Non-Interventional Study Protocol

Protocol No:X9001260

Retrospective analysis to characterize the real world use patterns, efficacy and safety of ceftazidime-avibactam in the management of gram negative infections.

Statistical Analysis Plan (SAP)

Version: *Draft Version 1.0*

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1 AMENDMENTS FROM PREVIOUS VERSION(S)

Not Applicable

2 INTRODUCTION

This is a non-interventional retrospective study to examine the real world usage, effectiveness, and safety of ceftazidime-avibactam for the treatment of Gram negative infections in India. 500 hospitalized patients who have received at least 48 hours of Ceftazidime- Avibactam. Data will be collected for the period of 01 June 2019 till 01 April 2020. The patient should have completed treatment with ceftazidime-avibactam before 01 April 2020. The data collection will stop once data from 500 patients has been abstracted

This statistical analysis plan (SAP) will be the guiding document for the analyses that will be conducted in the study. We intend to understand the real world usage, efficacy and safety of Ceftazidime avibactam in treating Gram negative infections. SAP describes the data to be summarized and analyzed, including specifics of the statistical analyses to be performed.

This statistical analysis plan (SAP) is based on protocol version 2.0 dated 21st October 2020 and case report form (CRF) version 4 Jan 2021.

2.1 STUDY DESIGN

This is a non-interventional retrospective study to examine the real-world usage, effectiveness, and safety of ceftazidime-avibactam for the treatment of gram-negative infections in India. 500 hospitalized patients who have received at least 48 hours of Ceftazidime- Avibactam. Data will be collected for the period of 01 June 2019 till 01 April 2020. The patient should have completed treatment with ceftazidime-avibactam before 01 April 2020. The data collection will stop once data from 500 patients has been abstracted.

Data will be collected through the abstraction of hospital medical records (electronic) if available or through the individual patient case files (paper) in case electronic records are not available. Collected study data will include but will not be limited to patient characteristics, clinical and microbiologic characteristics of the infection, and treatment patterns, effectiveness, and safety of ceftazidime-avibactam.

Study population

All hospitalized patients who have received at least 48 hours of ceftazidime-avibactam

Data source

Data from the patients who have received Ceftazidime-Avibactam as a part of the routine clinical management for Gram negative infections will be recorded as per the defined outcomes. Data will be abstracted from electronic health records. Individual patient medical records, in case is necessary. The data will be abstracted by a CRO (clinical

research organization), the principal investigator (PI) or a reviewer (clinical research associate) nominated by the PI. For the records missing any of the requested information, data will be reported as missing. Data from patients that were part of the named access program will be excluded.

Treatment/cohort labels

Ceftazidime-avibactam

2.2 STUDY OBJECTIVES

Primary Objective:

1. Describe the treatment success of patients treated with ceftazidime-avibactam at Day 7, Day 14/ end of treatment after ceftazidime-avibactam initiation, whichever is earlier.
2. Describe the microbiological success among patients treated with ceftazidime-avibactam at day 7, Day 14/ end of treatment after Ceftazidime avibactam initiation whichever is earlier.
3. Number of patients with serious and non-serious AEs with explicit attribution to Ceftazidime avibactam for up to 30 days post treatment completion with Ceftazidime- Avibactam, death or discharge; whatever is first.

Secondary Objective:

1. Describe the source of infection at baseline for which ceftazidime-avibactam was used.
2. Describe the indications and reasons for use of ceftazidime-avibactam at baseline.
3. Describe the dose in mg, frequency of dose in hours, duration in days, and combination antibiotic regimen given till 14 days/ End of treatment whichever is earlier.
4. Describe at baseline any prior antimicrobial therapy administered in the 90 days prior to current admission.
5. Describe the gram-negative organisms identified and the susceptibility to ceftazidime - avibactam along with molecular typing at baseline.
6. Describe the in-hospital length of stay (LOS) in days, LOS in ICU in days and percentage of various healthcare resource utilization in patients with infections treated by ceftazidime-avibactam up to 30 days post treatment completion with Ceftazidime- Avibactam death or discharge; whatever is first.
7. Determine the incidence of recurrent infections during the hospital stay, including re-infection and relapse up to 30 days post treatment completion with Ceftazidime-Avibactam, death or discharge; whatever is first.

3 HYPOTHESES AND DECISION RULES

3.1 STATISTICAL HYPOTHESES
Not Applicable

3.2 STATISTICAL DECISION RULES
Not Applicable

4 ANALYSIS SETS/POPULATIONS

4.1 ALL SUBJECTS SET
All available data from all subjects who have received at least 48 hours (or three doses) of Ceftazidime- Avibactam will be used for summary/analysis purpose

4.2 SAFETY ANALYSIS SET
The safety analysis set is the same as the all subjects set.

4.3 OTHER ANALYSIS SET
Not Applicable

4.4 SUBGROUPS
Not Applicable

5 ENDPOINTS AND COVARIATES

5.1 EFFICACY/EFFECTIVENESS ENDPOINT(S)
- Treatment success of patients treated with ceftazidime-avibactam at Day 7, Day 14/ end of treatment after ceftazidime-avibactam initiation, whichever is earlier.
- Microbiological success among patients treated with ceftazidime-avibactam at day 7, Day 14/ end of treatment after Ceftazidime avibactam initiation whichever is earlier.
- Source of infection at baseline for which ceftazidime-avibactam was used.
- Indications and reasons for use of ceftazidime-avibactam at baseline
- Dose in mg, frequency of dose in hours, duration in days, and combination antibiotic regimen given till 14 days/ End of treatment whichever is earlier.
- Any prior antimicrobial therapy administered in the 90 days prior to current admission.
- The gram-negative organisms identified and the susceptibility to ceftazidime - avibactam along with molecular typing at baseline.
- The in-hospital length of stay (LOS) in days, LOS in ICU in days and percentage of various healthcare resource utilization in patients with infections treated by ceftazidime-avibactam up to 30 days post treatment completion with Ceftazidime-Avibactam death or discharge; whatever is first.

5.2 SAFETY ENDPOINTS

- Number of patients with serious and non-serious AEs with explicit attribution to Ceftazidime avibactam for up to 30 days post treatment completion with Ceftazidime- Avibactam, death or discharge; whatever is first.
- incidence of recurrent infections during the hospital stay, including re-infection and relapse up to 30 days post treatment completion with Ceftazidime-Avibactam, death or discharge; whatever is first.

5.3 OTHER ENDPOINTS

Not Applicable

5.4 COVARIATES

Not Applicable

6 HANDLING OF MISSING VALUES

No imputation for missing values will be performed.

7 STATISTICAL METHODOLOGY AND STATISTICAL ANALYSES

7.1 STATISTICAL METHODS

Analysis of the data will be performed by the Biostatistics and Statistical Programming team. All statistical analyses will be performed using SAS® Version 9.4 or higher [SAS Institute Inc., USA]. The SAP will be finalized before database lock.

The following standard descriptive summaries will be presented:

Descriptive statistics for continuous data:
The continuous data will be summarized using the number of observations (n), arithmetic mean (mean), standard deviation (SD), median, minimum value (min), and maximum value (max).

The number of observations (n) will be presented with no decimal place, mean and median will be presented up to one decimal place from the original value, SD up to two decimal places from the original value and (min, max) as an original value.

Descriptive statistics for categorical data:
The categorical variables will be summarized using the frequency count (n) and percentage (%) for each possible value. The frequencies will be presented up to 0 decimal places, percentage up to 1 decimal place.

If data are not available, a missing category will be presented. Statistical tests, if any, will be performed at 5% level of significance. The denominator for percentages will be based on the number of patients appropriate for the purpose of the analysis.

7.2 STATISTICAL ANALYSES

7.2.1 Safety Analysis

- **Adverse Events**

  Any signs, symptoms, illnesses or diagnosis (either observed or volunteered) that appear or worsen during the course of the study are recorded as Adverse Events.

  Adverse events with explicit attribution to any Pfizer drug that appear in the reviewed information (defined per the patient population and study period specified in the protocol) will be reported. Explicit attribution is not inferred by temporal relationship between drug administration and an AE, but must be based on a definite statement of causality by a healthcare provider linking drug administration to the AE.

  The requirements for reporting safety events on the non-interventional study (NIS) adverse event monitoring (AEM) Report Form to Pfizer Safety are as follows:

  - All serious and non-serious AEs with explicit attribution to any Pfizer drug that appear in the reviewed information must be recorded on the Case record form and reported, within 24 hours of awareness, to Pfizer Safety using the NIS AEM Report Form.

  - Scenarios involving drug exposure, including exposure during pregnancy, exposure during breast feeding, medication error, overdose, misuse, extravasations, lack of efficacy, and occupational exposure associated with the use of a Pfizer product must be reported, within 24 hours of awareness, to Pfizer Safety using the NIS AEM Report Form.

- **Serious Adverse Event (SAE)**

  Serious adverse event is defined as an event that meets any one of the criteria given below.

  - Life threatening (in the opinion of the investigator, the subject is at immediate risk of death from the event [substantial risk of dying at the time of the adverse event])
  - A persistent or significant disability/incapacity (a substantial disruption of a person's ability to conduct normal life functions)
  - Fatal
  - Requires or Prolongs Hospitalization
  - Congenital anomaly or birth defect
  - Other medically important adverse events.

- **Non-serious Adverse Event**
  All AEs that do not meet the criteria for "serious" are considered as non-serious.

- **Relationship**
  The relationship of each AE to drug will be classified as below.

  - Adverse event related to ceftazidime-avibactam
  - Adverse event related to concomitant drug
  - Adverse event related to other Pfizer drug

- **Analysis of Adverse Events**
  All the adverse events (AEs)and serious adverse events (SAEs) reported throughout the study shall be coded and classified along the standards of MedDRA (Medical Dictionary for Regulatory Activities) version 23.0 and grouped by preferred term (PT) and system organ class (SOC).

  Subject counts (n) and percentages (%) will be presented for all the subjects. If a subject has more than one AE, subject will be counted only once in SOC and once for each PT. If a subject has more than one episode of an AE, the subject will be counted only once within a specific preferred term. Number of subjects with event (n) and the percentage of subjects exposed to event (%) will be tabulated.

  Summarization for AEs by subjects will be provided for following categories:

  - All Adverse Events
  - AE's By SOC And PT
  - Serious AEs by SOC and PT
  - Drug Related AEs by SOC and PT
  - AEs leading to death by SOC and PT
  - AEs leading to permanent discontinuation
  - AE's By SOC, PT And Severity
  - Drug Related AEs by SOC and PT and Severity

- **Additional risk factor**
  The additional risk factor data will be summarized at each visit using frequencies (n) and percentages (%) for safety population.

- **Laboratory Investigations**
  The Microbiology and pathogen susceptibility data will be summarized using descriptive statistics and frequency count and percentage of each pathogen organism.

Pathogen susceptibility: All susceptibility information will be collected for the isolated pathogens including tested antibiotic by classes (e.g. aminoglycosides, amphenicol, beta-lactams, carbapenems, cephalosporins, glycopeptides, glycylcyclines, lipopeptides, macrolides, monobactams, nitroimidazoles, oxazolidinones, penicillins, penicillins and beta-lactamase inhibitors, quinolones, streptogramins, tetracyclines, other) and within class, and sensitivity to each (susceptible, intermediate, resistant).

7.2.2 Subjects and Site Characteristics

- **Site Characteristics**
  Medical specialty of the treating physician indicating Ceftazidime- Avibactam (e.g. infectious disease, surgical). Care level, Hospital type, number of beds, number of ICU beds will be summarized using by frequency (n) and percentage (%).

- **Local Gram-Negative Resistance Patterns**
  Multidrug-resistance: The isolate is non-susceptible to at least 1 agent in ≥3 antimicrobial categories. Categories include but are not limited to aminoglycosides, carbapenems, cephalosporins, cephamycins, fluoroquinolones, folate pathway inhibitors, glycylcyclines, penicillins, monobactams, phosphonic acids, polymyxins, tetracyclines.

  Any hospitalized adult patient with an infection caused by known gram negative pathogens at baseline will be categorized and presented by frequency (n) and percentage (%). The rate (%) available for percentage of gram-negative isolates that exhibit resistance to 3rd generation drugs (cephalosporins, carbapenem, cephalosporins and carbapenem, colistin) will be summarized using descriptive statistics.

- **Demographic Characteristics**
  The demographic and baseline characteristics will be summarized by using descriptive statistics. Continuous variables such as age, height, weight, will be summarized by number of observations (n), arithmetic mean (mean), standard deviation (SD), median, minimum value (min), and maximum value (max) and Categorical variables such as gender, race, Current employment status, will be presented by frequency (n) and percentage (%).

- **Index Hospitalization**
  Details of index hospitalization such as mode of admission, source of admission, ward admitted for initial hospitalization, diagnosis and current admission to ICU will be summarized by frequency (n) and percentage (%).

- **Additional Risk Factors**
  Additional risk factors such as patient travelled to any foreign country in last 3 months, pregnancy, alcohol use, tobacco use will be summarized by frequency (n) and percentage (%).

- **Prior and Concomitant Antibiotic Therapy**
  For all prior antibiotics(s), prior lines of treatment (Antibiotic(s)) used for current infection before ceftazidime-avibactam initiation, antibiotics(s) used concurrently with ceftazidime-avibactam, frequency counts (n) & percentages (%) of patients will be presented by verbatim terms and will be sorted in descending order of frequency.

- **Antibiotic Treatment After Ceftazidime-Avibactam**
  For all antibiotics treatment after Ceftazidime-Avibactam, frequency counts (n) & percentages (%) of patients will be presented by verbatim terms and will be sorted in descending order of frequency.

- **Renal Status of Patient**
  Any patients with renal dysfunction will be presented by frequency (n) and percentage (%). Renal parameters such as serum creatinine and CRCL will be summarized using descriptive statistics and severity of renal dysfunction will be summarized by frequency (n) and percentage (%).

- **Recent hospitalization and healthcare procedure**
  Recent hospitalization and healthcare procedure will be listed only.
  Hospital stay and healthcare utilization (diagnosis at admission, departments admitted/discharged, discharge diagnosis, mechanical ventilation, dialysis, CT/MRI imaging, tracheotomy, surgical intervention, and percutaneous procedures) will be summarized using frequency count (n) and percentage (%) of patients for the safety population.

- **Comorbidities (DEYO-CHARLSON COMORBIDITY INDEX)**
  For all comorbidities, frequency counts (n) & percentages (%) of patients will be presented. The Deyo-Charlson Comorbidity Index (DCCI) will be used to predict patients' 10-year probability of survival and will be used as a measure of overall health. The comorbidities evaluated in the DCCI will be collected at baseline from medical records to calculate the score. The DCCI Score will be summarized using the descriptive statistics (n, mean, SD, minimum and maximum).

7.2.3 Analyses of Primary Endpoint

- **Treatment success of patients treated with ceftazidime-avibactam at Day 7, Day 14/ end of treatment after ceftazidime-avibactam initiation, whichever is earlier.**

  The clinical symptom improvement will be assessed as symptom improved, symptom worsened, and not assessed and summarized by frequency count (n) and percentage (%) at 72hrs (Day3), Day 7 and Day 14/ end of treatment.

  The treatment success is defined as resolution of all signs and symptoms of the infection. This will be as per the clinician's judgment and the treatment protocol/algorithm followed at the respective centers. The treatment success in terms of clinical outcome classified mainly in three groups, clinical success, clinical failure and indeterminate of patients treated with ceftazidime-avibactam and will be summarized in terms of frequency count (n) and percentage (%) at Day 7 and Day 14/ end of treatment after ceftazidime-avibactam initiation, whichever is earlier.

- **Microbiological success among patients treated with ceftazidime-avibactam at day 7, Day 14/ end of treatment after Ceftazidime-avibactam initiation whichever is earlier.**

  The microbiological success defined as absence of causative pathogen from appropriately obtained specimens at the site of infection (Eradication) and repeat cultures were not performed/clinically indicated in a patient who had a clinical response of cure (Presumed Eradication).

  The microbiological outcomes are classified as microbiological success and failure and will be summarized by frequency count (n) and percentage (%) at Day 7 and Day 14/ end of treatment after ceftazidime-avibactam initiation, whichever is earlier.

- **Number of patients with serious and non-serious AEs with explicit attribution to Ceftazidime-avibactam for up to 30 days post treatment completion with Ceftazidime- Avibactam, death or discharge; whatever is first.**

  Details of adverse event analysis is provided in section 7.2.1

7.2.4 Analyses of Secondary Endpoint

- **Source of infection at baseline for which ceftazidime-avibactam was used.**

Source of infection includes hospital-acquired infection (HAI) healthcare-associated infection (HCAI), and community-acquired infection (CAI). The source of infection at baseline will be summarized using the frequency count (n) and percentage (%) for each source of infection.

- **Indications and reasons for use of ceftazidime-avibactam at baseline.**

  The indications and reasons for use of ceftazidime-avibactam at baseline includes UTI, IAI, NP and any other indication with its reasons such as primary diagnosis, secondary diagnosis, symptoms etc will be summarized using the frequency count (n) and percentage (%) for each possible value.

- **Description of dose in mg, frequency of dose in hours, duration in days, and combination antibiotic regimen given till 14 days/ End of treatment whichever is earlier.**

  Proportion of patients with use of ceftazidime-avibactam for >=48 hours reported in patient records will be summarized using frequency counts (n) & percentages (%).

  The dose in mg, duration of administration and total duration of therapy of ceftazidime - avibactam exposure will be summarized by number of observations (n), arithmetic mean (mean), standard deviation (SD), median, minimum value (min), and maximum value (max) till 14 days/ End of treatment whichever is earlier. Frequency of dose, category of treatment, reason for discontinuation will be summarized using frequency counts (n) & percentages (%) of patients till 14 days/ End of treatment whichever is earlier.

  For all combination of antibiotic regimen, a table of concomitant antibiotic therapy will be provided as per section 7.2.2

- **Any prior antimicrobial therapy administered in the 90 days prior to current admission at baseline.**
  Any prior antimicrobial therapy administered in the 90 days prior to current admission will be presented in the table of History of Prior Antibiotic Exposure as per section 7.2.2

- **Describe the gram-negative organisms identified and the susceptibility to ceftazidime -avibactam along with molecular typing at baseline.**
  The gram-negative organisms identified and susceptibility to ceftazidime - avibactam at baseline will be summarized using frequency counts (n) & percentages (%).

- **Describe the in-hospital length of stay (LOS) in days, LOS in ICU in days and percentage of various healthcare resource utilization in patients with**

infections treated by ceftazidime-avibactam up to 30 days post treatment completion with Ceftazidime- Avibactam death or discharge; whatever is first.

The in-hospital length of stay (LOS) in days will be calculated based on 1) total number of consecutive days the patient was treated in the hospital from admission to discharge during their initial hospitalization; 2) the total number of days hospitalization between diagnosis of infection and discharge; 3) the total number of days the patient was treated in the hospital after ceftazidime-avibactam initiation up to hospital discharge, including the first day of treatment.

ICU LOS will be calculated as: 1) the total number of consecutive or non-consecutive days the patient was treated in the ICU during their initial hospitalization; and 2) the total number of days the patient was treated in the ICU after ceftazidime-avibactam initiation, including the first day of treatment.

The in-hospital length of stay (LOS) in days, LOS in ICU in days with infections treated by ceftazidime-avibactam up to 30 days post treatment completion with Ceftazidime- Avibactam death or discharge; whatever is first will be summarized using the number of observations (n), arithmetic mean (mean), standard deviation (SD), median, minimum value (min), and maximum value (max)

Healthcare resource utilization data (medical/surgical/percutaneous procedures, CT/MRI imaging, days of mechanical ventilation, days of dialysis) will be abstracted from the patient medical records and summarize using frequency counts (n) & percentages (%).

- **Incidence of recurrent infections during the hospital stay, including re-infection and relapse up to 30 days post treatment completion with Ceftazidime- Avibactam, death or discharge; whatever is first.**

  Any incidence of recurrent infections during the hospital stays, including re-infection and relapse up to 30 days post treatment completion with Ceftazidime-Avibactam, death or discharge; whatever is first will be summarized using frequency counts (n) & percentages (%) of patients will be presented by verbatim terms and will be sorted in descending order of frequency.

7.2.5 Summary of Analyses

Outcome	Analysis Set	Supports Protocol Primary Objective Number	Subgroup	Statistical Method	Covariates/Strata	Missing Data
Treatment success	All Subjects Set	1	Not Applicable	Frequency count (n) and percentage (%)	Not Applicable	Excluded
Microbiological success	All Subjects Set	2	Not Applicable	Frequency count (n) and percentage (%)	Not Applicable	Excluded
Number of patients with serious and non-serious AEs	All Subjects Set	3	Not Applicable	Frequency count (n) and percentage (%)	Not Applicable	Excluded

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9 REFERENCES

1. X9001260,Version 2.0, October 20, 2020
2. X9001260, CRF Version , January 4, 2021

10 APPENDICES

10.1 APPENDIX 1: MOCK SHELLS FOR TABLES

10.2 APPENDIX 2: MOCK SHELLS FOR LISTINGS

Appendix 10.1 Mock Shells for Tables

General Notes for programmers:

1. For more details regarding tables please refer to SAP write-up, protocol, CRF and metadata.
2. If there are no counts in any of the tables then display the line “No Subject Meets the Reporting Criteria” in the body of tables.
3. First two title on each table is as follows

   Protocol Number: X9001260 Status=SHELLS Page X of Y
   Program Name: Txx.sas Produced: DDMMMYYYY

   Where Status of the report should be Shells (at Draft stage) and change to Final (for Final output). Please refer to first table
4. Report should be produced with “Times New Roman” as text font and height of the text should be 9.
5. Report should have Left, Right, Top and Bottom Margins to 1.
6. Footnote text mentioned in Mock Shell starts with “Programmer’s Note: “ is only a note for Programmer and is not a part of Report.
7. Footnote text mentioned in Mock Shell starts with “Note” will be presented as footnote during generation of tables.

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Table 14.1.1.1 Site Characteristics – All Subjects

Characteristic (Unit)	Statistics	Ceftazidime-avibactam (N = xx)
Physician Speciality		
Infectious disease	n (%)	xx (xx x)
Microbiology	n (%)	xx (xx x)
Surgical	n (%)	xx (xx x)
Internal medicine	n (%)	xx (xx x)
Intensive care	n (%)	xx (xx x)
Anesthesiology	n (%)	xx (xx x)
Other (specify)	n (%)	xx (xx x)
Hospital Information		
Care Level		
Secondary	n (%)	xx (xx x)
Tertiary	n (%)	xx (xx x)
Hospital Type		
Teaching	n (%)	xx (xx x)
Non-Teaching	n (%)	xx (xx x)
Total no. of Beds	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx
Total no. of ICU Beds	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category
Note 1: Percentages are based on the number of subjects in the Ceftazidime-avibactam group.
Reference listing xxxxxx

Table 14.1.1.2 Local Gram-Negative Resistance Patterns-All Subjects

Characteristic (Unit)	Statistics	Ceftazidime-avibactam (N = xx)
Percentage of gram-negative isolates that exhibit resistance to 3rd generation known for		
Cephalosporins		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)
Cephalosporins Rate	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx
Carbapenem		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)
Carbapenem Rate	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx
Cephalosporins and Carbapenem		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)
Cephalosporins and Carbapenem Rate	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx

Colistin		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)
Colistin Rate	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category

Note 1: Percentages are based on the number of subjects in the Ceftazidime-avibactam group.

Reference listing xxxxxx

Table 14.1.2.1 Demographic Characteristics – All Subjects

Characteristic (Unit)	Statistics	Ceftazidime-avibactam (N = xx)
Gender		
Male	n (%)	xx (xx x)
Female	n (%)	xx (xx x)
Age (Years)	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx
Height (cm)	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx
Weight (cm)	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx
Current employment status		
Full Time	n (%)	xx (xx x)
Part Time	n (%)	xx (xx x)
Unemployed	n (%)	xx (xx x)
Retired	n (%)	xx (xx x)
Not Applicable	n (%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category
Note 1: Percentages are based on the number of subjects in the Ceftazidime-avibactam group.
Reference listing xxxxxx

Table 14.1.2.2 Index Hospitalization – All Subjects

Characteristic (Unit)	Statistics	Ceftazidime-avibactam (N = xx)
Mode of admission		
Emergency	n (%)	xx (xx x)
Scheduled	n (%)	xx (xx x)
Source of admission		
Outpatient	n (%)	xx (xx x)
Long term care facility	n (%)	xx (xx x)
Transfer from acute care hospital	n (%)	xx (xx x)
Direct Admission	n (%)	xx (xx x)
Other	n (%)	xx (xx x)
Ward admitted for initial hospitalization		
Surgical	n (%)	xx (xx x)
Medical	n (%)	xx (xx x)
Onco-hematology	n (%)	xx (xx x)
Infectious disease	n (%)	xx (xx x)
ICU	n (%)	xx (xx x)
Other	n (%)	xx (xx x)
Current admission to ICU		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category
Note 1: Percentages are based on the number of subjects in the Ceftazidime-avibactam group.
Reference listing xxxxxx

Table 14.1.2.3 Additional Risk Factors – All Subjects

Characteristic (Unit)	Statistics	Ceftazidime-avibactam (N = xx)
Patient Travelled to any foreign country in the last 3 months		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)
Pregnancy		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)
Not Applicable	n (%)	xx (xx x)
Alcohol Use		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)
Unknown	n (%)	xx (xx x)
Tobacco Use		
Current Smoker	n (%)	xx (xx x)
Previous Smoker	n (%)	xx (xx x)
Never Smoked	n (%)	xx (xx x)
Unknown	n (%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category
Note 1: Percentages are based on the number of subjects in the Ceftazidime-avibactam group.
Reference listing xxxxxx

Table 14.1.2.4 History of Prior Antibiotic Exposure –All Subjects

Generic Drug Name	Statistics	Ceftazidime-avibactam (N = xx)
Number of Subjects with at Least One Prior Antibiotic Medication	n(%)	xx (xx x)
XXXXXXX	n(%)	xx (xx.x)
XXXXXXX	n(%)	xx (xx.x)
XXXXXXX	n(%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam ; n = number of subjects in specified category

Note 1: Percentages are based on number of subjects in Ceftazidime-avibactam group

Reference Listing xxxxx

Programmer's Note 1: The above table will be continued for other ATC texts.

Programmers Note: ATC level 2 texts and Generic Name will be sorted in descending order of frequency.

Similar table will be presented as follows:

Table 14.1.2.5 Concomitant Antibiotic Therapy–All Subjects

Table 14.1.2.6 Antibiotic Therapy: Prior Lines of Treatment –All Subject

Table 14.1.2.7 Antibiotic treatment after Ceftazidime-Avibactam –All Subjects

Table 14.1.2.8 Renal Status of Patient – All Subjects

Test(Unit)	Statistics	Ceftazidime-avibactam (N = xx)
Renal dysfunction		
Yes	n(%)	xx(xx x)
No	n(%)	xx(xx x)
Serum Creatinine (mg/dl)	N	xx
	Mean (SD)	xx x (xx xx)
	Median	xx x
	Min, Max	xx, xx
CRCL(ml/min)	N	xx
	Mean (SD)	xx x (xx xx)
	Median	xx x
	Min, Max	xx, xx
Renal dysfunction		
Mild	n(%)	xx(xx x)
Moderate	n(%)	xx(xx x)
Severe	n(%)	xx(xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
Reference Listing xxxxxx

Table 14.1.2.9 Comorbidities (Deyo-Charlson Comorbidity Index) –All Subjects

Characteristic (Unit)	Statistics	Ceftazidime-avibactam (N = xx)
DCCI Score		
	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx
Comorbidities		
Myocardial Infarction		
Yes	n(%)	xx (xx x)
No	n(%)	xx (xx x)
Congestive Heart Failure		
Yes	n(%)	xx (xx x)
No	n(%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category
DCCI= Deyo-Charlson Comorbidity Index
Note 1: Percentages are based on the number of subjects in the Ceftazidime-avibactam group.
Reference listing xxxxxx

Table 14.1.2.10 Indwelling Devices at the time of Infection Diagnosis – All Subejcts

Indwelling Devices	Statistics	Ceftazidime-avibactam (N = xx)
None		
Intravenous peripheric catheter	n(%)	xx (xx x)
Intravenous central catheter	n(%)	xx (xx x)
Urinary catheter	n(%)	xx (xx x)

Any Drain		
Site XXXXX	n(%)	xx (xx x)
Site XXXXX	n(%)	xx (xx x)
Other (Specify)	n(%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category
Note 1: Percentages are based on the number of subjects in the Ceftazidime-avibactam group.
Reference listing xxxxxx

Table 14.1.2.11 Disease Severity –All Subjects

Disease Severity	Statistics	Ceftazidime-avibactam (N = xx)
APACHE II Completed		
Yes	n(%)	xx (xx x)
No	n(%)	xx (xx x)
APACHE Score		
	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx
Another Disease Severity Score		
Yes	n(%)	xx (xx x)
No	n(%)	xx (xx x)
Severity Score Used		
XXXXXX	n(%)	xx (xx x)
XXXXXX	n(%)	xx (xx x)
Severity Score		
	n	xx
	Mean (SD)	xx x(xx xx)
	Median	xx x
	Min, Max	xx, xx

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category
Note 1: Percentages are based on the number of subjects in the Ceftazidime-avibactam group.
Reference listing xxxxxx

Table 14.1.2.12 Source of Infection at Baseline – All Subjects

Source of Infection	Statistics	Ceftazidime-avibactam (N = xx)
Hospital Acquired Infection (HAI)	n(%)	xx (xx x)
Healthcare Associated Infection (HCAI)	n(%)	xx (xx x)
CommunityAcquired Infection (CAI)	n(%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
Reference Listing xxxxx

Table 14.1.2.13 Indications and Reasons for Use of Ceftazidime-Avibactam– All Subjects

Indications and Reasons	Statistics	Ceftazidime-avibactam (N = xx)
UTI	n(%)	xx (xx x)
Primary Diagnosis		
xxxxxx	n(%)	xx (xx x)
xxxxxx	n(%)	xx (xx x)
Secondary Diagnosis		
xxxxxx	n(%)	xx (xx x)
xxxxxx	n(%)	xx (xx x)
Symptoms		
xxxxxx	n(%)	xx (xx x)
xxxxxx	n(%)	xx (xx x)
Positive dipstick for leukocyte esterase and/or nitrite		
Yes	n(%)	xx (xx x)
No	n(%)	xx (xx x)
Did the Patient have Secondary Bacteremia		
Yes	n(%)	xx (xx x)
No	n(%)	xx (xx x)
Unknown	n(%)	xx (xx x)
IAI	n(%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
Reference Listing xxxxx

Table 14.2.1.1 Clinical Symptom Improvement –All Subjects

Time point of Evaluation of ceftazidime-avibactam initiation	Clinical Symptom Improvement	Statistics	Ceftazidime-avibactam (N = xx)
72 Hours (Day 3)	Symptom Assessment		
	Symptom Improved	n (%)	xx (xx x)
	Symptom Worsened	n (%)	xx (xx x)
	Not Assesed	n (%)	xx (xx x)
Day 7	Symptom Assessment		
	Symptom Improved	n (%)	xx (xx x)
	Symptom Worsened	n (%)	xx (xx x)
	Not Assesed	n (%)	xx (xx x)
	Clinical Outcome		
	Clinical Success	n (%)	xx (xx x)
	Clinical Failure	n (%)	xx (xx x)
	Clinical Indeterminate	n (%)	xx (xx x)
Day 14/EOT	----------		

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category; EOT=End of Treatment

Reference Listing xxxxxx

Programmer's Note 1: Consider Day 14 / End of Treatment, whichever is earlier.

Table 14.2.1.2 Microbiological Evaluation –All Subjects

Time point of Evaluation of ceftazidime-avibactam initiation	Microbiological Evaluation	Statistics	Ceftazidime-avibactam (N = xx)
Day 7	Microbiological Success	n (%)	xx (xx.x)
	Microbiological Failure	n (%)	xx (xx.x)
	Microbiological Outcome		
	Eradication	n (%)	xx (xx.x)
	Presumed Eradication	n (%)	xx (xx x)
	Verified Persistence	n (%)	xx (xx x)

Day 14/EOT	----------		

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category;
EOT=End of Treatment
Reference Listing xxxxxx

Table 14.2.2.3 Gram Negative Organisms Identified – All Subjects

Gram Negative Organisms Identified	Statistics	Ceftazidime-avibactam (N = xx)
Gram negative, Escherichi a Coli	n(%)	xx (xx x)
Gram negative, Klebsiella pneumonia	n(%)	xx (xx x)
Gram negative, Klebsiella spp	n(%)	xx (xx x)
Gram negative, Proteus mirabilis	n(%)	xx (xx x)
Gram negative, proteus spp	n(%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
Reference Listing xxxxxx

Programmer's Note 1: Continue the above table for all other gram negative identified bacteria.

Table 14.2.2.4 Susceptibility to Ceftazidime -Avibactam – All Subjects

Susceptibility	**Statistics**	**Ceftazidime-avibactam (N = xx)**
Susceptibility Organism		
Xxxx	n (%)	xx (xx x)
Xxxx	n (%)	xx (xx x)
Xxxx	n (%)	xx (xx x)
-------	n (%)	xx (xx x)
Method used		
E-test	n (%)	xx (xx x)
DISC	n (%)	xx (xx x)
If E-test, MIC value	n	xx
	Mean (SD)	xx xx (xx xxx)
	Median	xx xx
	Min, Max	xx x, xx x
If DISC, Zone Diameter	N	xx
	Mean (SD)	xx xx (xx xxx)
	Median	xx xx
	Min, Max	xx x, xx x
Susceptible		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
Reference Listing xxxxxx

Table 14.2.2.5 Length of Stay in Hospital/ICU – All Subjects

Susceptibility	**Statistics**	**Ceftazidime-avibactam (N = xx)**
Hospital LOS	n	xx
	Mean (SD)	xx xx (xx xxx)
	Median	xx xx
	Min, Max	xx x, xx x
ICU LOS	n	xx
	Mean (SD)	xx xx (xx xxx)
	Median	xx xx
	Min, Max	xx x, xx x
Susceptible		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
LOS = Length of Stay
Hospital LOS is calculated as :1) the total number of consecutive days the patient was treated in the hospital from admission to discharge during their initial hospitalization; 2) the total number of days hospitalization between diagnosis of infection and discharge; 3) the total number of days the patient was treated in the hospital after ceftazidime-avibactam initiation up to hospital discharge, including the first day of treatment.
ICU LOS will be calculated as: 1) the total number of consecutive or non-consecutive days the patient was treated in the ICU during their initial hospitalization; and 2) the total number of days the patient was treated in the ICU after ceftazidime-avibactam initiation, including the first day of treatment.

Reference Listing xxxxxx

Table 14.3.1.1 Ceftazidime - Avibactam Exposure– All Subjects

Ceftazidime - Avibactam Exposure	Statistics	Ceftazidime-avibactam (N = xx)
Use of Ceftazidime-avibactam for >=48 hours reported in patient records?		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)
Dose (mg)	N	xx
	Mean (SD)	xx x (xx xx)
	Median	xx x
	Min, Max	xx, xx
Frequency		
BID	n(%)	xx (xx x)
OD	n(%)	xx (xx x)

Duration of Administration (hours)	N	xx
	Mean (SD)	xx x (xx xx)
	Median	xx x
	Min, Max	xx, xx
Category of Treatment		
Empiric based on clinical judgement	n (%)	xx (xx x)
Empiric based on microbiology	n (%)	xx (xx x)

Reason for Discontinuation		
Adverse Events	n (%)	xx (xx x)
Perceived Clinical Failure	n (%)	xx (xx x)

Total Duration of therapy (days)	N	xx
	Mean (SD)	xx x (xx xx)

	Median	xx x
	Min, Max	xx, xx

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
Reference Listing xxxxxx

Table 14.3.2.1 Summary of Subjects with AEs –All Subjects

	Statistics (N = xx)	Ceftazidime-avibactam (N = xx)
Subjects with Adverse Events	n (%)	xx (xx.x)
Subjects with Serious AEs	n (%)	xx (xx.x)
AE related to		
Ceftazidime-avibactam	n (%)	xx (xx.x)
Concomitant medication	n (%)	xx (xx.x)
Other pfizer drug	n (%)	xx (xx.x)
Serious AE related to		
Ceftazidime-avibactam	n (%)	xx (xx.x)
Concomitant medication	n (%)	xx (xx.x)
Other pfizer drug	n (%)	xx (xx.x)
Outcome of the AEs		
Recovered/Resolved	n (%)	xx (xx.x)
Recovered/Resolved with sequelae	n (%)	xx (xx.x)
Recovering/Resolving	n (%)	xx (xx.x)
Not Recovered/Not Resolved	n (%)	xx (xx.x)
Fatal	n (%)	xx (xx.x)
Action Taken withdrawn		
Dose Reduced	n (%)	xx (xx.x)
Dose Increased	n (%)	xx (xx.x)
Dose not changed	n (%)	xx (xx.x)
Unknown	n (%)	xx (xx.x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category
Note 1: Percentages are based on number of subjects in respective treatment groups
Reference Listing xxxxxx

Table 14.3.2.2 Summary of Subjects With AE's by Soc And PT– All Subjects

System Organ Class Preferred Term	Statistics	Ceftazidime-avibactam (N = xx)
Subjects having at least one AE	n (%)	xx (xx.x)
System Organ Class 1	n (%)	xx (xx.x)
Preferred Term 1	n (%)	xx (xx.x)
Preferred Term 2	n (%)	xx (xx.x)
Preferred Term 3	n (%)	xx (xx.x)

System Organ Class 2	n (%)	xx (xx.x)
Preferred Term 1	n (%)	xx (xx.x)
Preferred Term 2	n (%)	xx (xx.x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category

Note 1: System organ class and preferred terms are coded using the standards of MedDRA xxxx

Note 2: Percentages are based on number of subjects in treatment group

Reference Listing xxxxxx

Programmer's Note 1: System organ classes and Preferred Terms are sorted in descending order of frequency in Ceftazidime-avibactam.

Programmer's Note 2: The table will continue for all other SOC and PT.

Programmer's Note 3: Similar tables will be generated as follows:

Table 14.3.2.3 Summary of Subjects with Serious AEs by SOC and PT – All Subjects
Table 14.3.2.4 Summary of Subjects with Study Drug Related AEs by SOC and PT – All Subjects
Table 14.3.2.5 Summary of Subjects with other Pfizer Drug Related AEs by SOC and PT – All Subjects
Table 14.3.2.6 Summary of Subjects with AEs leading to death by SOC and PT – All Subjects
Table 14.3.2.7 Summary of Subjects with AEs leading to permanent discontinuation of study drug by SOC and PT –All Subjects

Table 14.3.3.1 Recurrence of Infection – All Subjects

Symptoms	Statistics	Ceftazidime-avibactam (N = xx)
Recurrence of infection		
Yes	n (%)	xx (xx x)
No	n (%)	xx (xx x)
If yes, site of infection/micro-organism		
Same	n (%)	xx (xx x)
Different	n (%)	xx (xx x)
If Different, New site of infection		
Xxxx	n (%)	xx (xx x)
Xxxx	n (%)	xx (xx x)
Xxxx	n (%)	xx (xx x)

If Different, Micro-organism		
Xxxx	n (%)	xx (xx x)
Xxxx	n (%)	xx (xx x)
Xxxx	n (%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
Reference Listing xxxxxx

Table 14.3.4.1 Microbiology Results– All Subjects

Timing of sample collection	**Pathogens identified**	Statistics	Ceftazidime-avibactam (N=xx)
Before initial antibiotic therapy	No. of Bacterial Pathogens Identified	n	xx
		Mean (SD)	xx xx (xx xxx)
		Median	xx xx
		Min, Max	xx x, xx x
	Bacterial Pathogen Identified		
	Gram negative, Escherichi a Coli	n(%)	xx (xx x)
	Gram negative, Klebsiella pneumonia	n(%)	xx (xx x)
	Gram negative, Klebsiella spp	n(%)	xx (xx x)
	Fungal Pathogen, if identified		
	XXXXXXX	n(%)	xx (xx x)
	XXXXXXX	n(%)	xx (xx x)
After initial antibiotic therapy but before ceftazidimeavibactam therapy	----------		

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
Reference Listing xxxxxx

Table 14.3.5.1 Pathogen Susceptibility – All Subjects

Pathogen Sensitivity	**Statistics**	**Ceftazidime-avibactam (N = xx)**
Gram negative, Esherichia Coli	n(%)	xx (xx x)
Susceptible	n(%)	xx (xx x)
Intermediate	n(%)	xx (xx x)
Resistant	n(%)	xx (xx x)
xxxxxxxxxx	n(%)	xx (xx x)
	n(%)	xx (xx x)
	n(%)	xx (xx x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = Number of subjects in specified category.
Reference Listing xxxxxx

Table 14.3.6.1 In-Hospital Mortality – All Subjects

	Statistics	Ceftazidime-avibactam (N = xx)
In-Hospital Mortality		
Yes	n (%)	xx (xx.x)
No	n (%)	xx (xx.x)

Abbreviations: N = number of subjects in Ceftazidime-avibactam group; n = number of subjects in specified category
Note 1: Percentages are based on number of subjects in treatment group.
Reference listing xxxxxxx

Appendix 10.2 Mock Shells for Listings

General Notes for programmers:

1. For more details regarding listings please refer to SAP write-up, protocol, CRF and metadata.
2. If there are no counts in any of the listings then display the line “No Patient Meets the Reporting Criteria” in the body of listing.
3. The title on each listing is as follows

   Protocol Number: X9001260 Status=SHELLS Page X of Y

   Program Name: LXX.sas Produced: DDMMMYYYY

   Whereas Status of the report should be Shells (at Draft stage) and change to Final (for Final output)
4. Report should be produced with “Times New Roman” as text font and height of the text should be 9.
5. Report should have Left, Right, Top and Bottom Margins to 1.
6. Footnote text mentioned in Mock Shell starts with “Programmer’s Note”: is only a note for Programmer and is not a part of Report.
7. Footnote text mentioned in Mock Shell starts with “Note” will be presented as footnote during generation of listings .
8. In the listing wherever appropriate please replace the /<Event Nr.> with the actual value.

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Listing 16.2.1.1 Site Characteristics– All subjects data

Unique Subject ID	Physician Specialty	Hospital Information			
	Medical specialty of the treating physician	Care Level	Hospital Type	Total number of beds	Total number of ICU beds
xxxx-xxxx-xxxx	xxxx	Secondary	Teaching	xxx	xx
xxxx-xxxx-xxxx	xxxx	Tertiary	Teaching	xxx	xx

Programmer's Note 1: This listing will continue for all site and subjects will be sorted in ascending order by unique Subject ID.

Listing 16.2.1.2 Local Gram-negative Resistance Patterns – All Subjects Data

Unique Subject ID	Is the percentage of gram-negative isolates that exhibit resistance to 3rd generation known for:	Rate available between 01 June 2019 and 01 April 2020, rate (%)/ Rate available over a different time period, rate (%)	Rate(%)	Time period start date/time period end date
xxxx-xxxx-xxxx	Cephalosporins ----------	**Rate available between 01 June 2019 and 01 April 2020, rate (%**	xx	DDMMMYYYY/DDMMMYYYY
xxxx-xxxx-xxxx	Carbapenem	**Rate available between 01 June 2019 and 01 April 2020, rate (%**	xx	DDMMMYYYY/DDMMMYYYY

Programmer's Note 1: This listing will continue for all subjects and antibiotics and will be sorted in ascending order by unique Subject ID.

Listing 16.2.1.3 Demographic Characteristics – All Subjects Data

Unique Subject ID	Year of Birth	Gender	Age (Years)	Height(cm)	Weight(kg)	Current employment status
xxxx-xxxx-xxxx	YYYY	Male	xx	Xxx	xx	Full Time
xxxx-xxxx-xxxx	YYYY	Female	xx	xxx	xx	Part time

Programmer's Note 1: This listing will continue for all subjects and will be sorted in ascending order by unique Subject ID.

Listing 16.2.2.1 Renal Status of Patient – All Subjects Data

Unique Subject ID	Serum Creatinine (mg/dl)	CRCL (ml/min)	Severity of renal dysfunction
xxxx-xxxx-xxx	xx xx	xx xx	Mild
xxxx-xxxx-xxx	xx xx	xx xx	Severe

Note 1: Subjects with renal dysfunction have been listed.
Programmer's Note 1: The above listing will be continued for all the other subjects order by Unique Subject ID.

Listing 16.2.2.2 Comorbidities (Deyo-Charlson Comorbidity Index) – All Subjects Data

Unique Subject ID	Comorbidity	Deyo-Charlson Comorbidity Index	Deyo-Charlson Weight	Diagnosis	Diagnosis date	Chemotherapy received in last three months	Location of other transplant	Glasgow coma score
xxxx-xxxx-xxxx	Myocardial Infarction	2	1	-				
----------	Malignancy	2	6	Solid tumor	DDMMMYYYY	Yes		

Note 1: Subjects with at least one comorbidity conditions have been listed.

Programmer's Note 1: The above listing will be continued for all other comorbidity and subjects will be sorted in ascending order by Unique Subject ID.

Listing 16.2.2.3 Disease Severity – All Subjects Data

Unique Subject ID	Was APACHE II completed?	Score	Was another disease severity score completed?	If Yes, name of severity score	Score
xxxx-xxxx-xxxx	Yes	Xx	Yes	xxxx	xx
xxxx-xxxx-xxxx	Yes	xx	No	-	

Note 1: Subjects with at least one severity score have been listed.

Listing 16.2.2.4 Additional Risk Factor - All Subjects Data

Unique Subject ID	Has patient travelled to any foreign country in the last 3 months?	If Yes, provide country	Start Date/ Return Date	Was subject hospitalized during travel?	Is the patient pregnant??	No. of weeks of gestation since last menstrual period	Does patient drink alcohol ?	No. of drink per week	Tobacco Use	Cigarettes per day/No. of years smoking	No. of Years Smoking
xxxx-xxxx-xxx	Yes	xxxxxx	DDMMMYYYY/ DDMMMYYYY	No	NA	-	No	-	Current Smoker	5	10
xxxx-xxxx-xxx	No				Yes	xx	No	-	Never Smoked		

Programmer's Note 1: The above listing will be continued for all other subjects ascending order by Unique Subject ID and visit.

Listing 16.2.3.1 Index Hospitalization - All Subjects Data

Unique Subject ID	Date of index hospitalization admission	Mode of admission	Source of admission	Ward admitted for initial hospitalization	Diagnosis at admission	Was the patient discharged by the end of the study period?	Date of hospital discharge	Ward admitted	Ward admission date	Ward discharge/ transfer date
xxxx-xxxx-xxx	DDMMMYYYY	Emergency	Outpatient	Surgical	xxxxx	Yes	DDMMMYYYY	I-Ward	DDMMMYYYY	DDMMMYYYY
xxxx-xxxx-xxx	DDMMMYYYY	Scheduled	Long term care facility	Medical	xxxxx	No	DDMMMYYYY	---		

Programmer's Note 1: The above listing will be continued for all other subjects ascending order by Unique Subject ID

Listing 16.2.3.2 Length of Hospital Stay – All Subjects Data

Unique Subject ID	Date(s) of hospital admission	Date(s) of hospital discharge	Patient admitted in ICU?	IF Yes, Date of ICU admission	IF Yes, Date of ICU discharge	If yes, Diagnosis at admission
xxxx-xxxx-xxx	DDMMMYYYY	DDMMMYYYY	Yes	DDMMMYYYY	DDMMMYYYY	xxxxxxxx
xxxx-xxxx-xxx	DDMMMYYYY	-	No		-	

Programmer's Note 1: The above listing will be continued for all other subjects and sorted in ascending order by Unique Subject ID.

Listing 16.2.3.3 Current Admission to ICU – All Subjects Data

Unique Subject ID	Reason for admission to ICU	Date of ICU admission	Date of ICU discharge	Date of Discharge from hospital
xxxx-xxxx-xxxx	xxxxxxx	DDMMMYYYY	DDMMMYYYY	DDMMMYYYY
xxxx-xxxx-xxxx	xxxxxxx	DDMMMYYY	DDMMMYYYY	

Note 1: Only subjects admitted to ICU have been listed.
Programmer's Note 1: The above listing will be continued for all other subjects in ascending order by Unique Subject ID.

Listing 16.2.3.4 Prior Recent Hospitalization - All Subjects Data

Unique Subject ID	Date of admission	Date of discharge	Reason for hospitalization/ Primary diagnosis at discharge
xxxx-xxxx-xxxx	DDMMMYYYY	DDMMMYYYY	xxxxx
xxxx-xxxx-xxxx	DDMMMYYYY	DDMMMYYYY	Xxxxx

Note: Only subjects with recent hospitalization within 90 days prior to date of admission for the current hospitalization has been listed.

Programmer's Note 1: This listing will continue for all subjects and will be sorted in ascending order by unique Subject ID.

Listing 16.2.3.5 Recent Healthcare Procedures - All Subjects Data

Unique Subject ID	Date of healthcare procedure	Type of healthcare procedure
xxxx-xxxx-xxxx	DDMMMYYYY	xxxxx
xxxx-xxxx-xxxx	DDMMMYYYY	xxxxx

Note: Only subjects with prior healthcare procedures within 30 days prior to ceftazidime-avibactam initiation have been listed.

Programmer's Note 1: This listing will continue for all subjects and will be sorted in ascending order by unique Subject ID.

Listing 16.2.3.6 Healthcare Utilization – All Subjects Data

Unique Subject ID	Healthcare resource	Start date	Stop date	Details
xxxx-xxxx-xxx	Mechanical ventilation	DDMMMYYYY	DDMMMYYYY	xxxxxxxx
xxxx-xxxx-xxx	Hemodialysis	DDMMMYYYY	DDMMMYYYY	xxxxxxxx

Note 1: Subjects with any use of healthcare resources during the initial hospitalization

Programmer's Note 1: The above listing will be continued for all other subjects and sorted in ascending order by Unique Subject ID.

Listing 16.2.4.1 Indication – All Subjects Data

Unique Subject ID	Source of Infection	Indication for ceftazidime-avibactam	Primary Diagnosis of Indication	Secondary Diagnosis of Indication	Symptoms	Date of sampling	Positive dipstick for leukocyte esterase and/or nitrite	Date of diagnosis	Did the patient have a secondary bacteremia?	Explain other; initial site of infection (organ)
xxxx-xxxx-xxxx	Hospital Acquired Infection (HAI)	UTI	Obstruction	Renal failure	Fever	DDMMMYYYY	Yes	DDMMMYYYY	Yes	
		IAI	Liver abscess	Pancreatic abscess	Hypothermia			DDMMMYYYY		
		NP	Hospital Acquired Pneumonia		Fever			DDMMMYYYY	No	
		Other							Yes	Appendix
xxxx-xxxx-xxxx		-----				DDMMMYYY				

Note 1: Subjects with indication for ceftazidime-avibactam have been listed.

Listing 16.2.5.1 Ceftazidime-Avibactam Exposure – All Subjects Data

Unique Subject ID	Use of Ceftazidime-avibactam for >=48 hours reported in patient records?	Start date/Stop Date	Dose(mg)	Frequency	Route	Duration of administration (hours)	Category of treatment	Reason for discontinue	Total duration of therapy
xx-xxxx-xxxx	Yes	DDMMMYYYY/ DDMMMYYYY	xx	BD	IV	xx	empiric based on microbiology	Adverse Event	xx
xx-xxxx-xxxx	Yes	DDMMMYYYY/ DDMMMYYYY	xx	OD	IV	xx	empiric based on genotyping	Cure	xx

---

Programmer's Note: This listing will continue for all subjects and will be sorted in ascending order by unique Subject ID.

Listing 16.2.5.2 History of Prior Antibiotic Exposure – All Subject Data

Unique Subject ID	Antibiotic(s) used	Start date/Stop Date	Dose(mg)	Frequency	Route	Reason for Treatment specify (if available)
xx-xxxx-xxxx	xxxxxxx	DDMMMYYYY/ DDMMMYYYY	xx	BID	IV	xx
	xxxxxxx	DDMMMYYYY/ DDMMMYYYY	xx	OD	IV	xx
	xxxxxxxx	DDMMMYYYY/ DDMMMYYYY	xx	OD	IV	xx
	---					
xx-xxxx-xxxx						

Note 1: Subject with any antibiotic(s) used within 90 days prior to date of admission for the current hospitalization have been listed

Programmer's Note: This listing will continue for all subjects and will be sorted in ascending order by unique subject Id.

Listing 16.2.5.3 Concomitant Antibiotic Therapy – All Subject Data

Unique Subject ID	Antibiotic(s) used	Start date/Stop Date	Dose(mg)	Frequency	Route	Duration of administration (hours)	Category of treatment	Reason for discontinuation
xx-xxxx-xxxx	Amikacin	DDMMMYYYY/ DDMMMYYYY	xx	BID	Oral	xx	empiric based on microbiology	Adverse Event
	Amoxicillin	DDMMMYYYY/ DDMMMYYYY	xx	OD	Oral	xx	empiric based on genotyping	Cure
	Amoxicillin-clavulanate	DDMMMYYYY/ DDMMMYYYY	xx	OD	Oral	xx	empiric based on genotyping	Adverse Event
	---							
xx-xxxx-xxxx								

Note 1: Subject with any antibiotic(s) used concurrently with ceftazidime-avibactam have been listed

Programmer's Note: This listing will continue for all subjects and will be sorted in ascending order by unique subject Id.

Programmer's Note 2: This similar listing will be generated as follows :

Listing 16.2.5.4 Antibiotic Therapy: Prior lines of Treatment – All Subjects
Listing 16.2.5.5 Antibiotic Treatment After Ceftazidime-Avibactam All Subjects

Listing 16.2.6.1 Clinical Symptoms Improvement– All Subjects

Unique Subject ID	Time point of evaluation of ceftazidime-avibactam initiation	Date of evaluation	Symptom improved or worsened (as reported by physician)	Clinical outcomes
xx-xxxx-xxxx	Day 3	DDMMMYYYY	Symptom improved	-
	Day 7	DDMMMYYYY	Symptom improved	Clinical Success
	Day 14/ EOT			
	Other			

Programmer's Note: This listing will continue for all subjects and all available time points will be sorted in ascending order by unique subject ID

Listing 16.2.6.2 Microbiological Evaluation - All Subjects Data

Unique Subject ID	Time point of evaluation of ceftazidime-avibactam initiation	Date of evaluation	Microbiological evolution	Microbiological outcomes
xx-xxxx-xxxx	Day 7	DDMMMYYYY	Microbiological success	Eradication
	Day 14/ EOT	DDMMMYYYY	Microbiological success	Verified Persistence
	Other			

Programmer's Note: This listing will continue for all subjects and all available time points will be sorted in ascending order by unique subject ID

Listing 16.2.6.3 Recurrence of Infection – All Subjects Data

Unique Subject ID	Was the site of infection/micro-organism same or different?	If same, Micro organisms	If different, New site of infection/ micro organisms
xxxx-xxxx-xxx	Same	xxxxxxxxx	
xxxx-xxxx-xxx	Different	-	xxxxx/xxxxxx

Note 1:Subjects with symptoms and signs of a new infection after completion of treatment with Ceftazidime avibactam till 30 days have been listed

Programmer's Note 1: The above listing will be continued for all other subjects and sorted in ascending order by Unique Subject ID.

Listing 16.2.6.4 Susceptibility to Ceftazidime-Avibactam – All Subjects

Unique Subject ID	Date of susceptibility testing	Organism	Method used	MIC value/ Zone diameter	Susceptible
xxxx-xxxx-xxx	DDMMMYYYY	Xxxxx	E-test	Xxx	Yes
	DDMMMYYYY	Xxxxx	DISC	xxxx	No

Note 1: Subjects with susceptibility testing done have been listed.
Programmer's Note 1: The above listing will be continued for all the other subjects, visits and sorted in ascending order by Unique Subject ID and Visit

Listing 16.2.7.1 Microbiology– All Subjects

Unique Subject ID	Timing of sample collection	Date of identification	Number of bacterial pathogens identified	Specify fungal Pathogen if identified	Type of specimen	Bacterial pathogens identified	Name of the pathogen/Site	Do the bacteria present any beta lactamase?	Genotyping Done/How many were identified?	Name and Class of Beta Lactamase
xxxx-xxxx-xxx	Before initial antibiotic therapy	DDMMMYYYY	Unknown	xxxxxx	Blood	Gram negative, Escherichia Coli	xxxx/Urine	Yes	Yes/2	extended spectrum B lactamase
	After initiation or during ceftazidime-avibactam therapy	DDMMMYYYY	xxx		Blood	Gram negative, Escherichia Coli	xxxx/Blood	Unknown	No	
---	---	---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---	---	---

Note 1: Subjects with microbiology sample taken have been listed.
Programmer's Note 1: The above listing will be continued for all the other subjects, visits and sorted in ascending order by Unique Subject ID and Visit

Listing 16.2.7.2 Pathogen Susceptibility – All Subjects Data

Unique Subject ID	Pathogen	Name of the Pathogen	Date of Pathogen	Sensitivity	Drug
xxxx-xxxx-xxx	***Gram negative, Escherichia Coli***	xxxxxxxxxx	DDMMMYYYY	S -3	Xxxxx Xxxxxx Xxxxxx Xxxxxxx
	Gram negative, Proteus spp	xxxxxxxxxx	DDMMMYYYY	R -2	Xxxxxx Xxxxxx Xxxxxx
	--------				

Note 1: Subjects with any of the pathogens identified susceptible to antibiotics have been listed.
Programmer's Note 1: The above listing will be continued for all the other subjects, visits and sorted in ascending order by Unique Subject ID and Visit

Listing 16.2.8.1 In-Hospital Mortality – All Subjects Data

Unique Subject ID	Date of death	Cause of death
xxxx-xxxx-xxx	DDMMMYYYY	xxxxxxx
xxxx-xxxx-xxx	DDMMMYYYY	xxxxxxx

Note 1: Only subjects died during hospitalization have been listed

Programmer's Note 1: The above listing will be continued for all other subjects and sorted in ascending order by Unique Subject ID.

Listing 16.2.9.1 Adverse Events – All Subjects Data

Unique Subject ID	AE Term	SOC/PT	Start Date/ Stop Date/ Ongoing	Relationship	AE Serious (Yes/No)	Criteria for seriousness	Outcome	Action taken for AE
xxxx-xxxx-xxx	xxxxx	xxxxxx/xxxxxx	DDMMMYYYY/ DDMMMYYYY	Ceftazidime-avibactam	No	Life Threatening	Recovering / Resolving	Dose not changed
	xxxxxx	xxxxxx/xxxxxx	DDMMMYYYY/ DDMMMYYYY	Concomitant drug	Yes	Fatal	Fatal	Unknown
----------								

Note 1: AE = Adverse Event, SOC = System Organ Class, PT = Preferred Term
Note 2: SOC and PT are coded using latest version of MedDRA dictionary.
Note 3: Only subjects with at least one adverse event are listed.
Programmer's Note 1: The listing will continue for all other subjects with AEs and sorted in ascending order by Unique Subject ID and Visit.