xx.x
	Min, Max	xx, xx	xx, xx	xx, xx
	…			
PR Interval (msec)				
…				

[1] Baseline is defined as the mean of the last non-missing triplicate values prior to first dose of study drug.
Note: The summaries are based on the measurements from central read (BIOCLINICA).

path\t_program.sas date time

Programming note: table will include all target visits and Last Available On-Treatment Value and the following ECG parameters: Ventricular Rate (beats/min), PR Interval (msec), QRS Duration (msec), QTcB Interval (msec), QTcF Interval (msec). See Appendix A for visit windows.

Table 14.3.4.5.2
Central ECG Data – Change from Baseline in Investigator's Overall Interpretation of Clinical Significance by Visit
Safety Population

	AD (N=) Baseline[1]			bvFTD (N=) Baseline[1]			All Subjects (N=) Baseline[1]		
Target Visit	Normal	Abnormal CS	Abnormal NCS	Normal	Abnormal CS	Abnormal NCS	Normal	Abnormal CS	Abnormal NCS
Week 26	(n=)	(n=)	(n=)	(n=)	(n=)	(n=)	(n=)	(n=)	(n=)
Normal	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Abnormal NCS	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Abnormal CS	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Week 52	(n=)	(n=)	(n=)	(n=)	(n=)	(n=)	(n=)	(n=)	(n=)
Normal	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Abnormal NCS	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Abnormal CS	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)

…

Note: CS = Clinically Significant, NCS = Not Clinically Significant. The clinical significance was determined by the investigator.
[1] Baseline is defined as the last non-missing value among triplicate values prior to first dose of study drug.

path\t_program.sas date time

Table 14.3.4.5.3
Central ECG Data – QTc Abnormalities
Safety Population

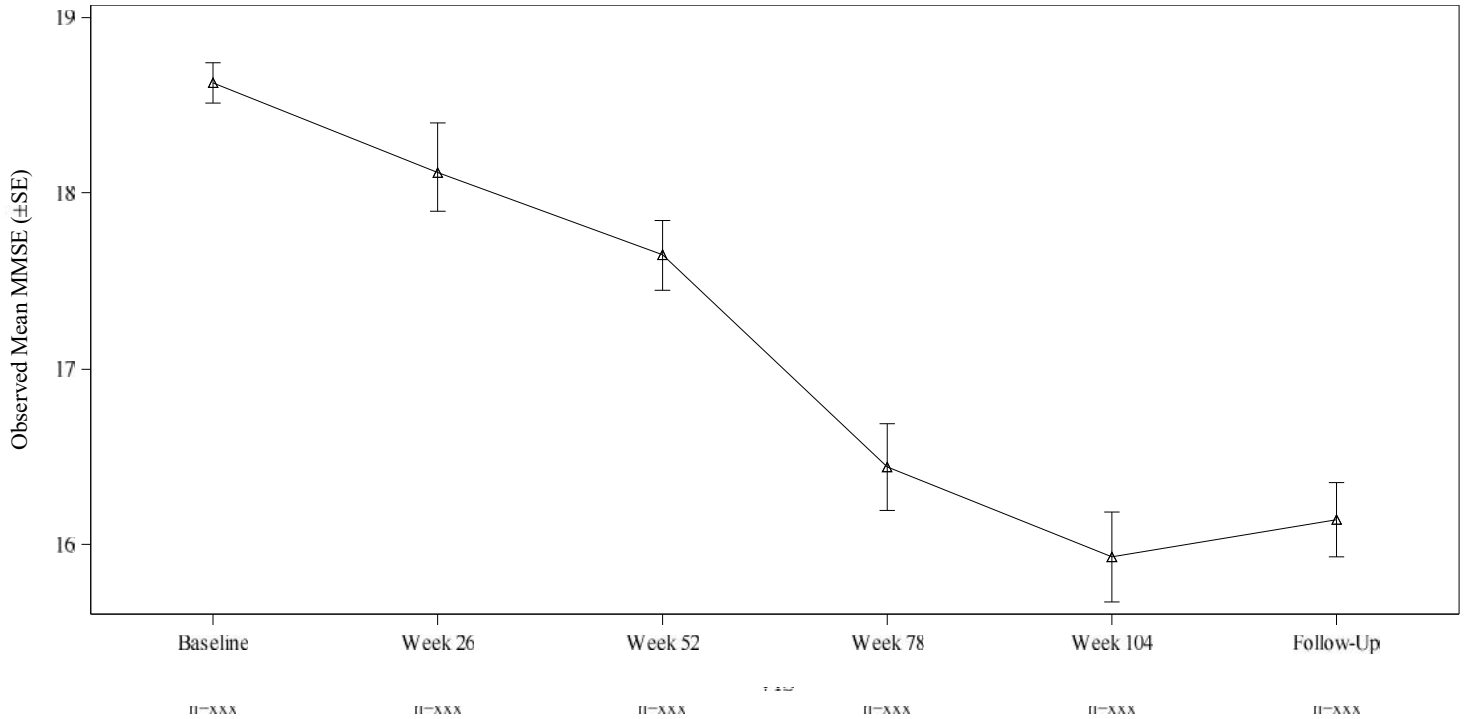
ECG Parameter	Target Visit	AD (N=)	bvFTD (N=)	All Subjects (N=)
QTcF Interval (msec)	Baseline[1]	(n=)	(n=)	(n=)
	>450 ms to ≤480 ms	n (%)	n (%)	n (%)
	>480 ms to ≤500 ms	n (%)	n (%)	n (%)
	>500 ms	n (%)	n (%)	n (%)
	Week 26	(n=)	(n=)	(n=)
	>450 ms to ≤480 ms	n (%)	n (%)	n (%)
	>480 ms to ≤500 ms	n (%)	n (%)	n (%)
	>500 ms	n (%)	n (%)	n (%)
	Change from Baseline to Week 26	(n=)	(n=)	(n=)
	>30 ms to ≤60 ms	n (%)	n (%)	n (%)
	>60 ms to <90 ms	n (%)	n (%)	n (%)
	≥90 ms	n (%)	n (%)	n (%)
	…			
QTcB Interval (msec)				
…				

[1] Baseline is defined as the mean of the last non-missing triplicate values prior to first dose of study drug.
Note: The categories are based on the average of triplicate measurements from central read (BIOCLINICA).

path\t_program.sas date time

Appendix H: Figure Layouts

Figure 14.2.4.1
Observed Mean MMSE by Visit
Safety Population

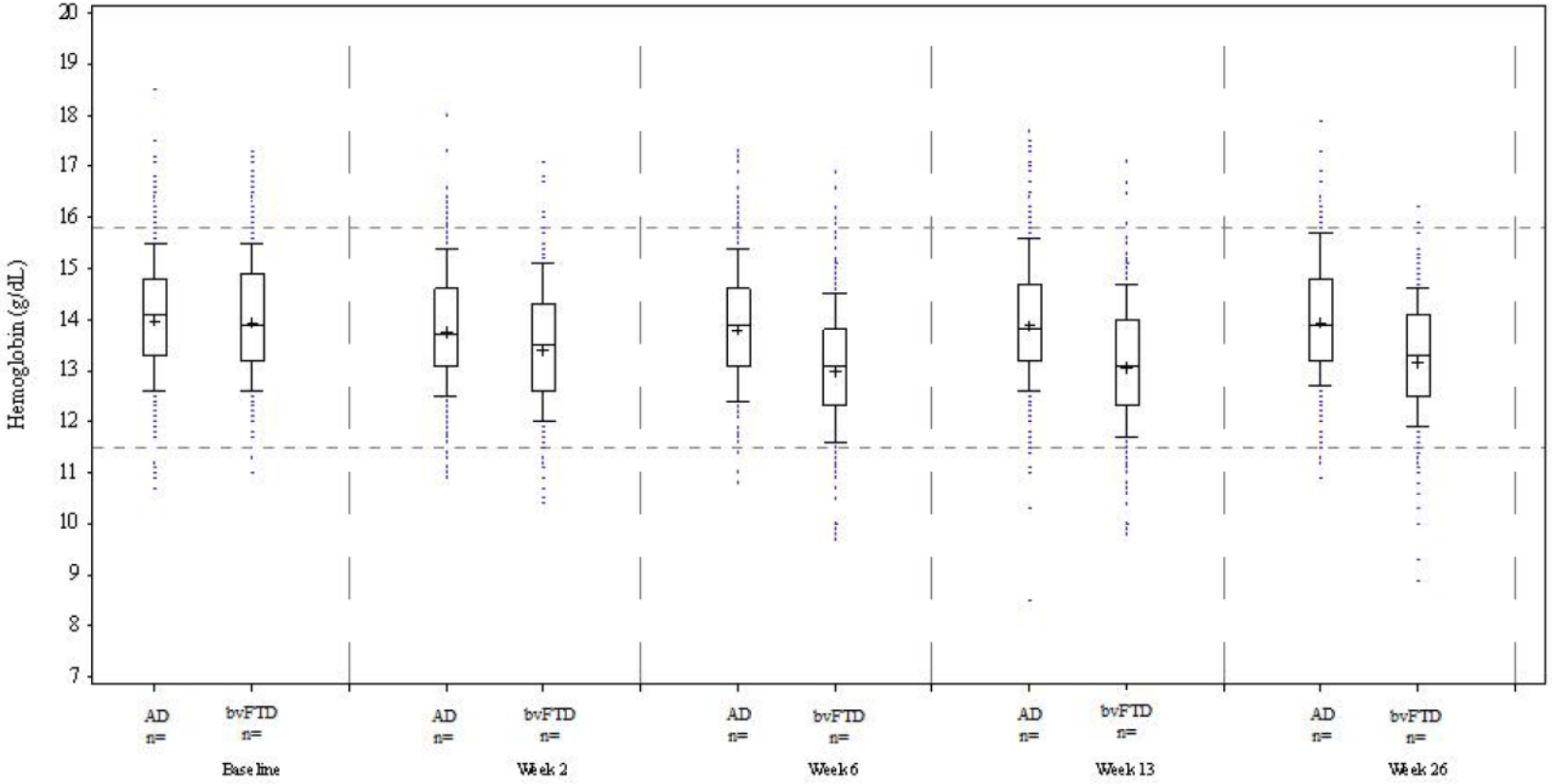


Reference: Table 14.2.1.1
path\t_program.sas date time

Programming Note: Repeat for the figure:

Figure 14.2.4.2 Annualized Mean Change from Baseline in MMSE (Safety Population)

Figure 14.3.5.1.1
Hemoglobin by Visit – Conventional Units
Safety Population



Notes: the upper bar is the 90th percentile, the lower bar is the 10th percentile; + = Mean, * = Outlier;
Most Frequent Normal Range Used, *Gender* Aged *xx-xx*. Low = xxx g/L High = xxx g/L
path\t_program.sas date time

Programming Note: Repeat figure for the figures listed on the following page:

Appendix I: Listing Layouts

Listing 16.2.1.1.1
Subjects Who Entered the Study
All Enrolled

Subject ID	Prior Study Subject ID	Prior Study Treatment	Site	Prior Study Site [1]
xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx
xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx
xxxxx*	xxxxxx	xxxxxx	xxxxxx	xxxxxx
xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx
xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx
xxxxx*	xxxxxx	xxxxxx	xxxxxx	xxxxxx
xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx

[1] If a subject did not change sites, this field will be left blank.
Note: * indicates a Non-AChEI/Memantine User.
Note: # indicates the subject was not dosed in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Add a flag for Non-AChEI/Memantine Users.

Listing 16.2.1.1.2
Informed Consent
All Enrolled

			Date Caregivers Signed Informed Consent									
Subject ID	Date of Informed Consent	Protocol Version Date of Initial Consent	Primary Caregiver	Secondary Caregiver	Third Caregiver	Fourth Caregiver	Legally Authorized Representative	Did a Study Participant Reconsent?	Study Participant	Date of Reconsent	Protocol Version	Reason for Reconsent
xxxxxx	date9.	date9.	xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx	Yes/No	xxxx	date9.	date9.	xxxxxx
xxxxxx	date9.	date9.	xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx	Yes/No	xxxx	date9.	date9.	xxxxxx
xxxxxx	date9.	date9.	xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx	Yes/No	xxxx	date9.	date9.	xxxxxx
xxxxxx	date9.	date9.	xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx	Yes/No	xxxx	date9.	date9.	xxxxxx
xxxxxx	date9.	date9.	xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx	Yes/No	xxxx	date9.	date9.	xxxxxx
xxxxxx	date9.	date9.	xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx	Yes/No	xxxx	date9.	date9.	xxxxxx
xxxxxx	date9.	date9.	xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx	Yes/No	xxxx	date9.	date9.	xxxxxx

path\l_program.sas date time

Programming note: Sort by subject ID. Do not include records where reason for reconsent = 'Reconsent for Additonal 12 Months'

Listing 16.2.1.1.3
Reconsent for Additional 12-Month Treatment Extension
All Enrolled

Subject ID	Study Participant	Date of Reconsent	Reason for Reconsent	Subject Will Continue in OLEX	Primary Reason Subject Did Not Reconsent
xxxxxx	xxxx	date9.	xxxxxx	Yes/No	xxxxxx
xxxxxx	xxxx	date9.	xxxxxx	Yes/No	xxxxxx
xxxxxx	xxxx	date9.	xxxxxx	Yes/No	xxxxxx
xxxxxx	xxxx	date9.	xxxxxx	Yes/No	xxxxxx
xxxxxx	xxxx	date9.	xxxxxx	Yes/No	xxxxxx
xxxxxx	xxxx	date9.	xxxxxx	Yes/No	xxxxxx
xxxxxx	xxxx	date9.	xxxxxx	Yes/No	xxxxxx

path\l_program.sas date time

Programming note: Sort by subject ID. Only include records where reason for reconsent = 'Reconsent for Additonal 12 Months'. Sources for the columns 'Subject Will Continue in OLEX' and 'Primary Reason Subject Did Not Reconsent' are the Visit 6 and Visit 10 CRFs.

Listing 16.2.1.2
Subject Disposition
All Enrolled

Subject ID	Date of Study Completion or Discontinuation (Study Day)	End Date of Study Drug Administration	End Time of Study Drug Administration	Reason(s) for Study Completion/Discontinuation
xxxxxx	date9. (day)	date9.	time5.	Reason*
xxxxxx	date9. (day)	date9.	time5.	Reason {including *Other* description}
xxxxxx	date9. (day)	date9.	time5.	Reason
xxxxxx	date9. (day)	date9.	time5.	Reason
xxxxxx	date9. (day)	date9.	time5.	Reason
xxxxxx	date9. (day)	date9.	time5.	Reason
xxxxxx	date9. (day)	date9.	time5.	Reason

Note: * indicates primary reason.
Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID.If reasons for study completion/discontinuation are 'Withdrawal of Consent by Subject,' 'Withdrawal of Consent by Caregiver', 'Withdrawal of Consent by Legally Acceptable Representative',and/or 'Physician Decision,' then concatenate additional related reason ro main reason with a colon (':'), i.e., 'Physician Decision: Specified Reason.'

Listing 16.2.1.3
Subject Visit Dates
All Enrolled

Subject ID	Last Visit (Date) from Prior Study	Does Visit 1 – Baseline Coincide with Final Visit?	If No, Have 42 Days Elapsed Since Final Visit?	Visit	Visit Date (Study Day)	Visit Not Done	If Not Done, Specify Reason
xxxxxx	Visit xx Week xx (date9.)	Yes/No	Yes/No	Screening	date		
				Baseline	date		
				Week 2	Not Done: Specify		
				Week 6	date		
				Week 13	date		
				Week 26	date		
				Week 39	date		
				Week 52	date		
				Week 56	date		
				Follow-up Visit	date		
xxxxxx				Unscheduled	date		

Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID and visit date. Display the CRF visit label.

Listing 16.2.2.1
Protocol Deviations
Safety Population

Subject ID	Treatment Group	Protocol Deviation Category	Deviation Type	CSR Impact
xxxxxx	xxxxxxxxxx	Category		Impact/No impact
xxxxxx	xxxxxxxxxx	Category		Impact/No impact
xxxxxx	xxxxxxxxxx	Category		Impact/No impact
xxxxxx	xxxxxxxxxx	Category		Impact/No impact
xxxxxx	xxxxxxxxxx	Category		Impact/No impact
xxxxxx	xxxxxxxxxx	Category		Impact/No impact
xxxxxx	xxxxxxxxxx	Category		Impact/No impact

path\l_program.sas date time

Programming note: Sort by subject ID.

Listing 16.2.2.2
Withdrawal of Consent
Safety Population

Subject ID	Study Participant Who Withdrew Consent	Withdrawal Date
xxxxxx	xxxxxx	date9.
xxxxxx	xxxxxx	date9.
xxxxxx	xxxxxx	date9.
xxxxxx	xxxxxx	date9.
xxxxxx	xxxxxx	date9.
xxxxxx	xxxxxx	date9.
xxxxxx	xxxxxx	date9.

path\l_program.sas date time

Programming note: Sort by subject ID.

Listing 16.2.2.3
Inclusion/Exclusion Criteria
Safety Population

\

Subject ID	Did subject meet all eligibility criteria?	Criterion No.	Protocol Version Date
xxxxxx	Yes/No	xxxxxx	date9.
xxxxxx	Yes/No	xxxxxx	date9.
xxxxxx	Yes/No	xxxxxx	date9.
xxxxxx	Yes/No	xxxxxx	date9.
xxxxxx	Yes/No	xxxxxx	date9.
xxxxxx	Yes/No	xxxxxx	date9.
xxxxxx	Yes/No	xxxxxx	date9.

path\l_program.sas date time

Programming note: Sort by subject ID.

Listing 16.2.4.1
Demographics and Baseline Characteristics
Safety Population
Part 1 of 2

Subject ID	Country	Age (years) [1]	Gender	Females, Childbearing Status Details[2]	Main Method of Adequate Contraception[3]	Ethnicity	Race	Subject's Living Accommodation	Who Does the Subject Live With?
xxxxxx	Country	xx	Male/Female	x	x	Ethnicity	Race	xxxxxx	xxxxxx
xxxxxx	Country	xx	Male/Female	x	x	Ethnicity	Race	xxxxxx	xxxxxx
xxxxxx	Country	xx	Male/Female	x	x	Ethnicity	Race	xxxxxx	xxxxxx
xxxxxx	Country	xx	Male/Female	x	x	Ethnicity	Race	xxxxxx	xxxxxx
xxxxxx	Country	xx	Male/Female	x	x	Ethnicity	Race	xxxxxx	xxxxxx
xxxxxx	Country	xx	Male/Female	x	x	Ethnicity	Race	xxxxxx	xxxxxx
xxxxxx	Country	xx	Male/Female	x	x	Ethnicity	Race	xxxxxx	xxxxxx

[1] Age at informed consent to participation in the prior study.
[2] 1=Surgically Sterile (Hysterectomy, Bilateral Salpingectomy or Oophorectomy); 2=Bilateral Tubal Ligation or Occlusion; 3=Post-Menopausal for at Least 1 Year; 4=Using Adequate Contraception.
[3] 1=Condoms with spermicidal foam, gel, film, cream, or suppository; 2=Diaphragm with spermicidal foam, gel, film, cream, or suppository; 3=Cervical/Vault caps with spermicidal foam, gel, film, cream, or suppository; 4=Intrauterine device or system; 5=Oral or long-acting injected or implanted hormonal contraceptives for at least 3 months prior to Baseline; 6=Vasectomized partner; 7=True abstinence.

path\l_program.sas date time

Listing 16.2.4.1
Demographics and Baseline Characteristics
Safety Population
Part 2 of 2

Subject ID	Height (cm)	Weight (kg)	BMI (kg/m^2)	MMSE	Use of AChEI/Memantine
xxxxxx	xx	xx	xx.x	xx.x	Yes/No
xxxxxx	xx	xx	xx.x	xx.x	Yes/No
xxxxxx	xx	xx	xx.x	xx.x	Yes/No
xxxxxx	xx	xx	xx.x	xx.x	Yes/No
xxxxxx	xx	xx	xx.x	xx.x	Yes/No
xxxxxx	xx	xx	xx.x	xx.x	Yes/No
xxxxxx	xx	xx	xx.x	xx.x	Yes/No

path\l_program.sas date time

Programming note: Sort by subject ID.

Listing 16.2.4.2
Medical History at Study Entry
Safety Population

Subject ID	MedDRA System Organ Class	Condition // MedDRA Preferred Term	CRF Start/Stop Date Unknown	Onset Date (Study Day)	Ongoing/Resolved	End Date (Study Day)
xxxxxx	Body System	Verbatim term // MedDRA Preferred Term	Checkbox	date9.	Ongoing/Resolved	date9.
	Body System	Verbatim term // MedDRA Preferred Term	value	date9.	Ongoing/Resolved	date9.
	Body System	Verbatim term // MedDRA Preferred Term		date9.	Ongoing/Resolved	date9.
xxxxxx	Body System	Verbatim term // MedDRA Preferred Term		date9.	Ongoing/Resolved	date9.
	Body System	Verbatim term // MedDRA Preferred Term		date9.	Ongoing/Resolved	date9.
	Body System	Verbatim term // MedDRA Preferred Term		date9.	Ongoing/Resolved	date9.

Note: Study day is calculated as days since the date of first dose of study drug in 020.
*=Medical History additions as of the start of this study.

path\l_program.sas date time

Programmer note: sort by subject ID and onset date within each subject.Combine data collected from Prior Study – Medical History and Medical History CRF pages and flag Medical History CRF records with asterisk (*).

Listing 16.2.4.3.1
Prior Medications
Safety Population

Subject ID	Verbatim Term // Generic Name	Start Date (Study Day)	Stop Date (Study Day)	Dose	Units	Dose Form	Route	Frequency	Indication	Anti-Psychotic Drug?	If Yes, Reason for Use
xxxxxx	Verbatim Term // Generic Name	date9. (xx)	date9. (xx)	dose	unit	dose form	route	frequency	indication	Yes/No	xxxx
	Verbatim Term // Generic Name	date9. (xx)	date9. (xx)	dose	unit	dose form	route	frequency	indication	Yes/No	xxxx
	Verbatim Term // Generic Name	date9. (xx)	date9. (xx)	dose	unit	dose form	route	frequency	indication	Yes/No	xxxx
xxxxxx	Verbatim Term // Generic Name	date9. (xx)	date9. (xx)	dose	unit	dose form	route	frequency	indication	Yes/No	xxxx
	Verbatim Term // Generic Name	date9. (xx)	date9. (xx)	dose	unit	dose form	route	frequency	indication	Yes/No	xxxx
	Verbatim Term // Generic Name	date9. (xx)	date9. (xx)	dose	unit	dose form	route	frequency	indication	Yes/No	xxxx

Note: Prior Medications are those medications that were started or ongoing at the end of the prior study participation and were stopped prior to the 020 first dose date. Study day is calculated as days prior to the date of first dose of study drug in 020.
*Medications with serotonergic potential

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Programmer note: sort by subject ID and start date and stop date within each subject.Include medications that fit the prior medications definition from both the Concomitant Medications and Prior-Study – Concomitant Medications CRF pages.

Programming Note: Repeat listing for the listings listed below

Listing 16.2.3.3.2 Concomitant Medications (Safety Population) - see Section 5.6 for sources

Listing 16.2.3.4 Procedures or Therapies (Safety Population) {include Subject ID, Any Procedures/Therapies Performed?(Y/N), Description, Start and Stop Dates, and Ongoing (Yes, if checked)}

Listing 16.2.5.1
Drug Accountability and Compliance
Safety Population

Subject ID	Visit	Date of Administration (Study Day)	Package ID Dispensed (1st/2nd/3rd)	Tablets Dispensed	Package ID Returned (1st/2nd/3rd)	Tablets Returned	Continue on Study Drug?	Compliance[1]	Comments
xxxxxx	Day 1	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
	Week 2	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
	Week 6	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
xxxxxx	Day 1	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
	Week 2	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
	Week 6	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
xxxxxx	Day 1	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
	Week 2	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
	Week 6	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
xxxxxx	Day 1	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
	Week 2	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
	Week 6	date9. (xx)	xx	xx	xx	xx	Yes/No	xx.x	
…									

Note: Study day is calculated as days since the date of first dose of study drug in 020.
[1] Defined as 100 x (Total Tablets Dispensed – Total Tablets Returned) / (Expected Number of Tablets).

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.5.2
By-Subject Summary of Overall Exposure
Safety Population

Subject ID	Treatment Duration [1]	Treatment Duration Accounting for Interruptions [2]	Mean Daily Dose (mg) [3]	Modal Daily Dose (mg)
xxxxxx	xxx	xxx	x.xx	x.xx
xxxxxx	xxx	xxx	x.xx	x.xx
xxxxxx	xxx	xxx	x.xx	x.xx
xxxxxx	xxx	xxx	x.xx	x.xx
…				

[1] Duration of exposure in days is defined as the difference between the last dose date recorded on the study exit CRF page and the first dose date, plus 1 day.
[2] Duration of exposure accounting for interruptions in days is defined as the difference between the last dose date recorded on the study exit CRF page and the first dose date, minus the duration of dose interruption(s), plus 1 day.
[3] Defined as the total dose received divided by duration of exposure.

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Programming note: Sort by subject ID.

Listing 16.2.5.3
Chronological Study Drug Administration Including Dose Interruption and Adjustment
Safety Population

Subject ID	Start Date of Administration (Study Day)	Stop Date of Administration (Study Day)	Daily Dose	Comment
xxxxxx	date9.	date9.	xx mg	Comment
xxxxxx	date9.	date9.	xx mg	Comment
xxxxxx	date9.	date9.	xx mg	Comment
xxxxxx	date9.	date9.	xx mg	Comment
xxxxxx	date9.	date9.	xx mg	Comment
xxxxxx	date9.	date9.	xx mg	Comment

path\l_program.sas date time

Programming note: Sort by subject ID.

Listing 16.2.6.1
RUD Lite
Safety Population
Part 1 of 6

								Caregiver						
								Description of Primary Caregiver						
Subject ID	Visit	Interview Date	Start Time	End Time	Previous Assessment Completed in Prior Study?	Completed within prior 42 days of Prior Study?	Date of Previous Assessemtnt	Age	Gender	Relationship to Patient	# of Children Living with	Live with the Patient?	# of Other Caregivers	Level of Contribution
xxxxxx	Day 1	date9.	time5.	time5.	Yes/No	Yes/No	date9.	xx	F/M	Relationship	xx	Yes/No	xx	xx-xx%
	Week 26	Not Done: specify												
	Week 52	date9.	time5.	time5.				xx	F/M	Relationship	xx	Yes/No	xx	xx-xx%
	…													
xxxxxx	Day 1	date9.	time5.	time5.	Yes/No	Yes/No	date9.	xx	F/M	Relationship	xx	Yes/No	xx	xx-xx%
	Week 26	date9.	time5.	time5.				xx	F/M	Relationship	xx	Yes/No	xx	xx-xx%
	Week 52	date9.	time5.	time5.				xx	F/M	Relationship	xx	Yes/No	xx	xx-xx%
	…													
xxxxxx	Day 1	date9.	time5.	time5.	Yes/No	Yes/No	date9.	xx	F/M	Relationship	xx	Yes/No	xx	xx-xx%
	Week 26	date9.	time5.	time5.				xx	F/M	Relationship	xx	Yes/No	xx	xx-xx%
	Week 52	date9.	time5.	time5.				xx	F/M	Relationship	xx	Yes/No	xx	xx-xx%
	…													

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.6.1
RUD Lite
Safety Population
Part 2 of 6

					Caregiver										
					Caregiver Time Spent…										
					Sleeping		Assisting patient with toilet visits, etc.			Assisting patient with shopping, etc.			Supervising the patient		
					On a typical care day during last 30 days		On a typical care day during last 30 days		During the last 30 days	On a typical care day during last 30 days		During the last 30 days	On a typical care day during last 30 days		During the last 30 days
Subject ID	Visit	Interview Date	Start Time	End Time	# of Hrs.	# of Min.	# of Hrs.	# of Min.	# of Days	# of Hrs.	# of Min.	# of Days	# of Hrs.	# of Min.	# of Days
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 26	Not Done: specify													
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	…														
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	…														
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	…														

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.6.1
RUD Lite
Safety Population
Part 3 of 6

					Caregiver		Patient						
					Caregiver work status		Patient Living Accommodations						
					# of times caregiver status affected work		If patient made permanent change since last visit			If patient moved to a new location for more than 24 hours, # of nights at temporary location			
Subject ID	Visit	Interview Date	Start Time	End Time	Missed a whole day of work	Missed part of a day of work	Current Accommodations	Date of move	Own home	Intermediate Accommodation	Dementia-specific accommodation	Long-term institutional care	Other, specify
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xxxxxx	date9.	xx	xx	xx	xx	xx
	Week 26	Not Done: specify											
	Week 52	date9.	time5.	time5.	xx	xx	xxxxxx	date9.	xx	xx	xx	xx	xx
	…												
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xxxxxx	date9.	xx	xx	xx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xxxxxx	date9.	xx	xx	xx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xxxxxx	date9.	xx	xx	xx	xx	xx
	…												
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xxxxxx	date9.	xx	xx	xx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xxxxxx	date9.	xx	xx	xx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xxxxxx	date9.	xx	xx	xx	xx	xx

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.6.1
RUD Lite
Safety Population
Part 4 of 6

					Patient								
					Patient Health Care Resource Utilisation								
					# of nights spent in hospital since last visit								
Subject ID	Visit	Interview Date	Start Time	End Time	# of times hospitalized in last 30 days	Internal Geriatric	Psychiatric	Medicine	Surgery	Neurology	General Ward	Other, specify	# of times in hospital ER in last 30 days
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 26	Not Done: specify											
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx
	…												
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx
	…												
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx
	…												

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.6.1
RUD Lite
Safety Population
Part 5 of 6

					Patient										
					Patient Health Care Resource Utilisation										
						# of visits									
Subject ID	Visit	Interview Date	Start Time	End Time	# of times admitted to a hospital since the last visit	None	General Practitioner	Geria-trician	Neuro-logist	Psychi-atrist	Physio-therapist	Occupational Therapist	Social Worker	Psycho-logist	Other, specify
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 26	Not Done: specify													
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	…														
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	…														
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
	…														

Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.6.1
RUD Lite
Safety Population
Part 6 of 6

					Patient											
					Patient Health Care Resource Utilisation											
					# of times service was received											
						District Nurse		Home Help/Healthcare Assistant		Meals on Wheels	Day Care		Transportation (Care Related)		Other	
Subject ID	Visit	Interview Date	Start Time	End Time	No services received	# of visits	# of hrs/visit	# of visits	# of hrs/visit	# of visits	# of visits	# of hrs/visit	# of visits	Specify	# of visits	# of hrs/visits
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xxxxxx	xx	xx
	Week 26	Not Done: specify														
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xxxxxx	xx	xx
	…															
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xxxxxx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xxxxxx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xxxxxx	xx	xx
	…															
xxxxxx	Day 1	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xxxxxx	xx	xx
	Week 26	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xxxxxx	xx	xx
	Week 52	date9.	time5.	time5.	xx	xx	xx	xx	xx	xx	xx	xx	xx	xxxxxx	xx	xx
	…															

Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.6.2.1
EQ-5D-5L
Safety Population

Subject ID	Visit	Date Performed (Study Day)	Start Time	End Time	Mobility	Self-care	Usual Activities	Pain or Discomfort	Anxiety/ Depression	Your Health Today
xxxxxx	Screening	date9. (xx)	time5.	time5.	I have no problems in walking about/ I have slight problems, etc.	I have no problems washing or dressing myself/ I have slight problems, etc.	I have no problems doing my usual activities/ I have slight problems, etc.	I have no pain or discomfort/ I have slight pain, etc.	I am not anxious or depressed/ I am slightly anxious, etc.	xx
	Week 26	date9. (xx)	time5.	time5.	I have no problems in walking about/ I have slight problems, etc.	I have no problems washing or dressing myself/ I have slight problems, etc.	I have no problems doing my usual activities/ I have slight problems, etc.	I have no pain or discomfort/ I have slight pain, etc.	I am not anxious or depressed/ I am slightly anxious, etc.	xx
xxxxxx	Screening	date9. (xx)	time5.	time5.	I have no problems in walking about/ I have slight problems, etc.	I have no problems washing or dressing myself/ I have slight problems, etc.	I have no problems doing my usual activities/ I have slight problems, etc.	I have no pain or discomfort/ I have slight pain, etc.	I am not anxious or depressed/ I am slightly anxious, etc.	xx
	Week 26	date9. (xx)	time5.	time5.	I have no problems in walking about/ I have slight problems, etc.	I have no problems washing or dressing myself/ I have slight problems, etc.	I have no problems doing my usual activities/ I have slight problems, etc.	I have no pain or discomfort/ I have slight pain, etc.	I am not anxious or depressed/ I am slightly anxious, etc.	xx

Note: Study day is calculated as days since the date of first dose of study drug in 020. BP = Blood Pressure.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Programming Note: Repeat listing for the listings listed below

Listing 16.2.6.2.2 EQ-5D-5L, Patient Rated (Safety Population)
Listing 16.2.6.2.3 EQ-5D-5L, Caregiver Rated (Safety Population)

Listing 16.2.7.1
Adverse Events
Safety Population

Subject ID	Verbatim Term // Preferred Term	Start Date/Time (Study Day)	End Date/Time (Study Day)	Start after last visit? If Yes, Visit Date?	Serious	Severity	Relationship to Study Drug	Action Taken with Study Drug	Other Drug	Outcome	AESI
xxxxxx	Verbatim Term // Preferred Term	date9./time5. (xx)	date9./time5. (xx)	Yes/Date9.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9./time5. (xx)	date9./time5. (xx)	No/--	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9./time5. (xx)	date9./time5. (xx)	Yes/Date9.	Yes/No	severity	relationship	action	action	outcome	Yes/No
xxxxxx	Verbatim Term // Preferred Term	date9./time5. (xx)	date9./time5. (xx)	No/--	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9./time5. (xx)	date9./time5. (xx)	Yes/Date9.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9./time5. (xx)	date9./time5. (xx)	No/--	Yes/No	severity	relationship	action	action	outcome	Yes/No
xxxxxx	Verbatim Term // Preferred Term	date9./time5. (xx)	date9./time5. (xx)	Yes/Date9.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9./time5. (xx)	date9./time5. (xx)	No/--	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9./time5. (xx)	date9./time5. (xx)	Yes/Date9.	Yes/No	severity	relationship	action	action	outcome	Yes/No

* Prior adverse event
# Pre-existing adverse event
& Post-treatment adverse event
Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programmer note: sort by subject ID and onset date and resolution date within each subject.

Listing 16.2.7.2.1
Serious Adverse Events
Safety Population

Subject ID	Verbatim Term // Preferred Term	Start Date (Study Day)	Start Time	End Date (Study Day)	End Time	Severity	Relationship to Study Drug	Action Taken with Study Drug	Other Drug	Outcome	AESI
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	severity	relationship	action	action	outcome	Yes/No
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	severity	relationship	action	action	outcome	Yes/No
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	severity	relationship	action	action	outcome	Yes/No

* Prior adverse event
# Pre-existing adverse event
& Post-treatment adverse event
Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programmer note: sort by subject ID and onset date and resolution date within each subject

Programmer note: Repeat listing for the following:
Listing 16.2.7.2.2 Fatal Adverse Events (Safety Population)
Listing 16.2.7.2.3 Non-Fatal Serious Adverse Events (Safety Population)

Listing 16.2.7.2.4
Serious Adverse Events (Additional Information About the SAE Collected on the AE CRF)
Safety Population

Subject ID	Verbatim Term // Preferred Term	Hospitalization	Hospital Admission Date (Study Day)	Hospital Discharge Date (Study Day)	Death Certificate Available	Autopsy Performed	Autopsy Report Obtained	Did the SAE Result in Death?	Date of Death (Study Day)
xxxxxx	Verbatim Term // Preferred Term	Yes/No	Date9.	Date9.	Yes/No	Yes/No	Yes/No	Yes/No	Date9.
	Verbatim Term // Preferred Term	Yes/No	Date9.	Date9.	Yes/No	Yes/No	Yes/No	Yes/No	Date9.
	Verbatim Term // Preferred Term	Yes/No	Date9.	Date9.	Yes/No	Yes/No	Yes/No	Yes/No	Date9.
xxxxxx	Verbatim Term // Preferred Term	Yes/No	Date9.	Date9.	Yes/No	Yes/No	Yes/No	Yes/No	Date9.
	Verbatim Term // Preferred Term	Yes/No	Date9.	Date9.	Yes/No	Yes/No	Yes/No	Yes/No	Date9.
	Verbatim Term // Preferred Term	Yes/No	Date9.	Date9.	Yes/No	Yes/No	Yes/No	Yes/No	Date9.
xxxxxx	Verbatim Term // Preferred Term	Yes/No	Date9.	Date9.	Yes/No	Yes/No	Yes/No	Yes/No	Date9.
	Verbatim Term // Preferred Term	Yes/No	Date9.	Date9.	Yes/No	Yes/No	Yes/No	Yes/No	Date9.
	Verbatim Term // Preferred Term	Yes/No	Date9.	Date9.	Yes/No	Yes/No	Yes/No	Yes/No	Date9.

* Prior adverse event
# Pre-existing adverse event
& Post-treatment adverse event
Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programmer note: sort by subject ID and onset date and resolution date within each subject

Listing 16.2.7.2.5
Serious Adverse Events (Collected on the SAE CRF)
Safety Population

Subject ID	Verbatim Term // Preferred Term	Date of Initial Report (Study Day)	Relevant Lab Reported?	Relevant Confirmatory Tests Done?	If Yes, Test Results Description	Any Concurrent SAE?	Date of Last Dose Prior to SAE	Event Summary
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	Yes/No	Yes/No	xxxxxxxxxxxxxx	Yes/No	date9.	
	Verbatim Term // Preferred Term	date9. (xx)	Yes/No	Yes/No	xxxxxxxxxxxxxx	Yes/No	date9.	
	Verbatim Term // Preferred Term	date9. (xx)	Yes/No	Yes/No	xxxxxxxxxxxxxx	Yes/No	date9.	
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	Yes/No	Yes/No	xxxxxxxxxxxxxx	Yes/No	date9.	
	Verbatim Term // Preferred Term	date9. (xx)	Yes/No	Yes/No	xxxxxxxxxxxxxx	Yes/No	date9.	
	Verbatim Term // Preferred Term	date9. (xx)	Yes/No	Yes/No	xxxxxxxxxxxxxx	Yes/No	date9.	
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	Yes/No	Yes/No	xxxxxxxxxxxxxx	Yes/No	date9.	
	Verbatim Term // Preferred Term	date9. (xx)	Yes/No	Yes/No	xxxxxxxxxxxxxx	Yes/No	date9.	
	Verbatim Term // Preferred Term	date9. (xx)	Yes/No	Yes/No	xxxxxxxxxxxxxx	Yes/No	date9.	

* Prior adverse event
# Pre-existing adverse event
& Post-treatment adverse event
Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programmer note: sort by subject ID and onset date and resolution date within each subject

Listing 16.2.7.3.1
Adverse Events Leading to Dose Reduction, Interruption or Study Drug Withdrawal
Safety Population

Subject ID	Verbatim Term // Preferred Term	Start Date (Study Day)	Start Time	End Date (Study Day)	End Time	Serious	Severity	Relationship to Study Drug	Action Taken with Study Drug	Other Drug	Outcome	AESI
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome	Yes/No

* Prior adverse event
# Pre-existing adverse event
& Post-treatment adverse event
Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programmer note: sort by subject ID and onset date and resolution date within each subject. Repeat listing for

Listing 16.2.7.3.2 *All AEs for Subjects with Adverse Events Leading to Dose Reduction, Interruption or Study Drug Withdrawal (Safety Population) {Programmer note: Please present the AE leading to dose reduction, interruption or study drug withdrawal along with all AEs for that subject.}*

Listing 16.2.7.4
Adverse Events of Special Interest
Safety Population

Subject ID	Verbatim Term // Preferred Term	Start Date (Study Day)	Start Time	End Date (Study Day)	End Time	Serious	Severity	Relationship to Study Drug	Action Taken with Study Drug	Other Drug	Outcome
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome
xxxxxx	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome
	Verbatim Term // Preferred Term	date9. (xx)	time5.	date9. (xx)	time5.	Yes/No	severity	relationship	action	action	outcome

* Prior adverse event
# Pre-existing adverse event
& Post-treatment adverse event
Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programmer note: sort by subject ID, onset date and resolution date within each subject.

Listing 16.2.8.1.1
Central Laboratory Normal Ranges
Safety Population

			Conventional Units		SI Units	
Laboratory Test	Gender	Age Range	Normal Range	Unit	Normal Range	Unit
WBC	Female	min-max	min-max		min-max	
	Male	min-max	min-max		min-max	
Hematocrit	Female	min-max	min-max		min-max	
	Male	min-max	min-max		min-max	
Hemoglobin	Female	min-max	min-max		min-max	
	Male	min-max	min-max		min-max	
…						
TSH	Female	min-max	min-max		min-max	
	Male	min-max	min-max		min-max	
…						

path\l_program.sas date time

Listing 16.2.8.1.2
Central Laboratory – Comments on Samples Not Analyzed
Safety Population

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Laboratory Panel	Laboratory Test	Comments
xxxxxx	Baseline	date9. (xx)	time5.	Hematology	xxxxx	xxxxx
	Week 2	date9. (xx)	time5.	Hematology	xxxxx	xxxxx
	Week 13	date9. (xx)	time5.	Chemistry	xxxxx	xxxxx
	…					
xxxxxx	Baseline	date9. (xx)	time5.	xxxxx	xxxxx	xxxxx
	Week 2	date9. (xx)	time5.	xxxxx	xxxxx	xxxxx
	Week 13	date9. (xx)	time5.	xxxxx	xxxxx	xxxxx
	…					
xxxxxx	Baseline	date9. (xx)	time5.	xxxxx	xxxxx	xxxxx
	Week 2	date9. (xx)	time5.	xxxxx	xxxxx	xxxxx
	Week 13	date9. (xx)	time5.	xxxxx	xxxxx	xxxxx
	…					
xxxxxx	Baseline	date9. (xx)	time5.	xxxxx	xxxxx	xxxxx
	Week 2	date9. (xx)	time5.	xxxxx	xxxxx	xxxxx
	Week 13	date9. (xx)	time5.	xxxxx	xxxxx	xxxxx
	…					

Note: Study day is calculated as days since the date of first dose of study drug in 020.

Programming note: Display the CRF visit label.

Listing 16.2.8.2.1
Central Lab - Hematology - Conventional Units
Safety Population
Part 1 of 2

Subject ID	Sex	Age	Visit	Collection Date (Study Day)	Collection Time	Neutro-phils (10^3/uL)	Lympho-cytes (10^3/uL)	Monocytes (10^3/uL)	Baso-phils (10^3/uL)	Eosino-phils (10^3/uL)	WBC (10^3/uL)	RBC (10^6/uL)	Platelets (10^3/uL)
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			…										
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			…										
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			…										
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx

Note: L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.8.2.1
Central Lab - Hematology - Conventional Units
Safety Population
Part 2 of 2

Subject ID	Sex	Age	Visit	Collection Date (Study Day)	Collection Time	MCV (fl)	MCH (pg)	MCHC (g/dL)	Hemoglobin (g/dL)	Hema-tocrit (%)	Reticulocytes (%)
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			…								
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			…								
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			…								
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
			Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx

Note: L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Repeat for Listing 16.2.8.2.2 Central Lab – Hematology - SI Units (Safety Population)

Listing 16.2.8.2.3
Local Lab – Hematology - Conventional Units
Safety Population
Part 1 of 2

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Hemat-ocrit	Hemo-globin	MCH	MCHC	RBC	Reticulocyte (Count)	Heinz Bodies	Erythrocytes w/ Heinz Bodies	Reticul-ocyte (%)	WBC	Neutro-phils (%)
xxxxxx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													
xxxxxx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													
xxxxxx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													
xxxxxx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													

Note; L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.8.2.3
Local Lab – Hematology - Conventional Units
Safety Population
Part 2 of 2

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Neutro-phils (abs)	Lymph-ocytes (%)	Lymph-ocytes (abs)	Mono-cytes (%)	Mono-cytes (abs)	Eosino-phils (%)	Eosino-phils (abs)	Baso-phils (%)	Baso-phils (abs)	Platelets	MCV
xxxxxx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													
xxxxxx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													
xxxxxx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													
xxxxxx	Baseline	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													

Note; L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Repeat for Listing 16.2.8.2.4 Local Lab – Hematology - SI Units (Safety Population)

Listing 16.2.8.3.1
Central Lab - Serum Chemistry - Conventional Units
Safety Population
Part 1 of 3

Subject ID	Sex	Age	Visit	Collection Date (Study Day)	Collection Time	ALT (SGPT) (U/L)	AST (SGOT) (U/L)	Alkaline Phosphatase (U/L)	GGT (U/L)	Albumin (g/dL)	Albumin-QT (g/dL)	Total Protein (g/dL)	Sodium (mEq/L)	Potassium (mEq/L)
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			Week 2	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			Week 13	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			…											
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			Week 2	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			Week 13	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			…											
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			Week 2	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			Week 13	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			…											
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			Week 2	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x
			Week 13	date9. (xx)	time5.	xxx	xxx	xxx	xxx	x.x	x.x	x.x	xxx	x.x

Note: L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.8.3.1
Central Lab - Serum Chemistry - Conventional Units
Safety Population
Part 2 of 3

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Total Bilirubin (mg/dL)	Direct Bilirubin (mg/dL)	Indirect Bilirubin (mg/dL)	Urea Nit-rogen (mg/dL)	Creatinine (Rate Blanked) (mg/dL)	Creatinine Clearance (ml/min)	eGFR (mL/min/1.73 m^2)	Creatine Kinase (U/L)
xxxxxx	Baseline	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	Week 2	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	Week 13	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	…										
xxxxxx	Baseline	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	Week 2	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	Week 13	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	…										
xxxxxx	Baseline	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	Week 2	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	Week 13	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	…										
xxxxxx	Baseline	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	Week 2	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	Week 13	date9. (xx)	time5.	x.x	x.x	x.x	xx	x.x	x.x	x.x	x.x
	…										

Note: L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.8.3.1
Central Lab - Serum Chemistry - Conventional Units
Safety Population
Part 3 of 3

Subject ID	Sex	Age	Visit	Collection Date (Study Day)	Collection Time	Chloride (mEq/L)	Phosphorus (mg/dL)	Calcium (EDTA) (mg/dL)	Glucose (mg/dL)	LDH (U/L)	Triglycerides (GPO) (mg/dL)	Cholesterol(HP) (mg/dL)	Folate (ng/mL)	Uric Acid (mg/dL)
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xxx	x.x	xx.x	xxx	xx.x	xx.x	xx.x	xx.x	xx.x
			Week 2	date9. (xx)	time5.	xxx	x.x	xx.x	xxx	xx.x	xx.x	xx.x	xx.x	xx.x
			Week 13	date9. (xx)	time5.	xxx	x.x	xx.x	xxx	xx.x	xx.x	xx.x	xx.x	xx.x
			…											
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xxx	x.x	xx.x	xxx	xx.x	xx.x	xx.x	xx.x	xx.x
			Week 2	date9. (xx)	time5.	xxx	x.x	xx.x	xxx	xx.x	xx.x	xx.x	xx.x	xx.x
			Week 13	date9. (xx)	time5.	xxx	x.x	xx.x	xxx	xx.x	xx.x	xx.x	xx.x	xx.x
			…											
xxxxxx	M/F	xx	Baseline	date9. (xx)	time5.	xxx	x.x	xx.x	xxx	xx.x	xx.x	xx.x	xx.x	xx.x
			Week 2	date9. (xx)	time5.	xxx	x.x	xx.x	xxx	xx.x	xx.x	xx.x	xx.x	xx.x
			Week 13	date9. (xx)	time5.	xxx	x.x	xx.x	xxx	xx.x	xx.x	xx.x	xx.x	xx.x
			…											

Note: L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Repeat for Listing 16.2.8.3.2 Central Lab – Serum Chemistry - SI Units (Safety Population)

Listing 16.2.8.3.3
Local Lab – Serum Chemistry - Conventional Units
Safety Population
Part 1 of 3

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Fasting?	TSH	Free T3	Free T4	Vitamin B12	Folate	Hapto-globin	G6PD	Sodium	Potassium	Calcium	Albumin	Total Protein
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…															
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…															
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…															
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…															

Note; L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.8.3.3
Local Lab – Serum Chemistry - Conventional Units
Safety Population
Part 2 of 3

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Fasting?	Blood Urea Nitrogen	Blood Urea	Total Bilirubin	Direct Bilirubin	Indirect Bilirubin	Alkaline Phosphatase	LDH	GGT	ALT	AST	Glucose (not fasted)
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…														
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…														
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…														
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…														

Note; L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.8.3.3
Local Lab – Serum Chemistry - Conventional Units
Safety Population
Part 3 of 3

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Fasting?	Creatinine	Creatinine Clearance	Phosphate	Triglycerides	Cholesterol (total)	Uric Acid	Chloride	Digoxin	Homocysteine	Methylmalonic Acid	Others
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…														
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…														
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…														
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…														

Note; L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Repeat for Listing 16.2.8.3.4 Local Lab – Serum Chemistry - SI Units (Safety Population)

Listing 16.2.8.4.1
Local Lab – Urinalysis - Conventional Units
Safety Population
Part 1 of 3

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Fasting?	RBC	WBC	Specific Gravity	WBC Clumps	Hyaline Casts	Unclassified Casts	Squamous Epitheial Cells	Non-Squamaus Epithelial Cells	Bacteria	Yeast
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…													

Note; L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label. Only display parameters with at least one result.

Listing 16.2.8.4.1
Local Lab – Urinalysis - Conventional Units
Safety Population
Part 2 of 3

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Fasting?	Crystals	Mucus	Sperm	pH	Glucose	Ketones	Protein	Bilirubin
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…											
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…											
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…											
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…											

Note; L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label. Only display parameters with at least one result.

Listing 16.2.8.4.1
Local Lab – Urinalysis - Conventional Units
Safety Population
Part 3 of 3

Subject ID	Visit	Collection Date (Study Day)	Collection Time	Fasting?	Blood	Nitrites	Urobilinogen	Color	Turbidity	Others
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…									
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…									
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…									
xxxxxx	Baseline	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 2	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	Week 13	date9. (xx)	time5.	Yes/No	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx
	…									

Note; L=Low, H=High;*=Potentially Clinically Significant; #=Abnormal/Clinically Significant per Investigator. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label. Only display parameters with at least one result.

Repeat for Listing 16.2.8.4.2 Local Lab – Urinalysis - SI Units (Safety Population)

Listing 16.2.8.5.1
Hematology Results of Potential Clinical Significance – Conventional Units
Safety Population

Subject ID	Laboratory Test (unit)	Criteria	Visit	Collection Date (Study Day)	Collection Time	Results
xxxxxx	test (unit)	Criteria	Baseline	date9. (xx)	time5.	result
	test (unit)	Criteria	Week 2	date9. (xx)	time5.	result
	test (unit)	Criteria	Week 13	date9. (xx)	time5.	result
			…			
xxxxxx	test (unit)	Criteria	Baseline	date9. (xx)	time5.	result
	test (unit)	Criteria	Week 2	date9. (xx)	time5.	result
	test (unit)	Criteria	Week 13	date9. (xx)	time5.	result
			…			
xxxxxx	test (unit)	Criteria	Baseline	date9. (xx)	time5.	result
	test (unit)	Criteria	Week 2	date9. (xx)	time5.	result
	test (unit)	Criteria	Week 13	date9. (xx)	time5.	result
			…			

Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Repeat this listing for:
Listing 16.2.8.5.2 Hematology Results of Potential Clincial Significance - SI Units (Safety Population)
Listing 16.2.8.5.3 Hematology Results of Potential Clincial Significance - Includes Only Hgb and Hct reticulocy (Safety Population): If either RBC or Hgb meets PCS for any visit, then both labs values for all visits will be required in format of Listing 16.2.6.2.1.
Listing 16.2.8.5.4 Hematology Results of Potential Clincial Significance - WBCs and Neutrophils (Safety Population): If either parameter meets PCS for any visit, then the values for all visits are required, in format of Listing 16.2.6.2.1
Listing 16.2.8.5.5 Hematology Results of Potential Clincial Significance – Eosinophils (Safety Population)
Listing 16.2.8.5.6 Hematology Results of Potential Clincial Significance – Platelets (Safety Population)
Listing 16.2.8.6.1 Serum Chemistry Results of Potential Clinical Significance – Conventional Units (Safety Population)
Listing 16.2.8.6.2 Serum Chemistry Results of Potential Clinical Significance – SI Units (Safety Population)
Listing 16.2.8.6.3 Serum Chemistry Results of Potential Clinical Significance - Urea (Nitrogen) or Creatinine (Safety Population): If either parameter meets PCS for any visit, then Urea (Nitrogen), Creatinine, plus Creatinine Clearance and eGFR are required for all visits, in format of Listing 16.2.6.3.1
Listing 16.2.8.6.4 Serum Chemistry Results of Potential Clinical Significance - ALT, AST, GGT, bilirubin, alkaline phosphatase (Safety Population): If any of one of these parameters meets PCS, display the results for all 4 parameters.

Listing 16.2.9.1
Vital Signs
Safety Population

Subject ID	Visit	Date of Measurement (Study Day)	Time of Measurement	Temperature (°C)	Temperature Method	SBP (mmHg)	DBP (mmHg)	Pulse (beats/min)	Weight (kg)	Any Findings Abnormal?
xxxxxx	Baseline	date9. (xx)	time5.	xx.x.	xxx.x	xx.x	xx	xxx	xxx	Yes: CS/NCS / No
	Week 2	date9. (xx)	time5.		xxx.x	xx.x	xx	xxx	xxx	Yes: CS/NCS / No
	Week 13	date9. (xx)	time5.		xxx.x	xx.x	xx	xxx	xxx	Yes: CS/NCS / No
	…									
xxxxxx	Baseline	date9. (xx)	time5.	xx.x.	xxx.x	xx.x	xx	xxx	xxx	Yes: CS/NCS / No
	Week 2	date9. (xx)	time5.		xxx.x	xx.x	xx	xxx	xxx	Yes: CS/NCS / No
	Week 13	date9. (xx)	time5.		xxx.x	xx.x	xx	xxx	xxx	Yes: CS/NCS / No
	…									
xxxxxx	Baseline	date9. (xx)	time5.	xx.x.	xxx.x	xx.x	xx	xxx	xxx	Yes: CS/NCS / No
	Week 2	date9. (xx)	time5.		xxx.x	xx.x	xx	xxx	xxx	Yes: CS/NCS / No
	Week 13	date9. (xx)	time5.		xxx.x	xx.x	xx	xxx	xxx	Yes: CS/NCS / No

Note: CS= Clinically Significant; NCS = Not Clinically Significant; *=Potentially Clinically Significant. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.2.1
Vital Sign Results of Potential Clinical Significance
Safety Population

Subject ID	Parameter (unit)	Criteria	Target Visit	Collection Date (Study Day)	Collection Time	Results
xxxxxx	Temperature (°C)	criteria .	Baseline Week 2	date9. (xx)	time5.	result
	SBP (mmHg)	criteria .	Baseline Week 2	date9. (xx)	time5.	result
xxxxxx	Temperature (°C)	criteria	Baseline Week 2	date9. (xx)	time5.	result
	SBP (mmHg)	criteria	Baseline Week 2	date9. (xx)	time5.	result
xxxxxx	Temperature (°C)	criteria	Baseline Week 2	date9. (xx)	time5.	result
	SBP (mmHg)	criteria	Baseline Week 2	date9. (xx)	time5.	result

Note: CS= Clinically Significant; NCS = Not Clinically Significant. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID.

Listing 16.2.9.2.2
Subjects with Potentially Clinically Significant Vital Sign Results
Safety Population

Subject ID	Parameter (unit)	Target Visit	Collection Date (Study Day)	Collection Time	Results
xxxxxx	Temperature (°C)	Week 2	date9. (xx)	time5.	result
	SBP (mmHg)	Baseline	date9. (xx)	time5.	result
xxxxxx	Temperature (°C)	Week 2	date9. (xx)	time5.	result
	SBP (mmHg)	Baseline	date9. (xx)	time5.	result
xxxxxx	Temperature (°C)	Week 2	date9. (xx)	time5.	result
	SBP (mmHg)	Baseline	date9. (xx)	time5.	result

Note: *=Potentially Clinically Significant. Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Listing will include all vital sign results for those parameters and subjects that have one or more results that meet criteria.

Listing 16.2.9.2.3
Respiratory Rate
Safety Population

Subject ID	Visit	Date of Assessment (Study Day)	Time of Assessment	Respiratory Rate (breaths per min)
xxxxxx	Baseline	date9. (xx)	time5.	xx.x.
	Week 2	date9. (xx)	time5.	
	Week 13	date9. (xx)	time5.	
	…			
xxxxxx	Baseline	date9. (xx)	time5.	xx.x.
	Week 2	date9. (xx)	time5.	
	Week 13	date9. (xx)	time5.	
	…			
xxxxxx	Baseline	date9. (xx)	time5.	xx.x.
	Week 2	date9. (xx)	time5.	
	Week 13	date9. (xx)	time5.	

Note: Study day is calculated as days since the date of first dose of study drug in 020.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.3
Pregnancy Test
Safety Population

Subject ID	Visit	Performed	Date of Collection (Study Day)	Result
xxxxxx	Baseline	Yes/No	date9. (xx)	Negative/Positive
	Week 2	Yes/No	date9. (xx)	Negative/Positive
	Week 13	Yes/No	date9. (xx)	Negative/Positive
	…			
xxxxxx	Baseline	Yes/No	date9. (xx)	Negative/Positive
	Week 2	Yes/No	date9. (xx)	Negative/Positive
	Week 13	Yes/No	date9. (xx)	Negative/Positive
	…			
xxxxxx	Baseline	Yes/No	date9. (xx)	Negative/Positive
	Week 2	Yes/No	date9. (xx)	Negative/Positive
	Week 13	Yes/No	date9. (xx)	Negative/Positive

Note: Study day is calculated as days since the date of first dose of study drug.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.4
Physical Examination
Safety Population

Subject ID	Visit	Visit Date (Study Day)	Body System	Overall Assessment	Description of Abnormality	Clinically Significant
xxxxxx	Baseline	date9. (xx)	Body System 1	Normal/Abnormal	Description	Yes/No
			Body System 2	Normal/Abnormal	Description	Yes/No
			Body System 3	Normal/Abnormal	Description	Yes/No
	Week 2	date9. (xx)	Body System 1	Normal/Abnormal	Description	Yes/No
			Body System 2	Normal/Abnormal	Description	Yes/No
			Body System 3	Normal/Abnormal	Description	Yes/No
	Week 13	date9. (xx)	Body System 1	Normal/Abnormal	Description	Yes/No
			Body System 2	Normal/Abnormal	Description	Yes/No
			Body System 3	Normal/Abnormal	Description	Yes/No
	…					
xxxxxx	Baseline	date9. (xx)	Body System 1	Normal/Abnormal	Description	Yes/No
			Body System 2	Normal/Abnormal	Description	Yes/No
			Body System 3	Normal/Abnormal	Description	Yes/No
	Week 2	date9. (xx)	Body System 1	Normal/Abnormal	Description	Yes/No
			Body System 2	Normal/Abnormal	Description	Yes/No
			Body System 3	Normal/Abnormal	Description	Yes/No
	Week 13	date9. (xx)	Body System 1	Normal/Abnormal	Description	Yes/No
			Body System 2	Normal/Abnormal	Description	Yes/No
			Body System 3	Normal/Abnormal	Description	Yes/No
	…					

Note: Study day is calculated as days since the date of first dose of study drug.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.5
Neurological Examination
Safety Population

Subject ID	Visit	Visit Date (Study Day)	Body System	Status	Description of Abnormality	Clinically Significant
xxxxxx	Baseline	date9. (xx)	Body System 1	Normal/Abnormal/Absent	Description	Yes/No
			Body System 2	Normal/Abnormal/Absent	Description	Yes/No
			Body System 3	Normal/Abnormal/Absent	Description	Yes/No
	Week 2	date9. (xx)	Body System 1	Normal/Abnormal/Absent	Description	Yes/No
			Body System 2	Normal/Abnormal/Absent	Description	Yes/No
			Body System 3	Normal/Abnormal/Absent	Description	Yes/No
	Week 13	date9. (xx)	Body System 1	Normal/Abnormal/Absent	Description	Yes/No
			Body System 2	Normal/Abnormal/Absent	Description	Yes/No
			Body System 3	Normal/Abnormal/Absent	Description	Yes/No
	…					
xxxxxx	Baseline	date9. (xx)	Body System 1	Normal/Abnormal/Absent	Description	Yes/No
			Body System 2	Normal/Abnormal/Absent	Description	Yes/No
			Body System 3	Normal/Abnormal/Absent	Description	Yes/No
	Week 2	date9. (xx)	Body System 1	Normal/Abnormal/Absent	Description	Yes/No
			Body System 2	Normal/Abnormal/Absent	Description	Yes/No
			Body System 3	Normal/Abnormal/Absent	Description	Yes/No
	Week 13	date9. (xx)	Body System 1	Normal/Abnormal/Absent	Description	Yes/No
			Body System 2	Normal/Abnormal/Absent	Description	Yes/No
			Body System 3	Normal/Abnormal/Absent	Description	Yes/No
	…					

Note: Study day is calculated as days since the date of first dose of study drug.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.6
Serotonin Toxicity Assessment
Safety Population
Part 1 of 3

						Autonomic Findings						
Subject ID	Visit	Date Performed (Study Day)	Start Time	End Time	Rater's Initials	Shivering	Diaph-oresis	Diarrhea	Pyrexia/ Fever	Tachycardia	Dyspnea/ Tachypnea	Seated BP
xxxxxx	Screening	date9. (xx)	time5.	time5.	XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	date9. (xx)	time5.	time5.	XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
						Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
xxxxxx	Screening	date9. (xx)	time5.	time5.	XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	date9. (xx)	time5.	time5.	XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
						Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
xxxxxx	Screening	date9. (xx)	time5.	time5.	XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	date9. (xx)	time5.	time5.	XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
						Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
xxxxxx	Screening	date9. (xx)	time5.	time5.	XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	date9. (xx)	time5.	time5.	XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Note: Study day is calculated as days since the date of first dose of study drug. BP = Blood Pressure.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.6
Serotonin Toxicity Assessment
Safety Population
Part 2 of 3

		Neuromuscular Changes								
Subject ID	Visit	Myo-clonus	Tremor at rest	Mydri-asis	Nystag-mus	Clonus	Hyper-reflexia	Hyper-tonia	Dizzi-ness	Incoord-ination
xxxxxx	Screening	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
xxxxxx	Screening	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
xxxxxx	Screening	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
xxxxxx	Screening	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Note: Study day is calculated as days since the date of first dose of study drug. BP = Blood Pressure.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.6
Serotonin Toxicity Assessment
Safety Population
Part 3 of 3

		Mental State/Other CNS Changes				
Subject ID	Visit	Delirium	Agitation/ Akathisia	Elevated Mood	Insomnia	Any Additional Findings
xxxxxx	Screening	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
xxxxxx	Screening	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
xxxxxx	Screening	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
xxxxxx	Screening	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Week 26	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Note: Study day is calculated as days since the date of first dose of study drug. BP = Blood Pressure.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.7
Mini-Mental State Examination (MMSE)
Safety Population
Part 1 of 3

						Orientation to Time					Orientation to Place	
Subject ID	Visit	Date Performed (Study Day)	Start Time	End Time	Rater's Initials	What is the year?	What is the season?	What is the month of the year?	What is the day of the week?	What is the date?	What is the state (province)?	What is the country (or city/town?)
xxxxxx	Screening	date9. (xx)	time5.	time5.	XX	0/1	0/1	0/1	0/1	0/1	0/1	0/1
	Week 26	date9. (xx)	time5.	time5.	XX	0/1	0/1	0/1	0/1	0/1	0/1	0/1
xxxxxx	Screening	date9. (xx)	time5.	time5.	XX	0/1	0/1	0/1	0/1	0/1	0/1	0/1
	Week 26	date9. (xx)	time5.	time5.	XX	0/1	0/1	0/1	0/1	0/1	0/1	0/1
xxxxxx	Screening	date9. (xx)	time5.	time5.	XX	0/1	0/1	0/1	0/1	0/1	0/1	0/1
	Week 26	date9. (xx)	time5.	time5.	XX	0/1	0/1	0/1	0/1	0/1	0/1	0/1
xxxxxx	Screening	date9. (xx)	time5.	time5.	XX	0/1	0/1	0/1	0/1	0/1	0/1	0/1
	Week 26	date9. (xx)	time5.	time5.	XX	0/1	0/1	0/1	0/1	0/1	0/1	0/1

[1] 'N/A' is displayed if the version of the MMSE used did not include this question.
[2] Calculated total score may include imputation of missing items.
Note: Study day is calculated as days since the date of first dose of study drug.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label. Include data collected from both the MMSE and MMSE W/O World Backwards CRF pages.

Listing 16.2.9.7
Mini-Mental State Examination (MMSE)
Safety Population
Part 2 of 3

		Orientation to Place			Registration			Attention and Calculation					
Subject ID	Visit	What is the city/town (or part of city/ neighborhood)?	What is the building (name or type)?	What is the floor of the building (room number or address)?	Word 1	Word 2	Word 3	What is 100 taken away 7?	Keep going #1	Keep going #2	Keep going #3	Keep going #4	Spell WORLD[1]
xxxxxx	Screening	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/5
	Week 26	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/5
xxxxxx	Screening	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/5
	Week 26	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/5
xxxxxx	Screening	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/5
	Week 26	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/5
xxxxxx	Screening	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/5
	Week 26	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/5

[1] 'N/A' is displayed if the version of the MMSE used did not include this question.
[2] Calculated total score may include imputation of missing items.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.7
Mini-Mental State Examination (MMSE)
Safety Population
Part 3 of 3

		Recall			Naming		Comprehension								
Subject ID	Visit	Word 1	Word 2	Word 3	1.What is this?	2.What is this?	Repetition	Take in Right Hand	Fold in Half	Put on Floor	Reading	Writing	Drawing	Total Score	Calculated Total Score [2]
xxxxxx	Screening	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	xx	xx
	Week 26	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	xx	xx
xxxxxx	Screening	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	xx	xx
	Week 26	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	xx	xx
xxxxxx	Screening	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	xx	xx
	Week 26	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	xx	xx
xxxxxx	Screening	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	xx	xx
	Week 26	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	xx	xx

[1] 'N/A' is displayed if the version of the MMSE used did not include this question.
[2] Calculated total score may include imputation of missing items.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.8.1
Central Electrocardiogram
Safety Population

Subject ID	Visit	Assessment Date (Study Day)	Measurement	Assessment Time	Heart Rate (bpm)	PR Interval (ms)	RR Interval (ms)	QRS Interval (ms)	QT Interval (ms)	QTc Interval (Fridericia) (ms)	QTc Interval (Bazett) (ms)	If Abnormal, Describe[2]	Any Findings Abnormal?[3]
xxxxxx	Screening	date9. (xx)	1st Reading	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
	Week 26	date9. (xx)	1st Reading	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
			2nd Reading	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
			3rd Reading	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
			Average [1]		xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
	Week 52	date9. (xx)	1st Reading	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
			2nd Reading	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
			3rd Reading	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
			Average [1]		xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
	…												
xxxxxx	Screening	date9. (xx)	1st Reading	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx		Yes: CS/NCS / No
	…												

Note: Study day is calculated as days since the date of first dose of study drug.
[1] Average of triplicate (or available) measurements within a visit.
[2] As reported by the investigator on the ECG central read CRF.
[3] Investigator interpretation of ECG and clinical significance

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.

Listing 16.2.9.8.2
Local Electrocardiogram
Safety Population

Subject ID	Visit	Assessment Date (Study Day)	Assessment Time	Heart Rate (bpm)	PR Interval (ms)	RR Interval (ms)	QRS Interval (ms)	QT Interval (ms)	QTc Interval (Fridericia) (ms)	QTc Interval (Bazett) (ms)	Interpretation	If Abnormal, Describe	Any Findings Abnormal?
xxxxxx	Screening	date9. (xx)	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx			Yes: CS/NCS / No
	Week 26	date9. (xx)	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx			Yes: CS/NCS / No
	Week 52	date9. (xx)	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx			Yes: CS/NCS / No
	…												
xxxxxx	Screening	date9. (xx)	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx			
	Week 26	date9. (xx)	time5.	xxx	xxx	xxx	xxx	xxx	xxx	xxx			
	…												

Note: Study day is calculated as days since the date of first dose of study drug.

path\l_program.sas date time

Programming note: Sort by subject ID. Display the CRF visit label.