STATISTICAL ANALYSIS PLAN

LA55-0417

Safety and efficacy of early-start deferiprone treatment in infants and young children newly diagnosed with transfusion-dependent beta thalassemia

Final Version 1

24 SEP 2020

Approved by

David Lee

24 SEP 2020

David Lee, Ph.D.
Scientific Leader, Biostatistics
Chiesi Canada Corp.

Date (DD MMM YYYY)

30 Sep 2020

Anna Rozova, MD
Director, Medical Safety
Chiesi Canada Corp.

Date (DD MMM YYYY)

Fernando Tricta

01 Oct 2020

Fernando Tricta, MD
Senior Vice President, Medical Affairs
Chiesi Canada Corp.

Date (DD MMM YYYY)

Table of Contents

List of Abbreviations

Abbreviation	Definition
ADR	adverse drug reaction
AE	adverse event
ALT	alanine transaminase
ANC	absolute neutrophil count
ANCOVA	analysis of covariance
AST	aspartate transaminase
CS	clinically significant
CI	confidence interval
CRA	clinical research associate
CRF	case report form
CRO	contract research organization
CRP	C-reactive protein
eCRF	electronic case report form
EDC	electronic data capture
FDA	US Food and Drug Administration
GCP	Good Clinical Practice
GGT	gamma-glutamyl transpeptidase
HIV	human immunodeficiency virus
HPLC	high performance liquid chromatography
ICF	informed consent form
ICH	International Council for Harmonisation
IEC	Independent Ethics Committee
IRB	Institutional Review Board
ITT	intent-to-treat
LPI	labile plasma iron
MCV	mean corpuscular volume
MedDRA	Medical Dictionary for Regulatory Activities
NCS	not clinically significant
NTBI	non-transferrin-bound iron
PP	per protocol
PT	preferred term
RBC	red blood cell
SADR	serious adverse drug reaction

Abbreviation	Definition
SAE	serious adverse event
SAP	statistical analysis plan
SF	serum ferritin
SOC	system organ class
t.i.d	three times a day
TSAT	transferrin saturation
ULN	upper limit normal
WBC	white blood cell
WHO	World Health Organization

1. Introduction

This document outlines the statistical analysis plan (SAP) for clinical study LA55-0417, titled "Safety and efficacy of early-start deferiprone treatment in infants and young children newly diagnosed with transfusion-dependent beta thalassemia".

The SAP details the statistical methods to be used in analyzing the data from the study, and presents the mock-up tables that will be included in the clinical study report. When the SAP and the clinical study protocol are different with respect to the planned analyses, the SAP is to supersede the clinical study protocol.

The standards used to compile the clinical data will be based on the Study Data Tabulation Model v1.4, SDTM implementation guide v 3.2 as well as controlled terminology v 2017-06-30 from the Clinical Data Interchange Standards Consortium (CDISC). Tables, listings and figures will be programmed using data from the SDTM datasets.

2. Study Objectives

2.1 Primary Objective

To evaluate the effect of early treatment with deferiprone on lessening progressive iron overload in infants and young children with transfusion-dependent β-thalassemia.

2.2 Secondary Objective

To evaluate the safety and tolerability of early treatment with deferiprone in infants and young children with transfusion-dependent β-thalassemia.

3. Study Design

3.1 Description of Study Design

This is a multi-center, randomized, double-blind, placebo-controlled study in infants and young children newly diagnosed with transfusion-dependent β-thalassemia. Patients start on a red blood cell (RBC) transfusion regimen designed to maintain a hemoglobin level > 9 g/dL, but still have a serum ferritin level well below the threshold that current treatment guidelines state should be reached before iron chelation therapy can begin.

Screening is conducted within 14 days prior to the start of dosing. At baseline, eligible participants are randomized in a 1:1 ratio to receive either deferiprone oral solution 80 mg/mL or matching placebo. Visits are scheduled approximately monthly (every 30 ±10 days) for the determination of levels of serum ferritin (SF), labile plasma iron (LPI), and transferrin saturation (TSAT), and for assessments of safety that include determination of liver enzymes (ALT and AST) and growth measurements.

Dosage begins at 25 mg/kg/day, divided into 3 doses (t.i.d.), and is increased to 50 mg/kg/day (divided t.i.d.) after 2 weeks. After that, it is increased to 75 mg/kg/day (divided t.i.d.) for patients who meet either of the following criteria:

- An SF value ≥ 800 µg/L (but still below 1000 µg/L) and/or an LPI value ≥ 0.6 µM and/or a TSAT value ≥ 60% at 2 consecutive visits, or
- An increasing trend in any of the above 3 measures (SF, LPI, and/or TSAT) at 3 consecutive visits, regardless of value

If a single occurrence of any of the following is detected at any time, treatment is interrupted:

- SF value below the lower reference range for the child's age
- Mild neutropenia, defined as an absolute neutrophil count (ANC) < 1.5 x 10^9/L but ≥ 1.0 x 10^9/L
- Fever or other signs of infection, prior to confirmation that ANC is ≥ 1.5 x 10^9/L

As these parameters are known to fluctuate, the assessment is repeated as soon as possible to verify that treatment interruption is necessary. Treatment is re-initiated after the abnormally low SF or ANC level is recovered, or when the fever or infection resolves or is determined to not be indicative of neutropenia.

If moderate neutropenia (ANC < 1.0 x 10^9/L) is confirmed, the patient is withdrawn from the study.

Patients remain in the study for 12 months or until their SF level is found to be ≥ 1000 µg/L at 2 consecutive visits, whichever comes first. Since SF level may be impacted by the presence of infection, it must additionally be verified that the child has had no signs of infection in the previous 7 days, including the day of the visit, and that the level of C-reactive protein (CRP) is no greater than 20% higher than the normal range for the patient's age. If there are signs of infection and/or the CRP level is above this threshold, the SF level must be checked again a minimum of one week later. (**Note:** If an investigator has valid reason to believe that an SF level ≥ 1000 µg/L may be attributable to infection even if this is not indicated by the CRP result, SF may be rechecked once more a minimum of one week later.)

3.2 Number of Patients

A planned total of 64 patients are to be enrolled in the study, 32 in each arm.

3.3 Study Procedures

The procedures and assessments to be conducted at each study visit are shown in Table 1.

Remote patient visits due to the COVID-19

Due to the COVID-19 pandemic, some patients were unable to attend the site due to transportation disruptions, site restrictions/availability and to maintain social distancing. In cases where patients are unable to attend the site due to COVID-19 restrictions, remote patient visits have been performed as follows:

- Patients were contacted and verbally consented to having their visits performed remotely, including having lab samples collected from Al Mokhtabar /Prodia phlebotomists at their home (if Al Mokhtabar /Prodia cannot continue at home visits, the patients will have to attend the closest local branch), and IP delivered, and completed patient diary cards and used/unused IP from the last visit collected by the courier. This discussion occurred before any aspect of remote visits occurred and was documented in the source.
- The patient was called by the PI/delegated site staff for their remote visit. These calls must be documented in the source.
- Recommendation that the site try to use the later dates within the visit windows to have visits.
- Sample collection: weekly, bi-weekly and monthly samples (CBCs, biochemistry, LPI, serum ferritin, C-reactive protein, transferrin saturation and CRP if applicable) were collected by AM/Prodia phlebotomists at the patients' homes and/or local branch.

It is noted that:

- The morning dose should be taken AFTER these samples are collected. Therefore, the samples should have been collected in the morning.
- Review of the results within 24 hours of receipt is still in effect.
- If a transfusion was scheduled on the day of the visit, the blood samples for serum ferritin, LPI, and TSAT must have been collected before the transfusion was performed.
- Dose escalations and withdrawal criteria remained unchanged.
- LPI samples were collected in both Indonesia and Egypt as per protocol, however, shipments were suspended due to Covid-19 and the third-party analysis laboratory, Radbound, had closed until 28 APR 2020.
- PI/site staff reviewed and followed up on: Transfusion history, AE/SAEs and concomitant medication, exposure and dosing.
- All study reminders were communicated to the patients.
- If possible M12 and/or Early Termination Visits (within 30 days of the last dose) were conducted on-site. These have more time sensitive collections for prolactin.
- If possible, patients were asked to perform the following assessments and share the information over the phone during the visit: Patient's body temperature taken with the thermometers provided at study start; Measurement height/length: using string and/or tape measure.

IP and patient diary card:

- IP was called from IVRS by the site staff using the weight from the last on-site visit.
- Only a 1-month supply was provided to the patient as per protocol.
- IP accountability was maintained via the logs as per usual.
- IP and blank patient diary card were collected by courier arranged by EPx/Sydna and transported to the patients' home:
- The patients: verbally consented to allowing IP to be delivered, understanding that their address will be shared with the courier; and that they must sign for the IP upon receipt.
- The courier used temperature monitoring devices (TMD), which were stopped when IP is delivered.
- The patients did not begin the new medication until the TMD readings were downloaded and verified by Chiesi Canada Corp.
- The site printed off the IVRS report for IP dispensation and wrote the TMD used for each shipment. This is to be filed in the patient binder.
- Used and unused IP and the patient diary card from the previous visit were returned to the site via courier. The site reviewed the compliance and patient diary card for AEs/SAEs, concomitant medications and exposure and contacted the patient if needed to clarify any information recorded.

The sites must clearly document which patients were participating in remote visits, and which assessments were not collected as per protocol. Potential protocol deviations following the above process must be documented and can include heart rate and blood pressure not collected, physical exam not performed, visits out of window due to Covid-19 and weight (weight from the previous on-site visit to be used for dispensation/dosing if unable to be collected during remote visit).

Once Covid-19 restrictions are lifted, on-site study visits are to resume.

Table 1 Table of study procedures

	Day -14 to 0 (Screening)	Month 0, Day 0 (Baseline)	Month 1 [1]	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12 or End of Study [2]
Informed consent/ assent	X													
Demographics	X													
Medical history	X													
Eligibility criteria	X	V												
Randomization		X												
Hematology [3]	X	X	Weekly (±3 days) after start of dosing up to Month 6						Biweekly (±3 days) until termination from the study					
Blood chemistry [4,5]	X		X		X			X			X			X
DNA testing (if applicable) [6]	X													
Urinalysis [5,7]	X													X
Serology [8]	X													
Physical examination [5]	X		X		X			X			X			X
Vital signs[9]	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Height[10]		X	X	X	X	X	X	X	X	X	X	X	X	X
Weight		X	X	X	X	X	X	X	X	X	X	X	X	X
Labile plasma iron [11]	X	X	X	X	X	X	X	X	X	X	X	X	X	X

	Day -14 to 0 (Screening)	**Month 0, Day 0 (Baseline)**	**Month 1** [1]	**Month 2**	**Month 3**	**Month 4**	**Month 5**	**Month 6**	**Month 7**	**Month 8**	**Month 9**	**Month 10**	**Month 11**	**Month 12 or End of Study** [2]
Transferrin saturation [11]	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Serum ferritin [11]	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Prolactin [12]		X												X
Dispense study medication		X	X	X	X	X	X	X	X	X	X	X	X	
Provide diary card		X	X	X	X	X	X	X	X	X	X	X	X	
Dosing [13]		Three times daily from baseline until termination from the study												
Review and collect diary card			X	X	X	X	X	X	X	X	X	X	X	X
Collect study medication containers			X	X	X	X	X	X	X	X	X	X	X	X
Assess treatment compliance			X	X	X	X	X	X	X	X	X	X	X	X
Prior & concomitant medications	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Medical events	X	X												
Adverse events		Throughout the study after start of dosing												
Transfusion history	Throughout the study													

V: Verify

[1] Visits are scheduled every 30 days (± 10 days).

[2] Patients terminate from the study at Month 12 or when they have been found to have a serum ferritin level ≥ 1000 µg/L at 2 consecutive visits, whichever comes first.

[3] Hematology: Hemoglobin, total WBC count, ANC, MCV, and platelet count.

[4] Blood chemistry: Total protein, GGT, glucose, bilirubin (total, direct, and indirect), AST, ALT, albumin, blood urea nitrogen, calcium, creatinine, total iron binding capacity, serum iron, zinc. and CRP.

[5] The results obtained at screening for blood chemistry, physical examination, and urinalysis are considered to be the baseline results. These tests are not repeated at Day 0.

[6] A blood sample for DNA testing is to be taken only if DNA confirmation of a diagnosis of beta-thalassemia is not available at the time of screening.

[7] Urinalysis: pH, specific gravity, glucose, protein, ketones, blood, and (if indicated by the dipstick results), sediment microscopy. If there is blood in the urine or three or more "plus signs" for protein, samples must be sent for microscopy.

[8] Hepatitis B, hepatitis C, and HIV.

[9] Heart rate, blood pressure, and body temperature. At the time of these measurements, the child must be calm and not crying.

[10] For infants not yet able to stand upright, stature is measured as recumbent length.

[11] For TSAT and SF, the values obtained at the screening visit (not those obtained at baseline) are used for the eligibility criteria.

[12] Blood samples for the assessment of prolactin are taken pre-dose and at + 1.5 h +/- 5 minutes post-dose. The second set of samples are taken only from patients who are still in the study at Month 12; they are not taken from patients who are terminated before that time.

[13] Dosing: Deferiprone oral solution 80 mg/mL or matching placebo solution.

4. Measurements and Evaluations

4.1 Efficacy Measurements

Efficacy is measured by monitoring levels of serum ferritin, transferrin saturation, and labile plasma iron.

4.1.1 Serum Ferritin (µg/L)

Ferritin is a protein that stores iron in a non-toxic form, transports it to areas where it is required, and releases it in a controlled manner, thereby acting as a buffer against iron deficiency and iron overload. It is mainly found in tissues, but small amounts are measured in the serum, where it can serve as an indirect but easily measurable marker of the total amount of iron stored in the body. (Drawbacks of using it as a marker include lack of specificity, as disorders other than iron overload can cause large amounts of ferritin to be released into the circulation, and inter-patient variability.) Levels of serum ferritin above 1000 ng/mL are often considered to be associated with iron toxicity. In young children who have only recently begun an RBC transfusion regimen, it takes some time for this level to be reached, but in the absence of chelation it inevitably is reached.

Serum ferritin is measured at each visit, and the time to reach a level ≥ 1000 µg/L will be compared between the treatment arms. Patient is to be withdrawn from the study when they attain a serum ferritin level ≥ 1000 µg/L at 2 consecutive visits provided that the child has had no signs of infection in the previous 7 days and that CRP level is not greater than 20% higher than the normal range for the patient's age.

4.1.2 Transferrin Saturation (%)

Transferrin is a protein that combines with iron and transports it to where iron is required. When its capacity to bind incoming iron is exceeded, excess iron circulates as free non-transferrin-bound iron (NTBI) and is taken up by tissues where it can cause cell and organ damage. Transferrin saturation, defined as the percentage of the iron-binding sites of transferrin that are already occupied, is easily measured and hence serves as a marker for NTBI. High levels of transferrin saturation are associated with iron toxicity. As this measure is highly variable, the blood samples for its assessment are to be collected at approximately the same time of day and at approximately the same amount of time after the last dose of study medication, in an attempt to decrease variability as much as possible.

Transferrin saturation is measured at each visit, and the time to reach a level ≥ 60% will be compared between the treatment arms.

4.1.3 Labile Plasma Iron (µM)

Labile plasma iron is a component of NTBI, and is considered the most toxic form of iron since it acts as a catalyst in the formation of harmful free hydroxyl radicals which can damage cellular DNA,

proteins, and membrane lipids. High levels of this form of iron may be found in individuals with conditions of iron overload. As this measure is highly variable, the blood samples for its assessment are to be collected at approximately the same time of day and at approximately the same amount of time after the last dose of study medication, in an attempt to decrease variability as much as possible.

Labile plasma iron is measured at each visit, and the time to reach a level ≥ 0.6 μM will be compared between the treatment arms.

4.2 Safety Measurements

4.2.1 Medical Events, Adverse Events, and Serious Adverse Events

Refer to section 7.2.1 of the LA55-0417 study protocol for the definitions of medical events, adverse events, and serious adverse events.

4.2.2 Laboratory Measurements

Analyses are performed at a central laboratory, with the exception of the weekly or biweekly hematology assessments which may be performed at a local laboratory. Investigators interpret each report promptly (preferably within 24 hours) and document their review by signing or initialing and dating it. Any laboratory values that fall outside a clinically accepted range, or that differ significantly from previous values, are assessed for clinical significance, and are marked by the investigator as either "CS" (clinically significant) or "NCS" (not clinically significant). Any clinically significant abnormalities or changes that are not part of a larger medical condition that is already recorded are further explained on the laboratory report and documented as an adverse event in the eCRF.

Samples for laboratory safety assessments are taken at the time points indicated below. If a patient withdraws from the study, the End of Study procedures are to be performed at an early termination visit.

Hematology: Hemoglobin, total WBC count, ANC, MCV, and platelet count	Screening and weekly after start of dosing up to Month 6 visit, then biweekly until Month 12 or early termination from the study
Blood chemistry: Total protein, GGT, fasting glucose, bilirubin (total, direct, and indirect), AST, ALT, albumin, blood urea nitrogen, calcium, creatinine, total iron binding capacity, serum iron, zinc, and C-reactive protein (CRP)	Screening and Months 1, 3, 6, 9, and 12 (or end of study)

Urinalysis: pH, specific gravity, glucose, protein, ketones, blood, and (if indicated by the dipstick results), sediment microscopy. If there is blood in the urine or three or more "plus signs" for protein, samples must be sent for microscopy.	Screening and Month 12 (or end of study)
Serology: Hepatitis B, hepatitis C, HIV	Screening
Other: Prolactin	Baseline and Month 12

4.2.3 Physical Examinations

Physical examination consists of an examination of head, ears, eyes, nose, throat and neck, respiratory system, cardiovascular system, gastrointestinal system, musculoskeletal system, neurological systems (central and peripheral), and skin, nails, hair, and scalp. It is to be performed at screening and at Months 1, 3, 6, 9, and 12 (or end of study). Any clinically significant abnormalities noted prior to the screening visit are recorded as medical history, any noted between screening and the first dose of study medication is recorded as medical events, and any that are noted post–Dose 1 are recorded as AEs.

The growth parameters of body weight and height (or length, in infants not yet able to stand upright) which are separate safety endpoints, are measured at each post-screening visit.

4.2.4 Vital Signs

Resting heart rate, resting blood pressure, and body temperature are taken. ("Resting" implies that the child must be calm and not crying.) Blood pressure should always be measured after a minimum 3-minute resting period, and using the same arm each time if possible. Systolic and diastolic blood pressures are to be recorded from one measurement.

Vital signs are measured at each site visit. Clinically significant out-of-range values for vital signs are reported as AEs.

4.2.5 Concomitant Medications

The following information about prior and concomitant medications are recorded:

- All medications used within the 3 months prior to baseline
- Any medications that the patient continues to take during the study
- Any medications that the patient starts to take during the study

The name, dose, route, frequency, indication, and stop and start dates of all medications used during the study must be noted in the source documents and CRFs, as well as whether or not the medication was used to treat an AE.

Information on concurrent medications are obtained at every site visit.

5. Statistical Analysis

A two-sided p-value of 0.05 will be used as the significance level for the determination of statistical significance in all statistical tests.

All statistical analyses of efficacy and safety data will be performed using SAS (version 9.4 or higher) on the Windows operating system.

5.1 Study Populations

5.1.1 Intent-to-Treat Population

The intent-to-treat (ITT) population will be composed of patients who were randomized, have received at least one dose of study medication, and have had at least one post-baseline measurement on the efficacy variables. All efficacy endpoints will be analyzed for the ITT population, which represents the primary analysis population.

5.1.2 Per Protocol Population

The per protocol (PP) population will represent the secondary analysis population, and will be composed of the same patients as in the intent-to-treat (ITT) population without major protocol deviations. Patients with major protocol deviation(s) will be determined before the database is locked. The efficacy endpoints will be analyzed for this population as well.

5.1.3 Safety Population

The safety population will be composed of patients who have received at least one dose of study medication.

5.2 Efficacy Endpoints

5.2.1 Primary Efficacy Endpoint

The primary efficacy endpoint is the percentage of patients who still have a serum ferritin level < 1000 µg/L at Month 12.

5.2.2 Secondary Efficacy Endpoints

The secondary efficacy endpoints are:

- The percentage of patients whose serum ferritin level is still less than 1000 μg/L at each visit
- The percentage of patients whose LPI value is still less than 0.6 μM at each visit
- The percentage of patients whose TSAT value is still less than 60% at each visit
- Time to reach a serum ferritin level ≥ 1000 μg/L (Note: a patient is to be withdrawn from the study only if the repeated serum ferritin level is ≥ 1000 μg/L.)
- Time to reach an LPI value ≥ 0.6 μM
- Time to reach a TSAT value ≥ 60%

5.3 Safety Endpoints

The safety endpoints are:

- Adverse events (AEs): Frequency, intensity, time to onset, duration, and relatedness to study drug
- Serious adverse events (SAEs): Frequency, intensity, time to onset, duration, and relatedness to study drug
- Number of discontinuations due to AEs
- Growth parameters: Weight, height, and height velocity, as classified using the Z-score system
- Change in prolactin level from baseline to Month 12

5.4 Patient Disposition and Drug Exposure

The numbers of patients who were screened, randomized, exposed to the study medication, who completed the study, and who withdrew from the study (along with reasons for withdrawals) will be presented.

5.5 Patient Characteristics

Patient characteristics at baseline, including demographics, will be summarized with descriptive statistics for continuous variables and with frequency tables for categorical variables. Medical history will be summarized using the Medical Dictionary for Regulatory Activities (MedDRA) version 23.0 or higher.

5.6 Analysis of Efficacy

The percentage of patients who have not reached levels of LPI ≥ 0.6 μM, TSAT ≥ 60%, or SF ≥ 1000 μg/L will be compared between the two treatment groups at each monthly time point as well as at the end of study, using the Fisher's exact test. (Note: the repeated SF value will be used to determine this for those patients whose SF is ≥ 1000 μg/L.)

The effect of baseline value on each of the 3 efficacy endpoints will be examined in a covariate analysis. As an example for serum ferritin, the following SAS code of MIXED procedure will be used to produce the differences in Least Squares (LS) Mean of change in serum ferritin at Months 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12 between deferiprone and placebo groups and the corresponding 95% confidence intervals.

```
proc mixed data=sf;
  class patient base_sf treat month;
  model sf_change = base_sf treat month treat*month /
  noint solution ddfm=kr;
  repeated month / Patient=patient(treat) type=ar(1);
  lsmeans treat*month;
  estimate 'Deferiprone - Placebo at Month 1'
            treat 1 -1
            treat*month  1 0 0 0 0 0 0 0 0 0 0 0
                        -1 0 0 0 0 0 0 0 0 0 0 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 2'
            treat 1 -1
            treat*month  0  1 0 0 0 0 0 0 0 0 0 0
                         0 -1 0 0 0 0 0 0 0 0 0 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 3'
            treat 1 -1
            treat*month  0 0  1 0 0 0 0 0 0 0 0 0
                         0 0 -1 0 0 0 0 0 0 0 0 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 4'
            treat 1 -1
            treat*month  0 0 0  1 0 0 0 0 0 0 0 0
                         0 0 0 -1 0 0 0 0 0 0 0 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 5'
            treat 1 -1
            treat*month  0 0 0 0  1 0 0 0 0 0 0 0
                         0 0 0 0 -1 0 0 0 0 0 0 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 6'
            treat 1 -1
            treat*month  0 0 0 0 0  1 0 0 0 0 0 0
                         0 0 0 0 0 -1 0 0 0 0 0 0/ cl alpha=0.05;
```

```
  estimate 'Deferiprone - Placebo at Month 7'
           treat 1 -1
           treat*month  0 0 0 0 0 0  1 0 0 0 0 0
                        0 0 0 0 0 0 -1 0 0 0 0 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 8'
           treat 1 -1
           treat*month  0 0 0 0 0 0 0  1 0 0 0 0
                        0 0 0 0 0 0 0 -1 0 0 0 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 9'
           treat 1 -1
           treat*month  0 0 0 0 0 0 0 0  1 0 0 0
                        0 0 0 0 0 0 0 0 -1 0 0 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 10'
           treat 1 -1
           treat*month  0 0 0 0 0 0 0 0 0  1 0 0
                        0 0 0 0 0 0 0 0 0 -1 0 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 11'
           treat 1 -1
           treat*month  0 0 0 0 0 0 0 0 0 0  1 0
                        0 0 0 0 0 0 0 0 0 0 -1 0/ cl alpha=0.05;
  estimate 'Deferiprone - Placebo at Month 12'
           treat 1 -1
           treat*month  0 0 0 0 0 0 0 0 0 0 0  1
                        0 0 0 0 0 0 0 0 0 0 0 -1/ cl alpha=0.05;
run;
```

A Kaplan-Meier survival curve for the time to reach a serum ferritin level ≥ 1000 µg/L, an LPI value ≥ 0.6 µM, or a TSAT value ≥ 60% will be generated for the two treatment groups. Log-rank test will be used for comparing the two survival curves for each of the 3 efficacy endpoints.

As an example, for serum ferritin, the following SAS code of LIFETEST procedure will be used to compare the two survival curves. A variable status is the censoring indicator. A status of 1 indicates an event time when a serum ferritin level reaches ≥ 1000 µg/L and a status of 0 indicates the event of serum ferritin level ≥ 1000 µg/L has not occurred by the end of the study.

```
proc lifetest data=sf method=km plot=(s) graphics;
   time month*status(0);
   strata treat;
run;
```

Trend analysis over time for LPI, TSAT, and SF measures will be performed to compare the rate of change per month in these measures between the two treatment groups. As an example, for serum ferritin, the following SAS code of MIXED procedure will be used to compare the two slopes between the two treatment groups:

```
proc mixed data=sf;
  class treat patient;
  model sf = treat month treat*month / noint solution;
  repeated / type=ar(1) Patient=patient(treat);
  estimate 'Slope for deferiprone' month 1 treat*month 1 0;
  estimate 'Slope for placebo'     month 1 treat*month 0 1;
  estimate 'Slope for deferiprone minus placebo' treat*month 1 -1;
run;
```

5.7 Analysis of Safety

Descriptive statistics (mean, standard deviation, minimum, and maximum) will be produced for continuous variables, and frequency tables will be produced for discrete variables by treatment group. Summaries of adverse events and serious adverse events will be produced by treatment group. Shift tables will be generated for comparing the screening/baseline values and end of study values of the relevant measures.

The following safety data will be summarized by treatment group:

- Adverse events (AEs), adverse drug reactions (ADRs), serious adverse events (SAEs), and serious adverse drug reactions (SADRs)
- Number of discontinuations due to AEs
- Hematology assessments
- Biochemistry assessments
- Urinalysis
- Vital signs
- Prior and concomitant medications

Prolactin is measured at baseline and Month 12. The change in prolactin level from baseline to Month 12 will be compared between the two treatment groups using an ANCOVA model with baseline value as a covariate and treatment as the main factor.

5.7.1 AEs and SAEs

Adverse events (AEs) are coded using MedDRA version 23.0 or higher. In counting the number of patients who experienced each AE, any patients who experienced the same AE multiple times will be counted only once for the corresponding preferred term (PT). Similarly, any patients who experienced multiple AEs within the same system organ class (SOC) will be counted only once for that SOC. AEs will be tabulated alphabetically by SOC; and within each SOC, the PTs will be presented alphabetically. In tables that present the incidence of AEs by severity, seriousness, and relation to study

medication, any patients with multiple events coded to a given PT or SOC will be counted only once for that PT or SOC according to the most severe event, the most serious event, or the event with the closest relationship to study medication.

AEs will be summarized for the total number of AEs, the total number and percent of patients who experienced at least one AE, and the total number and percent of patients who experienced an AE within each SOC (and each PT within an SOC). A p-value comparing the percentages of each AE among treatment groups will be calculated by using Fisher's exact test.

The incidences of AEs, SAEs, adverse drug reactions (ADRs), and serious ADRs (SADRs) will be tabulated by treatment group. The relationship to study medication for AEs will be tabulated by treatment group.

A listing of SAEs and a listing of withdrawals due to AEs with time to withdrawal will be produced. Any deaths will be listed separately and discussed in narratives.

5.7.2 Number of discontinuations due to AEs

The percent of patients who have been withdrawn for the study due to AEs will be compared between the two treatment groups using Fisher's exact test.

5.7.3 Hematology and biochemistry

Hematology and biochemistry data will be summarized by using descriptive statistics at each assessment by treatment group. Change from baseline to each follow-up assessment will also be summarized by using descriptive statistics by treatment group. The data listings of patients who have abnormal values as well as patients who have clinically significant values will be produced for each parameter. The number (%) of patients who have ALT > 2 x ULN, 3 x ULN, and 5 x ULN during the study will be compared between the two treatment groups.

5.7.4 Urinalysis

Urinalysis assessments consist of pH, specific gravity, glucose, protein, ketones, blood, and (if indicated by the dipstick results), sediment microscopy. If there is blood in the urine or three or more "plus signs" for protein, samples must be sent for microscopy. Clinically significant laboratory values for urinalysis are reported as AEs.

5.7.5 Vital signs

Temperature, resting heart rate, and diastolic and systolic blood pressures will be summarized using descriptive statistics at each assessment by treatment group. Change from baseline to each follow-up assessment will be also summarized using descriptive statistics by treatment group.

5.7.6 Prior and concomitant medications

Prior and concomitant medications are summarized using the WHO Drug Dictionary (WHO-DD) version B2 (March 2018).

5.7.7 Time to withdrawal

A Kaplan-Meier survival curve for the time to be withdrawn from the study will be generated for the two treatment groups. The Log-rank test will be used for comparing the two survival curves.

5.7.8 Height and weight

For height (cm) and weight (kg), the change from baseline to last assessment will be compared between the two treatment groups using an ANCOVA model with baseline value as a covariate and treatment as the main factor. The rate of change in height will be assessed using regression analysis.

Child growth standards for 2007 are available at the WHO website https://www.who.int/childgrowth/standards/en/.. This site provides mean and standard deviation for height and weight from 0 to 5 years old by day for males and females. It has mean and standard deviation for height from 5 to 19 years old by month for male and female and for weight from 5 to 10 years old by month for males and females.

Z scores will be calculated by matching sex and age in days until 5 years old and by matching sex and age in months from 5 to 10 years old as follows:

(Observed data from LA55 – Mean from WHO data) / (Standard deviation from WHO data)

The change from baseline to last assessment in Z score will be compared between the two treatment groups using an ANCOVA model with baseline value as a covariate and treatment as the main factor.

Impact of COVID-19 on the primary efficacy endpoints

Sensitivity analyses may be performed, if warranted, by excluding data that might have been impacted by COVID-19.

SUMMARY TABLES AND FIGURES

Summary tables and figures are numbered following ICH structure.

Note: The final numberings for tables and/or figures in the clinical study report can be changed if more tables and/or figures are made in the addition to those in the SAP.

TABLES

14.1 Patient disposition, demographics, and baseline data

Table 14.1.1 Patient disposition

Table 14.1.2 Number of patients by study site

Table 14.1.3 Number of patients in safety, ITT, and PP populations

Table 14.1.4 Reasons for not completing the study

Table 14.1.5 Demographics data

Table 14.1.6 Medical history

Table 14.1.7 Serum ferritin, LPI, and TSAT at baseline

14.2 Efficacy analyses

14.2.1 Serum ferritin (µg/L)

Table 14.2.1.1 Serum ferritin (µg/L) at each assessment – ITT population

Table 14.2.1.1a Serum ferritin (µg/L) at each assessment – PP population

Table 14.2.1.2 Change in serum ferritin (µg/L) from baseline at each follow-up assessment – ITT population

Table 14.2.1.2a Change in serum ferritin (µg/L) from baseline at each follow-up assessment – PP population

Table 14.2.1.3 LS Means for change in serum ferritin (µg/L) from ANCOVA model at each follow-up assessment – ITT population

Table 14.2.1.3a LS Means for change in serum ferritin (µg/L) from ANCOVA model at each follow-up assessment – ITT population

Table 14.2.1.4 Trend analysis for serum ferritin (µg/L) over time – ITT population

Table 14.2.1.4a Trend analysis for serum ferritin (µg/L) over time – PP population

Table 14.2.1.5 Percent of patients who had serum ferritin < 1000 µg/L at each assessment – ITT population

Table 14.2.1.5a Percent of patients who had serum ferritin < 1000 µg/L at each assessment – PP population

14.2.2 Labile plasma iron (µM)

Table 14.2.2.1 LPI (µM) at each assessment – ITT population

Table 14.2.2.1a LPI (μM) at each assessment – PP population

Table 14.2.2.2 Change in LPI (μM) from baseline at each follow-up assessment – ITT population

Table 14.2.2.2a Change in LPI (μM) from baseline at each follow-up assessment – PP population

Table 14.2.2.3 LS Means for change in LPI (μM) from ANCOVA model at each follow-up assessment – ITT population

Table 14.2.2.3a LS Means for change in LPI (μM) from ANCOVA model at each follow-up assessment – PP population

Table 14.2.2.4 Trend analysis for LPI (μM) over time – ITT population

Table 14.2.2.4a Trend analysis for LPI (μM) over time – PP population

Table 14.2.2.5 Percent of patients who had LPI < 0.6 μM at each assessment – ITT population

Table 14.2.2.5a Percent of patients who had LPI < 0.6 μM at each assessment – PP population

14.2.3 Transferrin saturation (%)

Table 14.2.3.1 TSAT (%) at each assessment – ITT population

Table 14.2.3.1a TSAT (%) at each assessment – PP population

Table 14.2.3.2 Change in TSAT (%) from baseline at each follow-up assessment – ITT population

Table 14.2.3.2a Change in TSAT (%) from baseline at each follow-up assessment – PP population

Table 14.2.3.3 LS Means for change in TSAT (%) from ANCOVA model at each follow-up assessment – ITT population

Table 14.2.3.3a LS Means for change in TSAT (%) from ANCOVA model at each follow-up assessment – PP population

Table 14.2.3.4 Trend analysis for TSAT (%) over time – ITT population

Table 14.2.3.4a Trend analysis for TSAT (%) over time – PP population

Table 14.2.3.5 Percent of patients who had TSAT < 60% at each assessment – ITT population

Table 14.2.3.5a Percent of patients who had TSAT < 60% at each assessment – PP population

14.3 Safety analyses

14.3.1 Adverse events

Table 14.3.1.1 Overall summary of adverse events

Table 14.3.1.2 Adverse events

Table 14.3.1.3 Most common Adverse Events >= 5 percent

Table 14.3.1.4 Adverse events with the maximum severity/intensity

Table 14.3.1.5 Adverse drug reactions

Table 14.3.1.6 Most common Adverse drug reactions >= 5 percent

Table 14.3.1.7 Adverse drug reaction with the maximum severity/intensity

Table 14.3.1.8 Serious adverse events

Table 14.3.1.9 Serious adverse events with the maximum severity/intensity

Table 14.3.1.10 Serious adverse drug reactions

Table 14.3.1.11 Serious adverse drug reactions with the maximum severity/intensity

Table 14.3.1.12 Adverse events by relatedness to study medication

Table 14.3.1.13 Adverse events – event count and rate

14.3.2 Vital signs

Table 14.3.2.1 Temperature (C) Heart rate at each assessment

Table 14.3.2.2 Change in temperature (C) from baseline at each follow-up assessment

Table 14.3.2.3 Heart rate (bpm) at each assessment

Table 14.3.2.4 Change in heart rate (bpm) from baseline to each follow-up assessment

Table 14.3.2.5 Diastolic blood pressure (mmHg) at each assessment

Table 14.3.2.6 Change in diastolic blood pressure (mmHg) from baseline at each follow-up assessment

Table 14.3.2.7 Systolic blood pressure (mmHg) at each assessment

Table 14.3.2.8 Change in systolic blood pressure (mmHg) from baseline at each follow-up assessment

14.3.3 Height

Table 14.3.3.1 Height (cm) at each assessment

Table 14.3.3.2 Change in height (cm) from baseline to at each follow-up assessment

Table 14.3.3.3 LS Means for change in height (cm) from ANCOVA model at Month 12

Table 14.3.3.4 Trend analysis for height (cm) over time

Table 14.3.3.5 Z score analysis for height (cm)

14.3.4 Weight

Table 14.3.4.1 Weight (kg) at each assessment

Table 14.3.4.2 Change in weight (kg) from baseline to at each follow-up assessment

Table 14.3.4.3 LS Means for change in weight (kg) from ANCOVA model at Month 12

Table 14.3.4.4 Trend analysis for weight (kg) over time

Table 14.3.4.5 Z score analysis for weight (kg)

14.3.5 Concomitant medications

Table 14.3.4.1 Concomitant medications

14.3.6 Laboratory data

14.3.6.1 Hematology

Table 14.3.6.1.1 Hematology data at each assessment

Table 14.3.6.1.2 Change in hematology data from baseline to each follow-up assessment

Table 14.3.6.1.3 Shift table for hematology data: deferiprone group

Table 14.3.6.1.4 Shift table for hematology data: placebo group

14.3.6.2 Biochemistry

Table 14.3.6.2.1 Biochemistry data at each assessment

Table 14.3.6.2.2 Change in biochemistry data from baseline to at each follow-up assessment

Table 14.3.6.2.3 Shift table for biochemistry data: deferiprone group

Table 14.3.6.2.4 Shift table for biochemistry data: placebo group

Table 14.2.6.2.5 Percent of patients who had ALT > 2 x ULN, 3 x ULN, or 5 x ULN during the study

Table 14.2.6.2.6 Percent of patients who had AST > 2 x ULN, 3 x ULN, or 5 x ULN during the study

14.3.7 Prolactin

Table 14.3.7.1 Prolactin at each assessment

Table 14.3.7.2 Change in prolactin from pre-dose to Month 12

Table 14.3.7.3 LS Means of change in prolactin from pre-dose to Month 12 from the ANCOVA model

14.4 Other analyses

Table 14.4.1 Compliance (%) at each assessment

Table 14.4.2 Overall mean of transfusional iron input (mg/kg/day) during the study

Table 14.4.3 Overall mean of total daily dose (mg/kg/day) during the study

Table 14.1.4 Patient exposure to study medication

Table 14.1.5 Duration of study drug exposure

FIGURES

14.2 Efficacy

Figure 14.2.1 Mean line graph for serum ferritin over time

Figure 14.2.2 Mean line graph for LPI over time

Figure 14.2.3 Mean line graph for TSAT over time

Figure 14.2.4 Mean line graph for change from baseline in serum ferritin over time

Figure 14.2.5 Mean line graph for change from baseline in LPI over time

Figure 14.2.6 Mean line graph for change from baseline in TSAT over time

Figure 14.2.7 Kaplan-Meier survival curve for the time to reach serum ferritin level ≥ 1000 µg/L

Figure 14.2.8 Kaplan-Meier survival curve for the time to reach LPI value ≥ 0.6 µM

Figure 14.2.9 Kaplan-Meier survival curve for the time to reach TSAT value ≥ 60%

14.3 Safety

14.3.1 Hematology

Figure 14.3.1.1 Mean line graph for the hematology data over visit

Figure 14.3.1.2 Proportion of patients with abnormal hematology data at each assessment

Figure 14.3.1.3 ANC graphs for patients with neutropenia

Figure 14.3.1.4 ANC graphs for patients with agranulocytosis

14.3.2 Biochemistry

Figure 14.3.2.1 Mean line graph for the biochemistry data over visit

Figure 14.3.2.2 Proportion of patients with abnormal biochemistry data at each assessment

16.1.9 Documents of Statistical Methods

SAS output 16.1.9.1 Kaplan-Meier survival analysis for the time to reach serum ferritin level ≥ 1000 µg/L

SAS output 16.1.9.2 Kaplan-Meier survival analysis for the time to reach LPI value ≥ 0.6 µM

SAS output 16.1.9.3 Kaplan-Meier survival analysis for the time to reach TSAT value ≥ 60%

SAS output 16.1.9.4 Kaplan-Meier survival analysis for the time to be withdrawn from the study

DATA LISTINGS

Data listings are numbered following ICH structure.

Note: The final numberings for Patient data listings in the clinical study report can be changed if more Patient data listings are made in the addition to those in the SAP.

16.2.1 Discontinued patients

16.2.1.1 Listing of disposition

16.2.1.2 Listing of withdrawals due to AEs

16.2.2 Protocol deviation

16.2.2.1 Listing of assessed protocol deviations

16.2.2.2 Listing of protocol deviations - monitoring plan (Appendix C)

16.2.3 Patients excluded from efficacy

16.2.3.1 Listing of assignment of patients to analysis sets

16.2.4 Demographic data

16.2.4.1 Listing of demographics

16.2.5 Compliance_Drug concentration data

16.2.5.1 Listing of compliance

16.2.6 Individual efficacy response data

16.2.6.1 Listing of labile plasma iron (LPI)

16.2.6.2 Listing of serum ferritin (SF)

16.2.6.3 Listing of transferrin saturation (TSAT)

16.2.7 Adverse events

16.2.7.1 Listing of medical events

16.2.7.2 Listing of adverse events

16.2.7.3 Listing of serious adverse events

16.2.8 Individual lab measurements by patient

16.2.8.1 Listing of hematology

16.2.8.1a Listing of patients who have had abnormal values in hematology

16.2.8.1b Listing of patients who have had clinically significant values in hematology

16.2.8.2 Listing of urinalysis

16.2.8.3 Listing of serology

16.2.8.4 Listing of biochemistry

16.2.8.4a Listing of patients who have had abnormal values in biochemistry

16.2.8.4b Listing of patients who have had clinically significant values in biochemistry

16.2.8.5 Listing of prolactin

16.2.9 Other measurements

16.2.9.1 Listing of informed consent / Assent form

16.2.9.2 Listing of primary diagnosis

16.2.9.3 Listing of medical history

16.2.9.4 Listing of randomization

16.2.9.5 Listing of vital signs

16.2.9.6 Listing of physical examination

16.2.9.7 Listing of transfusion

16.2.9.8 Listing of exposure

16.2.9.9 Listing of concomitant medications

TABLE SHELLS

The following table shells provide a framework for the display of data from this study. These tables may not be designed exactly as shown in the shells, but are intended to reflect the general layout of the data that will be included in the clinical study report.

Note that ‘c’ in the table shells indicates an alphanumeric character and ‘x’ indicates a number from 0 to 9.

14.1 Patient disposition, demographics, and baseline data

Table 14.1.1 Patient disposition

	Deferiprone	Placebo	P-value (Fisher's exact test)
Randomized	xxx	xxx	
Exposed	xxx (xx%)	xxx (xx%)	0.xxxx
Completed	xxx (xx%)	xxx (xx%)	0.xxxx
Withdrawn	xxx (xx%)	xxx (xx%)	0.xxxx

Data source: 16.2.1.1 Listing of disposition

Table 14.1.2 Number of patients by study site

Country	Site	Deferiprone	Placebo	Total
Egypt	003	xx	xx	xx
	004	xx	xx	xx
	005	xx	xx	xx
Indonesia	006	xx	xx	xx
	Total	xx	xx	xx

Data source: 16.2.4.1 Listing of demographics

Table 14.1.3 Number of patients in safety, ITT, and PP populations

		Deferiprone	Placebo
Safety population		xx	xx
ITT population	Serum ferritin	xx	xx
	LPI	xx	xx
	TSAT	xx	xx
PP population	Serum ferritin	xx	xx
	LPI	xx	xx
	TSAT	xx	xx

Data source: 16.2.3.1 Listing of assignment of patients to analysis sets

Table 14.1.4 Reasons for not completing the study

		Deferiprone	Placebo	Total
		n (%)	n (%)	n (%)
N		xx (100)	xx (100)	xx (100)
Reason:	Detail			
Adverse event	Ccccc	xx (xx)	xx (xx)	xx (xx)
	Ccccc	xx (xx)	xx (xx)	xx (xx)
Withdrawal by parent/guardian	Ccccc	xx (xx)	xx (xx)	xx (xx)
	Ccccc	xx (xx)	xx (xx)	xx (xx)
Lost to follow-up	Ccccc	xx (xx)	xx (xx)	xx (xx)
	Ccccc	xx (xx)	xx (xx)	xx (xx)
Physician decision	Ccccc	xx (xx)	xx (xx)	xx (xx)
	Ccccc	xx (xx)	xx (xx)	xx (xx)
Protocol deviation	Ccccc	xx (xx)	xx (xx)	xx (xx)
	Ccccc	xx (xx)	xx (xx)	xx (xx)
Lack of efficacy	Ccccc	xx (xx)	xx (xx)	xx (xx)
	Ccccc	xx (xx)	xx (xx)	xx (xx)
Other	Ccccc	xx (xx)	xx (xx)	xx (xx)
	Ccccc	xx (xx)	xx (xx)	xx (xx)
Total		xx (xx)	xx (xx)	xx (xx)

Data source: 16.2.1.1 Listing of disposition

Table 14.1.5 Demographics data

	Deferiprone	Placebo	Total	
N	xx	xx	xx	p-value§
Age (years):				0.xxxx
Mean	xx.x	xx.x	xx.x	
SD	xx.x	xx.x	xx.x	
Minimum	xx.x	xx.x	xx.x	
Maximum	xx.x	xx.x	xx.x	
Sex: n (%)				0.xxxx
Female	xx (xx)	xx (xx)	xx (xx)	
Male	xx (xx)	xx (xx)	xx (xx)	
Ethnic Origin: n (%)				0.xxxx
Hispanic/Latino	xx (xx)	xx (xx)	xx (xx)	
Not Hispanic/Latino	xx (xx)	xx (xx)	xx (xx)	
Racial Origin: n (%)				0.xxxx
Asian	xx (xx)	xx (xx)	xx (xx)	
American Indian or Alaska Native	xx (xx)	xx (xx)	xx (xx)	
Black or African American	xx (xx)	xx (xx)	xx (xx)	
Native Hawaiian or Other Pacific Islander	xx (xx)	xx (xx)	xx (xx)	
White	xx (xx)	xx (xx)	xx (xx)	
Other	xx(xx)	xx(xx)	xx(xx)	

§T-test for age; Fisher's exact test for sex, ethnic origin, and racial origin
Data source: 16.2.4.1 Listing of demographics

Table 14.1.6 Medical history

	Deferiprone		Placebo		Total	
N	xx		xx		xx	
Illness/Event by MedDRA Primary System Organ Class and Preferred Term	Resolved n (%)	ongoing n (%)	resolved n (%)	ongoing n (%)	resolved n (%)	ongoing n (%)
Cccccc	xx (xx)	xx (xx)	xx (xx)	xx (xx)	xx (xx)	xx (xx)
Cccccc	xx (xx)	xx (xx)	xx (xx)	xx (xx)	xx (xx)	xx (xx)
Cccccc	xx (xx)	xx (xx)	xx (xx)	xx (xx)	xx (xx)	xx (xx)
Cccccc	xx (xx)	xx (xx)	xx (xx)	xx (xx)	xx (xx)	xx (xx)

Data source: 16.2.9.3 Listing of medical history

Table 14.1.7 Serum ferritin, LPI, and TSAT at baseline

	Deferiprone	Placebo	
N	xx	xx	
	Mean ± SD (Min, Max)	Mean ± SD (Min, Max)	P-value (t-test)
Serum Ferritin (µg/L)	xxxx ± xxxx (xxxx, xxxx)	xxxx ± xxxx (xxxx, xxxx)	0.xxxx
LPI (µM)	x.xx ± x.xx (x.xx, x.xx)	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
TSAT (%)	xx ± xx (xx, xx)	xx ± xx (xx, xx)	0.xxxx

Data source: 16.2.6.2 Listing of serum ferritin (SF)
16.2.6.1 Listing of labile plasma iron (LPI)
16.2.6.3 Listing of transferrin saturation (TSAT)

Table 14.1.8 Serology data at baseline

Positive result	Deferiprone	Placebo	P-value (Fisher's exact test)
Hepatitis B	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Hepatitis C	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
HIV	xx% (xx / xx)	xx% (xx / xx)	0.xxxx

Data source: 16.2.8.3 Listing of serology

14.2 Efficacy Analyses

14.2.1 Serum Ferritin (µg/L)

Table 14.2.1.1 Serum ferritin (µg/L) at each assessment – ITT population

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 1	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 2	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 3	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 4	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 5	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 6	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 7	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 8	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 9	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 10	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 11	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 12	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx

Data source: 16.2.6.2 Listing of serum ferritin (SF)
Note: Similar Table 14.2.1.1a will be made for PP population

Table 14.2.1.2 Change in serum ferritin (µg/L) from baseline to each follow-up assessment – ITT population

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Month 1	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 2	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 3	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 4	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 5	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 6	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 7	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 8	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 9	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 10	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 11	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx
Month 12	xx	xxxx ± xxxx (xxxx,xxxx)	xx	xxxx ± xxxx (xxxx,xxxx)	0.xxxx

Data source: 16.2.6.2 Listing of serum ferritin (SF)
Note: Similar Table 14.2.1.2a will be made for PP population

Table 14.2.1.3 LS Means for change in serum ferritin (μg/L) from ANCOVA model at each follow-up assessment – ITT population

	Deferiprone	Placebo	Deferiprone Minus Placebo	95% C.I.
N	xx	xx	xx	
	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	
Month 1	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 2	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 3	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 4	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 5	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 6	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 7	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 8	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 9	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 10	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 11	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)
Month 12	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)

Data source: 16.2.6.2 Listing of serum ferritin (SF)
Note: Similar Table 14.2.1.3a will be made for PP population

Table 14.2.1.4 Trend analysis for serum ferritin (µg/L) over time – ITT population

Rate of change per month	Deferiprone	Placebo	Deferiprone minus Placebo	P-value
Mean ± SE	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	0.xxxx

Data source: 16.2.6.2 Listing of serum ferritin (SF)
Note: Similar Table 14.2.1.4a will be made for PP population

Table 14.2.1.5 Percent of patients who had serum ferritin < 1000 µg/L at each assessment – ITT population

	Deferiprone	Placebo	P-value (Fisher's exact test)
Baseline	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 1	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 2	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 3	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 4	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 5	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 6	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 7	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 8	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 9	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 10	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 11	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 12	xx% (xx / xx)	xx% (xx / xx)	0.xxxx

Data source: 16.2.6.2 Listing of serum ferritin (SF)
Note: Similar Table 14.2.1.5a will be made for PP population

14.2.2 Labile Plasma Iron (μM)

Table 14.2.2.1 LPI (μM) each assessment – ITT population

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 1	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 2	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 3	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 4	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 5	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 6	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 7	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 8	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 9	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 10	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 11	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 12	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx

Data source: 16.2.6.1 Listing of labile plasma iron (LPI)
Note: Similar Table 14.2.2.1a will be made for PP population

Table 14.2.2.2 Change in LPI (μM) from baseline to each follow-up assessment – ITT population

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Month 1	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 2	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 3	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 4	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 5	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 6	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 7	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 8	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 9	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 10	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 11	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx
Month 12	xx	x.xx ± x.xx (x.xx, x.xx)	xx	x.xx ± x.xx (x.xx, x.xx)	0.xxxx

Data source: 16.2.6.1 Listing of labile plasma iron (LPI)
Note: Similar Table 14.2.2.1a will be made for PP population

Table 14.2.2.3 LS Means for change in LPI (μM) from ANCOVA model at each follow-up assessment – ITT population

	Deferiprone	Placebo	Deferiprone Minus Placebo	95% C.I.
N	xx	xx	xx	
	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	
Month 1	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 2	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 3	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 4	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 5	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 6	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 7	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 8	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 9	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 10	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 11	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)
Month 12	x.xx ± x.xx	x.xx ± x,xx	x.xx ± x.xx	(x.xx, x.xx)

Data source: 16.2.6.1 Listing of labile plasma iron (LPI)
Note: Similar Table 14.2.2.3a will be made for PP population

Table 14.2.2.4 Trend analysis for LPI (μM) over time – ITT population

Rate of change per month	Deferiprone	Placebo	Deferiprone minus Placebo	P-value
Mean ± SE	x.xx ± x.xx	x.xx ± x.xx	x.xx ± x.xx	0.xxxx

Data source: 16.2.6.1 Listing of labile plasma iron (LPI)
Note: Similar Table 14.2.2.4a will be made for PP population

Table 14.2.2.5 Percent of patients who had LPI < 0.6 μM at each assessment – ITT population

	Deferiprone	Placebo	P-value (Fisher's exact test)
Baseline	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 1	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 2	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 3	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 4	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 5	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 6	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 7	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 8	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 9	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 10	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 11	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 12	xx% (xx / xx)	xx% (xx / xx)	0.xxxx

Data source: 16.2.6.1 Listing of labile plasma iron (LPI)
Note: Similar Table 14.2.2.5a will be made for PP population

14.2.3 Transferrin Saturation (%)

Table 14.2.3.1 TSAT (%) each assessment – ITT population

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 1	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 2	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 3	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 4	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 5	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 6	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 7	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 8	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 9	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 10	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 11	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 12	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx

Data source: 16.2.6.3 Listing of transferrin saturation (TSAT)
Note: Similar Table 14.2.3.1a will be made for PP population

Table 14.2.3.2 Change in TSAT (%) from baseline to each follow-up assessment – ITT population

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Month 1	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 2	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 3	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 4	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 5	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 6	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 7	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 8	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 9	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 10	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 11	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx
Month 12	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, x.xx)	0.xxxx

Data source: 16.2.6.3 Listing of transferrin saturation (TSAT)
Note: Similar Table 14.2.3.2a will be made for PP population

Table 14.2.3.3 LS Means for change in TSAT (%) from ANCOVA model at each follow-up assessment – ITT population

	Deferiprone	Placebo	Deferiprone Minus Placebo	95% C.I.
N	xx	xx	xx	
	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	
Month 1	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 2	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 3	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 4	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 5	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 6	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 7	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 8	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 9	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 10	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 11	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)
Month 12	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	(xx.x, xx.x)

Data source: 16.2.6.3 Listing of transferrin saturation (TSAT)
Note: Similar Table 14.2.3.3a will be made for PP population

Table 14.2.3.4 Trend analysis for TSAT (%) over time – ITT population

Rate of change per month	Deferiprone	Placebo	Deferiprone minus Placebo	P-value
Mean ± SE	xx.x ± xx.x	xx.x ± xx.x	xx.x ± xx.x	0.xxxx

Data source: 16.2.6.3 Listing of transferrin saturation (TSAT)
Note: Similar Table 14.2.3.4a will be made for PP population

Table 14.2.3.5 Percent of patients who had TSAT < 60% at each assessment – ITT population

	Deferiprone	Placebo	P-value (Fisher's exact test)
Baseline	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 1	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 2	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 3	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 4	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 5	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 6	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 7	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 8	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 9	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 10	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 11	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
Month 12	xx% (xx / xx)	xx% (xx / xx)	0.xxxx

Data source: 16.2.6.3 Listing of transferrin saturation (TSAT)
Note: Similar Table 14.2.3.5a will be made for PP population

14.3 Safety analyses

14.3.1 Adverse events

Table 14.3.1.1 Overall summary of adverse events

	Deferiprone	Placebo	
N	xxx	xxx	P-value
Number of patients experiencing at least one AE	xx (xx%)	xx (xx%)	0.xxxx
Number of patients experiencing at least one severe AE	xx (xx%)	xx (xx%)	0.xxxx
Number of patients experiencing at least one serious AE	xx (xx%)	xx (xx%)	0.xxxx
Number of patients experiencing at least one related* AE	xx (xx%)	xx (xx%)	0.xxxx
Number of patient deaths	xx (xx%)	xx (xx%)	0.xxxx
Number of patient withdrawals due to AEs	xx (xx%)	xx (xx%)	0.xxxx

*Includes possibly, probably, and definitely related. Worst case scenario of causality between the investigator and company's assessment.
Data source: 16.2.7.2 Listing of adverse events

Table14.3.1.2 Adverse events

	Deferiprone (N=xx)	Placebo (N=xx)	Fisher's exact test
	Exposure (Patient-years):x.xx	Exposure (Patient-years):x.xx	
	Total Events: xxx	Total Events: xxx	
System Organ Class Preferred Term	n Patients (%)	n Patients (%)	p-value
CCCCCC	x (x.x)	x (x.x)	0.xxxx
Cccccc	x (x.x)	x (x.x)	0.xxxx
Cccccc	x (x.x)	x (x.x)	0.xxxx
Cccccc	x (x.x)	x (x.x)	0.xxxx
……..	……..	……..	……..

Data source: 16.2.7.2 Listing of adverse events

Note: Similar Table 14.3.1.2 to Table 14.3.1.11 will be produced.

Table 14.3.1.12 Adverse events by causality

		Deferiprone (N=xx)	Placebo (N=xx)
System Organ Class Preferred Term	Relatedness (worst case)	Patients reporting (n=xx)	Patients reporting (n=xx)
CCCCCCCC		x (x.x)	x (x.x)
cccccc	Not Related	x (x.x)	x (x.x)
	Related*	x (x.x)	x (x.x)
cccccc	Not Related	x (x.x)	x (x.x)
	Related*	x (x.x)	x (x.x)
……	…….	…..	…..

*Possibly, Probably, or Definitely Related
Data source: 16.2.7.2 Listing of adverse events

Table 14.3.1.13 Adverse events – event count and rate

	Deferiprone (N=xx)	Placebo (N=xx)
	Exposure (Patient-years):x.xx	Exposure (Patient-years):x.xx
	Total Events (Rate/100 patient- years): xx (x.xx)	Total Events (Rate/100 patient- years): xx (x.xx)
System Organ Class Preferred Term	xx (x.xx)	(x.xx)
CCCCCC	xx (x.xx)	xx (x.xx)
Ccccc	xx (x.xx)	xx (x.xx)
Ccccc	xx (x.xx)	xx (x.xx)
Ccccc	xx (x.xx)	xx (x.xx)
……...	……...	……...

Data source: 16.2.7.2 Listing of adverse events

14.3.2 Vital signs

Table 14.3.2.1 Temperature (C) at each assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 1	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 2	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 3	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 4	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 5	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 6	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 7	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 8	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 9	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 10	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 11	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 12	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx

Data source: 16.2.9.5 Listing of vital signs
Note: Similar Tables 14.3.2.3, 14.3.2.5, and 14.3.2.7 for heart rate, diastolic blood pressure, and systolic blood pressure will be produced, respectively.

Table 14.3.2.2 Change in temperature (C) from baseline to at each follow-up assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Month 1	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 2	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 3	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 4	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 5	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 6	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 7	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 8	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 9	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 10	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 11	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 12	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx

Data source: 16.2.9.5 Listing of vital signs
Note: Similar Tables 14.3.2.4, 14.3.2.6, 14.3.2.8 for heart rate, diastolic, and systolic blood pressure will be produced, respectively.

14.3.3 Height

Table 14.3.3.1 Height (cm) at each assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 1	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 2	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 3	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 4	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 5	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 6	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 7	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 8	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 9	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 10	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 11	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 12	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx

Data source: 16.2.9.5 Listing of vital signs

Table 14.3.3.2 Change in height (cm) from baseline to at each follow-up assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Month 1	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 2	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 3	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 4	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 5	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 6	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 7	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 8	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 9	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 10	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 11	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 12	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx

Data source: 16.2.9.5 Listing of vital signs

Table 14.3.3.3 LS Means for change in height (cm) from ANCOVA model at Month 12

	Deferiprone	Placebo	Deferiprone Minus Placebo	95% C.I.
N	xx	Xx	xx	
	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	
Month 12	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)

Data source: 16.2.9.5 Listing of vital signs

Table 14.3.3.4 Trend analysis for height (cm) over time

Rate of change per month	Deferiprone	Placebo	Deferiprone minus Placebo	P-value
Mean ± SE	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	0.xxxx

Data source: 16.2.9.5 Listing of vital signs

Table 14.3.3.5 Z score analysis for height (cm)

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	x.x ± x.x (x.x, x.x)	xx	x.x ± x.x (x.x, x.x)	0.xxxx
Month 12	xx	x.x ± x.x (x.x, x.x)	xx	x.x ± x.x (x.x, x.x)	0.xxxx
Change	xx	x.x ± x.x (x.x, x.x)	xx	x.x ± x.x (x.x, x.x)	0.xxxx

Data source: 16.2.9.5 Listing of vital signs

14.3.4 Weight

Table 14.3.4.1 Weight (kg) at each assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 1	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 2	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 3	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 4	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 5	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 6	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 7	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 8	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 9	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 10	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 11	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 12	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx

Data source: 16.2.9.5 Listing of vital signs

Table 14.3.4.2 Change in weight (kg) from baseline to at each follow-up assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Month 1	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 2	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 3	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 4	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 5	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 6	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 7	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 8	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 9	xx	xxx ± xxx (xxx, xxx)	xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 10	xx	xxx ± xxx (xxx, xxx)	Xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 11	xx	xxx ± xxx (xxx, xxx)	Xx	xxx ± xxx (xxx, xxx)	0.xxxx
Month 12	xx	xxx ± xxx (xxx, xxx)	Xx	xxx ± xxx (xxx, xxx)	0.xxxx

Data source: 16.2.9.5 Listing of vital signs

Table 14.3.4.3 LS Means for change in weight (kg) from ANCOVA model at Month 12

	Deferiprone	Placebo	Deferiprone Minus Placebo	95% C.I.
N	xx	xx	xx	
	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	
Month 12	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)

Data source: 16.2.9.5 Listing of vital signs

Table 14.3.4.4 Trend analysis for weight (kg) over time

Rate of change per month	Deferiprone	Placebo	Deferiprone minus Placebo	P-value
Mean ± SE	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	0.xxxx

Data source: 16.2.9.5 Listing of vital signs

Table 14.3.4.5 Z score analysis for weight (kg)

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	x.x ± x.x (x.x, x.x)	Xx	x.x ± x.x (x.x, x.x)	0.xxxx
Month 12	xx	x.x ± x.x (x.x, x.x)	Xx	x.x ± x.x (x.x, x.x)	0.xxxx
Change	xx	x.x ± x.x (x.x, x.x)	Xx	x.x ± x.x (x.x, x.x)	0.xxxx

Data source: 16.2.9.5 Listing of vital signs

14.3.5 Concomitant medications

Table 14.3.5.1 Concomitant medications

	Deferiprone (N)	Placebo (N)	Total (N)
	Exposure (Patient-years): x.xx	Exposure (Patient-years): x.xx	Exposure (Patient-years): x.xx
	Total Patients Reporting: xx	Total Patients Reporting: xx	Total Patients Reporting: xx
Preferred Name	n Patients (%)	n Patients (%)	n Patients (%)
cccccc	x (x.x)	x (x.x)	x (x.x)
cccccc	x (x.x)	x (x.x)	x (x.x)
cccccc	x (x.x)	x (x.x)	x (x.x)
……..	……..	……..	……..

Data source: 16.2.9.9 Listing of concomitant medications

14.3.6 Laboratory data

14.3.6.1 Hematology

Table 14.3.6.1.1 Hemoglobin at each assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 1	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 2	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 3	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 4	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Weekly up to 6 months					
Week 28	xx	xx.x ± xx.x (xx.x,xx.x)	Xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 30	xx	xx.x ± xx.x (xx.x,xx.x)	Xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 32	xx	xx.x ± xx.x (xx.x,xx.x)	Xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 36	xx	xx.x ± xx.x (xx.x,xx.x)	Xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Biweekly until termination from the study					

Data source: 16.2.8.1 Listing of hematology

Note: Similar tables will be produced for total WBC count, ANC, MCV, and platelet count.

Table 14.3.6.1.2 Change in hemoglobin from baseline to at each follow-up assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Week 1	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 2	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 3	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 4	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Weekly up to 6 months					
Week 28	xx	xx.x ± xx.x (xx.x,xx.x)	Xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 30	xx	xx.x ± xx.x (xx.x,xx.x)	Xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 32	xx	xx.x ± xx.x (xx.x,xx.x)	Xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Week 36	xx	xx.x ± xx.x (xx.x,xx.x)	Xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Biweekly until termination from the study					

Data source: 16.2.8.1 Listing of hematology

Note: Similar tables will be produced for total WBC count, ANC, MCV, and platelet count.

Table 14.3.6.1.3 Shift table for hemoglobin at baseline vs last assessment: deferiprone group

		Baseline			
	N (%)	Low	Normal	High	P-value (McNemar-Bowker's test)
Last assessment	Low	xx (xx)	xx (xx)	xx (xx)	0.xxxx
	Normal	xx (xx)	xx (xx)	xx (xx)	
	High	xx (xx)	xx (xx)	xx (xx)	

Data source: 16.2.8.1 Listing of hematology
Note: Similar tables will be produced for total white blood cell (WBC), absolute neutrophil count (ANC), and platelets.

Table 14.3.6.1.4 Shift table for hemoglobin at baseline vs last assessment: placebo group

		Baseline			
	N (%)	Low	Normal	High	P-value (McNemar-Bowker's test)
Last assessment	Low	xx (xx)	xx (xx)	xx (xx)	0.xxxx
	Normal	xx (xx)	xx (xx)	xx (xx)	
	High	xx (xx)	xx (xx)	xx (xx)	

Data source: 16.2.8.1 Listing of hematology
Note: Similar tables will be produced for total white blood cell (WBC), absolute neutrophil count (ANC), and platelets.

14.3.6.2 Biochemistry

Table 14.3.6.2.1 Albumin at each assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Baseline	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 1	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 3	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 6	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 9	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 12	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx

Data source: 16.2.8.4 Listing of biochemistry

Note: Similar tables will be produced for total protein, GGT, glucose, bilirubin (total, direct, and indirect), AST, ALT, blood urea nitrogen, calcium, creatinine, total iron binding capacity, serum iron, and zinc.

Table 14.3.6.2.2 Change in albumin from baseline to at each follow-up assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (T-test)
Month 1	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 3	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 6	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 9	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 12	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx

Data source: 16.2.8.4 Listing of biochemistry

Note: Similar tables will be produced for total protein, GGT, glucose, bilirubin (total, direct, and indirect), AST, ALT, blood urea nitrogen, calcium, creatinine, total iron binding capacity, serum iron, and zinc.

Table 14.3.6.2.3 Shift table for albumin at baseline vs last assessment: deferiprone group

		Baseline			
	N (%)	Low	Normal	High	P-value (McNemar-Bowker's test)
Last assessment	Low	xx (xx)	xx (xx)	xx (xx)	0.xxxx
	Normal	xx (xx)	xx (xx)	xx (xx)	
	High	xx (xx)	xx (xx)	xx (xx)	

Data source: 16.2.8.4 Listing of biochemistry
Note: Similar tables will be produced for total protein, GGT, glucose, bilirubin (total, direct, and indirect), AST, ALT, blood urea nitrogen, calcium, creatinine, total iron binding capacity, serum iron, and zinc.

Table 14.3.6.2.4 Shift table for albumin at baseline vs last assessment: placebo group

		Baseline			
	N (%)	Low	Normal	High	P-value (McNemar-Bowker's test)
Last assessment	Low	xx (xx)	xx (xx)	xx (xx)	0.xxxx
	Normal	xx (xx)	xx (xx)	xx (xx)	
	High	xx (xx)	xx (xx)	xx (xx)	

Data source: 16.2.8.4 Listing of biochemistry
Note: Similar tables will be produced for total protein, GGT, glucose, bilirubin (total, direct, and indirect), AST, ALT, blood urea nitrogen, calcium, creatinine, total iron binding capacity, serum iron, and zinc.

Table 14.2.6.2.5 Percent of patients who had ALT > 2 x ULN, 3 x ULN, or 5 x ULN during the study

	Deferiprone	Placebo	P-value (Fisher's exact test)
ALT > 2 x ULN	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
ALT > 3 x ULN	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
ALT > 5 x ULN	xx% (xx / xx)	xx% (xx / xx)	0.xxxx

Table 14.2.6.2.6 Percent of patients who had AST > 2 x ULN, 3 x ULN, or 5 x ULN during the study

	Deferiprone	Placebo	P-value (Fisher's exact test)
AST > 2 x ULN	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
AST > 3 x ULN	xx% (xx / xx)	xx% (xx / xx)	0.xxxx
AST > 5 x ULN	xx% (xx / xx)	xx% (xx / xx)	0.xxxx

14.3.7 Prolactin

Table 14.3.7.1 Prolactin at each assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Pre-dose	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Post-dose	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx
Month 12	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx

Data source: 16.2.8.5 Listing of prolactin

Table 14.3.7.2 Change in prolactin from pre-dose to Month 12

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Month 12	xx	xx.x ± xx.x (xx.x,xx.x)	xx	xx.x ± xx.x (xx.x,xx.x)	0.xxxx

Data source: 16.2.8.5 Listing of prolactin

Table 14.3.7.3 LS Means for change in prolactin from pre-dose to Month 12 from ANCOVA model

	Deferiprone	Placebo	Deferiprone Minus Placebo	95% C.I.
N	xx	xx	xx	
	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	
Month 12	xxxx ± xxxx	xxxx ± xxxx	xxxx ± xxxx	(xxxx, xxxx)

Data source: 16.2.8.5 Listing of prolactin

14.4 Other analyses

Table 14.4.1 Compliance (%) at each assessment

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Month 1	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 2	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 3	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 4	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 5	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 6	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 7	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 8	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 9	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 10	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 11	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx
Month 12	xx	xx ± xx (xx, xx)	xx	xx ± xx (xx, xx)	0.xxxx

Data source: 16.2.5.1 Listing of compliance

Table 14.4.2 Overall mean of transfusional iron input (mg/kg/day) during the study

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Overall mean of transfusional iron input (mg/kg/day) during the study	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, xx.x)	0.xxxx

Data source: 16.2.9.7 Listing of transfusion

Table 14.4.3 Overall mean of total daily dose (mg/kg/day) during the study

	Deferiprone		Placebo		
	N	Mean ± SD (Min, Max)	N	Mean ± SD (Min, Max)	P-value (t-test)
Overall mean of total daily dose (mg/kg/day) during the study	xx	xx.x ± xx.x (xx.x, xx.x)	xx	xx.x ± xx.x (xx.x, xx.x)	0.xxxx

Data source: 16.2.9.8 Listing of exposure

Table 14.4.4 Patient exposure to study medication

	Deferiprone	Placebo
Total Patients Exposed [N]	xx	xx
Total Patient-Years Exposure	xxx	xxx
Length of Exposure (years)		
Mean	xx.x	xx.x
SD	xx.x	xx.x
Median	xx.x	xx.x
Min, Max	xx.x, xx.x	xx.x, xx.x

Data source: 16.2.9.8 Listing of exposure

Table 14.4.5 Duration of study drug exposure

	Deferiprone	Placebo
Duration of Exposure [n(%)]		
Any Exposure	xx (xx.x)	xx (xx.x)
>= 1 Month	xx (xx.x)	xx (xx.x)
>= 2 Months	xx (xx.x)	xx (xx.x)
>= 3 Months	xx (xx.x)	xx (xx.x)
>= 4 Months	xx (xx.x)	xx (xx.x)
>= 5 Months	xx (xx.x)	xx (xx.x)
>= 6 Months	xx (xx.x)	xx (xx.x)
>= 9 Months	xx (xx.x)	xx (xx.x)
>= 12 Months	xx (xx.x)	xx (xx.x)

Data source: 16.2.9.8 Listing of exposure