Division	:	Worldwide Development
Information Type	:	Reporting and Analysis Plan

Title	:	Reporting and Analysis Plan for Study 204824: A Phase 2, Pilot, Multicenter, Single Arm Study to Evaluate the Efficacy, Safety, Tolerability, and Pharmacokinetics of GSK1070806 plus Standard of Care for the Prevention of Delayed Graft Function in Adult Subjects After Renal Transplantation
Compound Number	:	GSK1070806
Effective Date	:	May-24-2017

Description :

- The purpose of this Reporting and Analysis Plan (RAP) is to describe the planned efficacy, safety & tolerability, and pharmacokinetics analyses and output to be included in the Clinical Study Report for Protocol 204824.
- This document will be provided to the study team members to convey the content of interim and final Statistical Analysis Complete (SAC) deliverable.
- Purpose of RAP Amendment 1:
  - Change the number of patients for dose escalation interim analysis from 8 -10 to 6 to match the protocol amendment.
  - Remove outputs for the IA1 delivery which are no longer required for a dose escalation decision, defined as IA1 in this document.

Author's Name and Functional Area:

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1. REPORTING & ANALYSIS PLAN SYNPOSIS

Overview	Key Elements of the RAP
Purpose	• This RAP details all planned analyses and outputs required for the final Clinical Study Report (CSR) of study 204824.
Protocol	• This RAP is based on the protocol (Dated: 03-FEB-2016 for study 204824 [GlaxoSmithKline Document Number: 2015N240632_01].
Primary Objective	• Evaluate the efficacy of single intravenous dose administrations of GSK1070806 in prevention of delayed graft function (DGF) after transplantation.
Primary Endpoint	• Proportion of subjects requiring dialysis during the first 7 days post transplant (excluding requirement for dialysis due to hyperkalemia within first 24 post-operative hours).
Study Design	• Pilot, multicenter, single arm Bayesian sequential design study to evaluate the efficacy, safety, tolerability and pharmacokinetics (PK) of GSK1070806 in patients undergoing renal transplantation. • Sample size (maximum of 30) had been selected to yield the probability of a "go" decision of 0.139 when the GSK1070806 DGF rate is 50% and 0.69 at what has been considered to be a clinically impactful GSK1070806 DGF rate of 35%.
Planned Analyses	• Interim analyses are detailed within Section 3.1 where applicable. • All decisions regarding final analysis, as defined in this RAP document, will be made prior to Database Freeze of the study data.
Primary Analysis Population	• The 'Analysis Population' will be used to evaluate DGF related endpoints • The 'All Subjects Population' will be used to evaluate study population; safety; PD/Biomarkers and other efficacy endpoints. • The 'PK' population will be used to evaluate pharmacokinetics. • The 'Per-Protocol' population will be used to evaluate the DGF rate in addition to the 'Analysis Population'.
Hypothesis	• The study is to determine the effect of GSK1070806 on DGF. Stopping rules have been defined to test whether the DGF rate is less than or equal to the null hypothesis rate of 50%.
Primary Analyses	• A summary of the observed DGF rate during the study will be provided. • The posterior probability that the proportion of subjects experiencing DGF is less than 50% will be calculated.
Secondary Analyses	• Summaries of baseline and post-dose values or proportions of subjects at various time points will be provided. • Graft survival will be summarized by Kaplan-Meier plots.

2. SUMMARY OF KEY PROTOCOL INFORMATION

2.1. Changes to the Protocol Defined Statistical Analysis Plan

Not applicable.

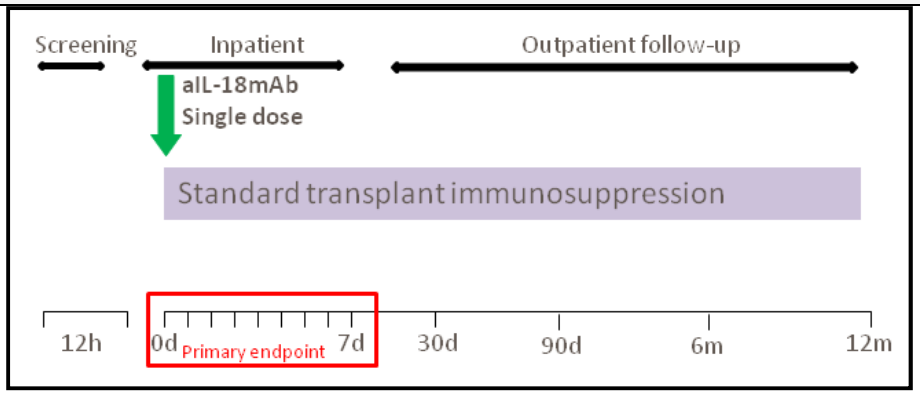
2.2. Study Objective(s) and Endpoint(s)

Objectives	Endpoints
Primary	**Primary**
• To assess the frequency of delayed graft function (DGF) in donation after circulatory death (DCD) renal transplant recipients treated with GSK1070806.	• Proportion of subjects requiring dialysis during the first 7 days post transplant, (excluding requirement for dialysis due to hyperkalemia within first 24 post-operative hours).
Secondary	**Secondary**
• To assess graft function in DCD renal transplant recipients treated with GSK1070806.	• Serum creatinine at baseline and over time post transplant. • Urine output at baseline and over time post transplant. • Proportion of subjects in the first 7 days with: – Primary Non Function – Functional DGF – Intermediate Graft Function – Immediate Graft Function
• To assess the effect of GSK1070806 on acute rejection risk, and rejection/PD biomarkers.	• Proportion of subjects with episodes of biopsy-proven acute rejection. • Rejection biomarkers/ PD markers (including serum IP-10 and Mig) at baseline and over time post transplant.
• To assess the effect of GSK1070806 on dialysis dependency and graft survival.	• Number of dialysis events per patient in the first 30 days post transplant. • Proportion of subjects who are dialysis-independent at visits up to 12 months post transplant.
• To assess the safety and tolerability of GSK1070806 in renal transplant recipients.	• AEs and SAEs – Clinical laboratory values – Vital signs – Frequency, type and severity of infections
• To assess the pharmacokinetics of GSK1070806 in renal transplant recipients.	• Serum concentrations of GSK1070806 over time, and derived pharmacokinetic parameters if feasible (AUC, Cmax).

Objectives	Endpoints
• To assess the effect of GSK1070806 administration on serum IL-18 levels.	• Free, total, and GSK1070806 bound IL-18 at baseline and over time post transplant.
• To determine immunogenicity of GSK1070806 in renal transplant recipients.	• Frequency of anti-drug antibodies (ADAs) before and after GSK1070806 administration. • ADA titers.

Objectives	Endpoints
Exploratory	**Exploratory**
• To assess the impact of GSK1070806 on urine biomarkers of renal injury.	• Serial measurements of urinary biomarkers, including KIM-1, NGAL and IL-18, at baseline and over time post transplant.
• To assess IL-18 target engagement in the kidney.	• GSK1070806 and IL-18 levels within renal graft biopsies, as assessed by immunohistochemistry.
• To assess the relation between IL-18 levels in renal preservation fluid and graft function.	• Level of IL-18 in renal preservation fluid.
• To assess the impact of GSK1070806 administration on IL-18 binding protein levels.	• Serum IL-18 binding protein at baseline and over time post transplant.
• To assess the humoral and cellular response to the transplanted organ in the presence of GSK1070806.	• Serum cytokine levels at baseline and over time post transplant. • Histological analysis of biopsies with respect to cellular infiltrate.
• To assess health outcomes in renal transplant recipients following GSK1070806 administration.	• Length of hospital stay • Re-hospitalization

2.3. Study Design

Overview of Study Design and Key Features	
	
Overview of Key Study Design Features	
Design Features :	• Multi-centre, single arm Bayesian sequential design.
Dosing :	• A single infusion prior to kidney allograft reperfusion.
Treatment Assignment :	• Single arm study. All patients will be received GSK1070806. No randomization is needed.
Interim Analysis	• DGF data will be reviewed sequentially. • Safety, tolerability and efficacy data will be reviewed by the GSK study team on an ongoing basis throughout the study. • An interim analysis will be performed after recruitment of 8 to 10 patients to review for a consideration of dose adjustment based on an integrated review of safety/tolerability, efficacy, and exposure. • Once the last patient completes 7-Days post-transplant, an interim analysis will be performed of all available data for the primary endpoint in addition to supportive efficacy and safety data. The results of this interim analysis will be reviewed by the GSK study team and other relevant GSK staff for internal decision making.

2.4. Statistical Hypotheses

The study is to determine the effect of GSK1070806 on DGF. Stopping rules have been defined to test whether the DGF rate is less than or equal to the null hypothesis rate of 50%.

2.5. Definition of Renal Graft Function

Primary Non Function:

- Permanent lack of function of the allograft defined as an inability to discontinue dialysis from the time of transplantation. Note: The study site will decide whether patients have primary non function DGF or not and record it in data set.

3 day Functional Delayed Graft Function:

- <10% fall in SCr versus baseline per day averaged over first 3 days with OR without dialysis

7 day Functional Delayed Graft Function:

- <30% reduction in baseline SCr in first 7 days with OR without dialysis

3 day Intermediate Graft Function:

- 10- 20% fall in SCr versus baseline per day averaged over first 3 days without dialysis

7 day Intermediate Graft Function:

- 30-70% reduction in baseline Cr in first 7 days without dialysis

3 day Immediate Graft Function:

- >20% fall in SCr versus baseline per day averaged over first 3 days without dialysis

7 day Immediate Graft Function:

- >70% reduction in baseline Cr during the first 7 days without dialysis

3. PLANNED ANALYSES

3.1. Interim Analyses

3.1.1 Bayesian Sequential Analysis

The DGF data will be reviewed sequentially. The sequential decision rule is shown graphically in Figure 1. The number in the first column indicates the number of subjects who have completed study treatment. From the point in time when approximately 6 subjects have reached day 7 post transplantation the sponsor study team will begin to evaluate the DGF rates. This will start with the first 6 subjects and then with addition of data from each subsequent subject that completes 7 days of the trial. A sequential Go/No Go/Continue rule is based on the predictive probability of success. A high predictive probability (PP) of success means that GSK1070806 is likely to be efficacious by the end of the study given the observed data, whereas a low PP suggests that the treatment may not have sufficient activity. If the PP value is less than 2% (red region) the trial may be stopped and the alternative hypothesis will be rejected. If the PP is greater 92% (green), the conclusion may be made that GSK1070806 has better efficacy than the standard of care. If the PP is between 2 - 92% (white region), the trial will continue to the next interim analysis (to be conducted after the next subject has completed treatment) or until reaching 30 completed subjects.

3.1.2 Planned Interim Analysis

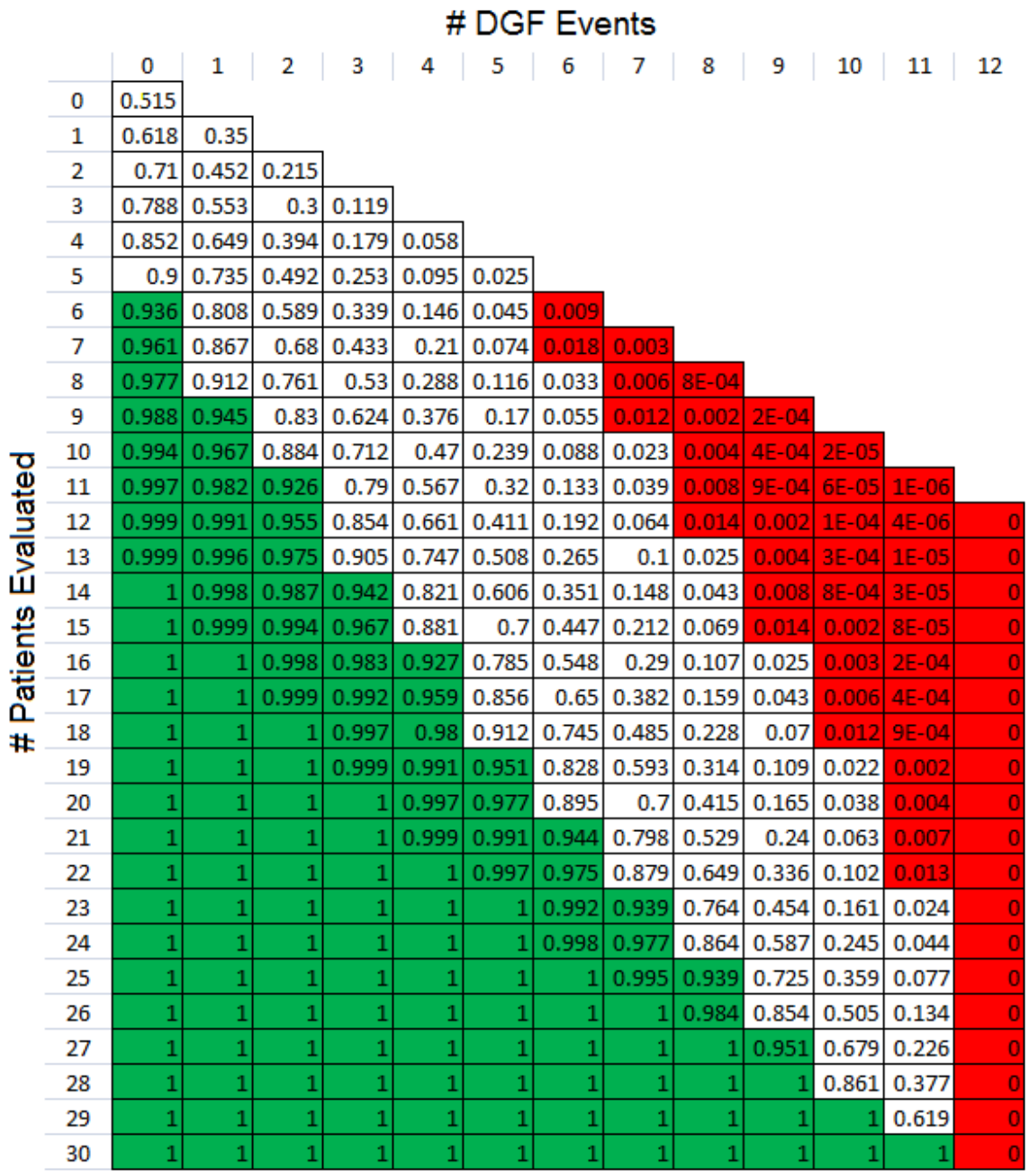
The following interim analyses are planned (protocol defined):

Interim Analysis	Details
During Study	• The DGF data will be reviewed sequentially. • An interim analysis will be performed after recruitment of approximately 8 to 10 patients to review for a consideration of dose adjustment based on an integrated review of safety/tolerability, efficacy, and exposure. • The preliminary PK data which involves but not limited to GSK1070806 concentrations, total, free, drug bound IL-18 levels as data permit and applicable. • Once the last patient completes 7-Days post-transplant, an interim analysis will be performed of all available data for the primary endpoint in addition to supportive efficacy and safety data. The results of this interim analysis will be reviewed by the GSK study team and other relevant GSK staff for internal decision making.

3.2. Final Analyses

A summary of the observed DGF rate during the study will be provided. The posterior probability that the proportion of subjects experiencing DGF is less than 50% will be calculated.

Figure 1 **Sequential Decision Rules**



DGF Events

# Patients Evaluated	0	1	2	3	4	5	6	7	8	9	10	11	12
0	0.515												
1	0.618	0.35											
2	0.71	0.452	0.215										
3	0.788	0.553	0.3	0.119									
4	0.852	0.649	0.394	0.179	0.058								
5	0.9	0.735	0.492	0.253	0.095	0.025							
6	0.936	0.808	0.589	0.339	0.146	0.045	0.009						
7	0.961	0.867	0.68	0.433	0.21	0.074	0.018	0.003					
8	0.977	0.912	0.761	0.53	0.288	0.116	0.033	0.006	8E-04				
9	0.988	0.945	0.83	0.624	0.376	0.17	0.055	0.012	0.002	2E-04			
10	0.994	0.967	0.884	0.712	0.47	0.239	0.088	0.023	0.004	4E-04	2E-05		
11	0.997	0.982	0.926	0.79	0.567	0.32	0.133	0.039	0.008	9E-04	6E-05	1E-06	
12	0.999	0.991	0.955	0.854	0.661	0.411	0.192	0.064	0.014	0.002	1E-04	4E-06	0
13	0.999	0.996	0.975	0.905	0.747	0.508	0.265	0.1	0.025	0.004	3E-04	1E-05	0
14	1	0.998	0.987	0.942	0.821	0.606	0.351	0.148	0.043	0.008	8E-04	3E-05	0
15	1	0.999	0.994	0.967	0.881	0.7	0.447	0.212	0.069	0.014	0.002	8E-05	0
16	1	1	0.998	0.983	0.927	0.785	0.548	0.29	0.107	0.025	0.003	2E-04	0
17	1	1	0.999	0.992	0.959	0.856	0.65	0.382	0.159	0.043	0.006	4E-04	0
18	1	1	1	0.997	0.98	0.912	0.745	0.485	0.228	0.07	0.012	9E-04	0
19	1	1	1	0.999	0.991	0.951	0.828	0.593	0.314	0.109	0.022	0.002	0
20	1	1	1	1	0.997	0.977	0.895	0.7	0.415	0.165	0.038	0.004	0
21	1	1	1	1	0.999	0.991	0.944	0.798	0.529	0.24	0.063	0.007	0
22	1	1	1	1	1	0.997	0.975	0.879	0.649	0.336	0.102	0.013	0
23	1	1	1	1	1	1	0.992	0.939	0.764	0.454	0.161	0.024	0
24	1	1	1	1	1	1	0.998	0.977	0.864	0.587	0.245	0.044	0
25	1	1	1	1	1	1	1	0.995	0.939	0.725	0.359	0.077	0
26	1	1	1	1	1	1	1	1	0.984	0.854	0.505	0.134	0
27	1	1	1	1	1	1	1	1	1	0.951	0.679	0.226	0
28	1	1	1	1	1	1	1	1	1	1	0.861	0.377	0
29	1	1	1	1	1	1	1	1	1	1	1	0.619	0
30	1	1	1	1	1	1	1	1	1	1	1	1	0

4. ANALYSIS POPULATIONS

Population	Definition / Criteria	Analyses Evaluated
All Subjects	• Comprise of subjects who receive the dose of study medication.	• Safety/tolerability
Analysis	• For DGF related endpoints the 'Analysis Population' (AP) is defined as subjects in the 'All Subjects' population who have been declared to have DGF or have reached 7 days. For other endpoints, the AP is defined as subjects having baseline and at least one post-baseline assessment.	• Efficacy • PD/Biomarker
Per Protocol	• Comprised of Analysis Population subjects who are compliant with protocol-specific criteria. Subjects with specified protocol deviations will be excluded per Appendix 1.	• Primary efficacy endpoint
PK	• Subjects in the 'All Subjects' population for whom a serum pharmacokinetic sample is obtained and analyzed for GSK1070806.	• PK

NOTE :

- Please refer to Appendix 10: List of Data Displays which details the population to be used for each display being generated.

4.1. Protocol Deviations

- Important protocol deviations (including deviations related to study inclusion/exclusion criteria, conduct of the trial, patient management or patient assessment) will be summarised and listed.
- Important deviations which result in exclusion from the analysis population will also be summarised and listed. (Please refer to Appendix 1: Protocol Deviation Definitions for Per Protocol Population).
- Protocol deviations will be tracked by the study team throughout the conduct of the study in accordance with the Protocol Deviation Management Plan.
    - Data will be reviewed prior to freezing the database to ensure all important deviations and deviations which may lead to exclusion from the analysis are captured and categorised on the protocol deviations dataset.
    - This dataset will be the basis for the summaries and listings of protocol deviations.
- A separate summary and listing of all inclusion/exclusion criteria deviations will also be provided. This summary will be based on data as recorded on the inclusion/exclusion page of the eCRF.

5. GENERAL CONSIDERATIONS FOR DATA ANALYSES AND DATA HANDLING CONVENTIONS

- There are no planned adjustments made for multiple centres in this study.

Table 1 provides an overview of appendices within the RAP for outlining general considerations for data analyses and data handling conventions.

Table 1 Overview of Appendices

Section	Component
11.1	Appendix 1: Protocol Deviation Definitions for Per Protocol Population
11.2	Appendix 2: Time and Events
11.3	Appendix 3: Treatment States and Phases
11.4	Appendix 4: Data Display Standards & Handling Conventions
11.5	Appendix 5: Derived and Transformed Data
11.6	Appendix 6: Premature Withdrawals & Handling of Missing Data
11.7	Appendix 7: Values of Potential Clinical Importance
Error! Reference source not found.	**Error! Reference source not found.**: Laboratory A&R (QUEST: LAB) Dataset Details
Error! Reference source not found.	Appendix 1: Abbreviations
11.10	Appendix 10: List of Data Displays
11.11	Appendix 11: Mock Data Displays

6. STUDY POPULATION ANALYSES

6.1. Planned Analyses Overview

The study population analyses will be based on the "All Subjects" population, unless otherwise specified.

Table 2 provides an overview of the planned study population analyses with full details of data displays being presented in Appendix 11.10: List of Data Displays.

Table 2 Overview of Planned Study Population Analyses

Display Type	Data Display's Generated

	Figure	Table	Listing
Subject Disposition			
Subject Disposition		Y	
Reasons for Screening Failures		Y	Y
Reasons for Withdrawals		Y	Y
Important Protocol Deviations			Y
Deviations Leading to Exclusions from PP Population			Y
Inclusion and Exclusion Criteria Deviations			Y
Demography (recipient)			
Demographics Characteristics		Y	Y
Race & Racial Combinations		Y	Y
Study Populations		Y	Y [1]
Medical Condition & Concomitant Medications			
Medical Conditions (Current/Past)		Y	Y
Concomitant Medication		Y	Y
Virology (recipient)			Y
Donor Kidney Data			
Virology (donor)			Y
Demography (donor)		Y	Y
Characteristics (donor)			Y

NOTES:
1. Listing of subjects excluded from any population will be generated only.

7. PRIMARY STATISTICAL ANALYSES

A summary of the observed DGF rate during the study will be provided. The observed DGF rate will be calculated based on “Analysis” population as the primary analysis and based on “Per Protocol” population as sensitivity analysis.

8. SECONDARY STATISTICAL ANALYSES

8.1. Efficacy Analyses

8.1.1. Overview of Planned Efficacy Analyses

The secondary efficacy analyses will be based on the “Analysis“ population, unless otherwise specified.

Table 3 provides an overview of the planned efficacy analyses with further details of data displays being presented in Appendix 11.10: List of Data Displays.

Table 3 Overview of Planned Efficacy Analyses

Endpoints	Absolute				Change from Baseline			
	Summary		Individual		Summary		Individual	
	T	F	F	L	T	F	F	L
Graft function								
Serum creatinine	Y	Y	Y	Y	Y	Y	Y	Y
Creatinine - AUC	Y			Y				
Creatinine – ½ life	Y			Y				
Urine output			Y	Y				Y
Primary Non Functions	Y			Y				
Functional DGF	Y			Y				
Intermediate graft function	Y			Y				
Immediate graft function	Y			Y				
Acute rejection risk and rejection/PD biomarker								
Episode of biopsy-proven acute rejection	Y			Y				
Serum IP-10	Y	Y	Y		Y	Y	Y	
Serum Mig	Y	Y	Y		Y	Y	Y	
Serum IL-18 levels								
Free IL-18	Y	Y	Y		Y	Y	Y	
Bound IL-18	Y	Y	Y		Y	Y	Y	
Total IL-18	Y	Y	Y		Y	Y	Y	
Urine biomarkers								
IL-18	Y	Y		Y				
NGAL	Y	Y		Y				
KIM1	Y	Y		Y				
Dialysis dependency and graft survival								
Number of dialysis events per patient in the first 30 days post transplant	Y			Y				
Proportion of subjects who are dialysis-independent at visits up to 12 months post transplant	Y							

Exploratory								
% free GSK1070806 within renal graft biopsies	Y			Y				
% bound GSK1070806 within renal graft biopsies	Y			Y				
Level of IL-18 in renal preservation fluid	Y			Y				
Serum IL-18 binding protein			Y					
Serum cytokine levels	Y		Y			Y	Y	
Histological analysis of biopsies with respect to cellular infiltrate								Y
Length of hospital stay	Y			Y				
Re-hospitalization				Y				

NOTES :

- T = Table, F = Figure, L = Listing, Y = Yes display generated.
- Stats Analysis = Represents TFL related to any formal statistical analyses (i.e. modelling) conducted.
- Summary = Represents TFL related to any summaries (i.e. descriptive statistics) of the observed raw data.
- Individual = Represents FL related to any displays of individual subject observed raw data.

8.1.2. AUC and ½ Life Time

For serum creatinine, the 7-Day Area under the Curve (AUC), 30-Day AUC and 30 Day ½ life time will be calculated. The formula to calculate the AUC is:

$AUC = \sum_{i=1}^{M} 1/2(Y_i + Y_{i-1})(d_i - d_{i-1})$ where Y_i is the serum creatinine value at Day d_i and M is the total number of measures the patient has. The 7 Day AUC will be calculated based on patients who have serum creatinine value at Day 7. The patients who will be discharged before Day 7 will be excluded from calculation. All patients are expected to have serum creatinine 30 Day post transplant. If the value is missing, the patient will be excluded from calculation.

The algorithm to determine the ½ life time is:

1. Determine the ½ value by $Y_{1/2} = \frac{1}{2} * Y_0$ where Y_0 is the baseline value for non-DGF patient and the value after dialysis finished for DGF patient. Denote the corresponding day d_0

2. Find the time interval between d_0 and 30 where $Y_{1/2} < Y_i$ and $Y_{1/2} > Y_{i+1}$. If no such interval, then report "NA" for that patient.

3. The approximate ½ life time is $d_{1/2} = \frac{Y_{1/2} - Y_i}{Y_{i+1} - Y_i}(d_{i+1} - d_i) + d_i$

8.2. Safety Analyses

8.2.1. Overview of Planned Analyses

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

Table 4 provides an overview of the planned analyses with further details of data displays being presented in Appendix 11.10: List of Data Displays.

Table 4 Overview of Planned Safety Analyses

Endpoint / Parameter/ Display Type	**Absolute**				**Change from Baseline**			
	Summary		Individual		Summary		Individual	
	T	F	F	L	T	F	F	L
Adverse Events[1]								
All	Y			Y				
Drug-Related	Y			Y				
Serious	Y			Y				
Leading to Withdrawal	Y			Y				
Laboratory Assessments								
Haematology	Y			Y				
Clinical Chemistry[2]:	Y			Y				
Routine Urinalysis:				Y				
ECG								
ECG Findings	Y			Y				
ECG Measures	Y			Y	Y	Y		Y
Vital Signs								
Vital Signs	Y			Y		Y	Y	
Immunogenicity								
Frequency of Anti-drug antibodies				Y				
ADA titers				Y				

NOTES :

- T = Table, F = Figure, L = Listing, Y = Yes display generated..
- Summary represents any summaries (i.e. descriptive statistics) of the observed raw data.
- Individual represents any displays of individual subject observed raw data.

1. Listings will include subject's numbers for individual AE's & AE system organ classes, preferred terms and verbatim text.

Endpoint / Parameter/ Display Type	Absolute				Change from Baseline			
	Summary		Individual		Summary		Individual	
	T	F	F	L	T	F	F	L

2. Chemistry (includes LFTs and lipids) & haematology/coag summaries will include both changes from baseline & emergent results by PCI criteria. Listings for subjects with abnormalities of PCI will be prepared.

8.3. Pharmacokinetic Analyses

8.3.1. Overview of Planned Pharmacokinetic Analyses

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

Table 5 provides an overview of the planned analyses with full details being presented in Appendix 11.10: List of Data Displays.

Table 5 Overview of Planned Pharmacokinetic Analyses

Endpoints	Untransformed				Log-Transformed			
	Summary		Individual		Summary		Individual	
	F	T	F	L	F	T	F	L
Plasma Drug Concentrations	Y[23]	Y[3]	Y[1]	Y				
Derived PK Parameters		Y[3]		Y		Y[3]		

NOTES :

- T = Table, F = Figures, L = Listings, Y = Yes display generated.
- Stats Analysis = Represents TFL related to any formal statistical analyses (i.e. modelling) conducted.
- Summary = Represents TFL related to any summaries (descriptive statistics) of the observed raw data.
- Individual = Represents FL related to any displays of individual subject observed raw data.

1. Linear and Semi-Log plots will be created on the same display.
2. Mean (Linear and Semi-Log on same display) and Median (Linear and Semi-Log on same display) plots will be created.
3. Displays generated using the "PK" populations.

8.3.2. Drug Concentration Measures

Refer to Appendix 4: Data Display Standards & Handling Conventions (Section 11.4.2 Reporting Process & Standards).

8.3.3. Pharmacokinetic Parameters

8.3.3.1. Deriving Pharmacokinetic Parameters

- Refer to Appendix 4: Data Display Standards & Handling Conventions (Section 11.4.2 Reporting Process & Standards).

- The pharmacokinetic parameters will be calculated by standard non-compartmental analysis according to current working practices and using Phoenix Win Nonlin.
- All calculations of non-compartmental parameters will be based on actual sampling times.
- Pharmacokinetic parameters described in Table 6 will be determined from the plasma GSK1070806 concentration-time data, as data permits.
- Any deviation from the planned analyses will be described in detail in the study report.

Table 6 Derived Pharmacokinetic Parameters

Parameter	Parameter Description
AUC(0-t)	Area under the concentration-time curve until the last time point of PK sample. Partial AUCs such as over 7, 30 or 90 days may be generated if deemed necessary.
Cmax	Maximum observed concentration, determined directly from the concentration-time data.
tmax	Time to reach Cmax, determined directly from the concentration-time data.
Lamda_z	Terminal phase rate constant
	The number of points to determine Lambda_z The first point used to determine Lambda_z The last point used to determine Lambda_λz
t½	Apparent terminal half-life will be calculated as: **t½ = ln2 / Lambda_z**
AUC(0-∞)	Area under the concentration time curve from predose to infinity.

NOTES:

- Additional parameters may be included as required.

9. OTHER STATISTICAL ANALYSES

9.1. Overview of Planned Pharmacokinetic / Pharmacodynamic Analyses

The pharmacokinetic / pharmacodynamic (PK/PD) analyses will be based on the "All Subjects" population, unless otherwise specified.

For the other biomarker variables/PD endpoints, summary tables will be reviewed to identify those biomarker variables/PD endpoints where there is a potential trend. If there is a trend then exploratory plots (scatter plots) will be presented for individual and/or pooled plasma GSK1070806 concentrations versus corresponding biomarker variables/PD endpoints (e.g. IL-18, IP-10).

- Table 7 provides an overview of the planned PK/PD analyses with further details of data displays being presented in Appendix 11.10: List of Data Displays. Any deviation from the planned analyses or additional analyses performed based on emerging data will be described in detail in the study report.

Table 7 Overview of Planned PK/PD Analyses

Endpoints	Absolute			
	Summary		Individual	
	F	T	F	L
Serum IL-18 (drug bound, total or free) vs. PK Plasma Concentrations	Y			

Endpoints	Absolute			
	Summary		Individual	
	F	T	F	L

NOTES :

- T = Table, F = Figure, L = Listing, Y = Yes display generated.
- Stats Analysis = Represents TFL related to any formal statistical analyses (i.e. modelling) conducted.
- Summary = Represents TFL related to any summaries (descriptive statistics) of the observed raw data
- Individual = Represents FL related to any displays of individual subject observed raw data.

10. REFERENCES

GlaxoSmithKline Document Number 2015N240632_01 : A Phase 2 Pilot, Single Arm Study to Evaluate the Efficacy, Safety, Tolerability, and Pharmacokinetics of GSK 1070806 plus Standard of Care for the Prevention of Delayed Graft Function in Adult Subjects After Renal Transplantation Effective date: 03-FEB-2016

11. APPENDICES

Section	Appendix
RAP Section 4 : Analysis Populations	
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RAP Section 5 : General Considerations for Data Analyses & Data Handling Conventions	
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Section 11.9	Appendix 9: List of Data Displays
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11.1. Appendix 1: Protocol Deviation Definitions for Per Protocol Population

11.1.1. Exclusions from Per Protocol Population

A subject meeting any of the following criteria will be excluded from the Per Protocol population:

Number	Exclusion Description
01	Subject takes prohibited Concomitant Medications
02	Others as defined in the PDMP

NOTES: For the details for prohibited concomitant medications, please refer to protocol Section 6.11.2

11.2. Appendix 2: Time and Events

Study Day[1]	**Screening**	**Pre-operative (baseline)**	**Intra-operative (D0)** [1]	**4-8h** [2]	**D1**	**D2**	**Daily until discharge**	**Discharge**	**D30**	**D90**	**6 & 12 months** [13]	**Unscheduled Visit**
Informed Consent/Demographics	X											
Medical/drug/alcohol/tobacco history	X											
GSK1070806 IV Infusion		←----------→[15]										
Kidney preservation fluid IL-18			X[16]									
Kidney biopsy (post-reperfusion) [3]			X (~45 min)									
Clinical biopsy reports (if applicable)		←----------→										
Concomitant medication	X	X	X[17]	X	X	X	X	X	X	X	X	X
Evidence of infection	X			X	X	X	X	X	X	X	X	X
SAE / AE monitoring	←----------→											
DGF status (up to day 7)				←----------→								
Urine output		X (native output)	X	X	X	X	X	X				
Dialysis events since last assessment		X		X	X	X	X	X	X	X	X	X
Graft survival			←----------→									
Viral serology (recipient & donor – HIV, Hep B/C, EBV) [4]	X[5]	X									X	X
Viral serology (recipient & donor -herpes, varicella) [4]		X										
CMV monitoring	X[5]	X									X	X
BK virus monitoring [6]		X							X	X	X	X
Vital signs [7]	X			X	X	X	X	X	X	X	X	X
Complete physical	X										X	X
12-lead ECG	X							X			X	X
Hematology / Clinical Chemistry / Urinalysis	X			X	X	X	X	X	X	X	X	X
Pregnancy test [8]	X								X	X	X	X
Serum cytokines / PD biomarkers		X[11]	X (~45 min at biopsy)	X	X	X		X	X	X	X	X

Study Day[1]	**Screening**	**Pre-operative (baseline)**	**Intra-operative (D0)** [1]	**4-8h** [2]	**D1**	**D2**	**Daily until discharge**	**Discharge**	**D30**	**D90**	**6 & 12 months** [13]	**Unscheduled Visit**
Free, GSK1070806 bound & total IL18 [9]		X[11]	X (~45 min at biopsy)	X	X	X		X	X	X	X	X
Pharmacokinetics [9,10]		X[11]	X (~45 min at biopsy)	X	X			X (@168 hrs or at earlier discharge)	X	X	X	X
Immunogenicity [12]		X[11]							X	X	X	X
Urinary biomarkers		X[11]		X	X	X	X	X	X	X	X	X
Peripheral blood leucocyte flow phenotyping [14]		X						X		X	X	
PBMCs frozen for in vitro stimulation assays [14]		X						X		X	X	
PBMCs placed in trizol for transcriptomic analysis [14]		X						X		X	X	

1. Day 0 defined as the calendar day of transplant.
2. Time post reperfusion.
3. Biopsies during transplantation may be 'core or wedge' at the discretion of the operating surgeon. If, in the judgement of the operating surgeon, biopsy poses unwarranted risk to the patient, it may be omitted.
4. Viral serology will include HIV, HBsAg, anti-HBc, anti-HBs antibodies, and hepatitis C antibody (if hepatitis C antibody positive, a hepatitis C RIBA immunoblot or polymerase chain reaction assay should be reflexively performed on the same sample to confirm the results as per NHS standard procedure), and serology for herpes simplex virus, Epstein Barr virus, and varicella zoster virus.
5. Screening viral status may be the most recent value recorded in the patient's medical records.
6. If BK positive then follow up screening should be implemented.
7. Vital signs will include systolic and diastolic blood pressure, pulse rate, and temperature.
8. Pregnancy testing will be performed in women of childbearing potential. Screening test may be urine or serum.
9. Sampling time points may be adjusted as appropriate based on emerging data.
10. PK sampling time points are as follows: predose, 45 min to 1 hr into infusion (coinciding with biopsy), 4-8 hrs, 24 hrs, 168 hrs (or pre-discharge if discharge before day 7), day 30 day 90, 6 and 12 months. Exact PK sampling time is to be recorded.
11. Blood and urine samples for immunogenicity and biomarker analyses must be collected prior to infusion with GSK1070806
12. For any non-completer a serum sample for immunogenicity testing will be taken 12 mths post-operatively.
13. For subjects who withdraw from study, where possible, assessments should continue according to the Time and Events table. The 6 and 12 mth safety follow-up should be performed.
14. **Samples for subjects from Cambridge site only.**
15. GSK1070806 can be infused any time during the pre-operative and/or intra-operative periods, but infusion must be complete prior to reperfusion of the allograft.

16. Sample to be obtained at time of back-table allograft preparation.
17. Documentation of anaesthetics excluded.

11.3. Appendix 3: Treatment States and Phases

11.3.1. Treatment Phases

Assessments and events will be classified according to the time of occurrence relative to study treatment, unless otherwise specified.

Treatment Phase	Definition
Pre-Treatment	Date/Time ≤ Study Treatment Start Date/Time
Post-Treatment	Date /Time> Study Treatment Stop Date/Time

Treatment Description

Code	Treatment Description	Final Data Display (i.e. HARP/other)
A	3 mg/kg GSK1070806	3 mg/kg GSK1070806

11.3.2. Treatment States

Assessments and events will be classified according to time of occurrence relative to the start and/or stop date/time of the study treatment.

11.3.3. Treatment States for AE Data

Treatment State	Definition
AE = Pre-Treatment	AE Start Date/Time < Study Treatment Start Date/Time
AE Onset Time Since 1st Dose (Days)	If Treatment Start Date/Time > AE Onset Date/Time : **= AE Onset Date - Treatment Start Date** If Treatment Start Date ≤ AE Onset Date : **= AE Onset Date – Treatment Start Date + 1** Missing otherwise
AE Duration (Days)	**AE Resolution Date/Time – AE Onset Date/Time (follow SOP)**
AE = Drug-related	If relationship is marked 'YES' on [Inform/CRF OR value is missing.

NOTES:

- If the study treatment stop date is missing then the AE will be considered to be On-Treatment

11.4. Appendix 4: Data Display Standards & Handling Conventions

11.4.1. Baseline Definition & Derivations

11.4.1.1. Baseline Definitions

For all endpoints baseline value will be the latest pre-dose assessment.

11.4.1.2. Derivations and Handling of Missing Baseline Data

Definition	Reporting Details
Change from Baseline	= Post-Baseline Visit Value – Baseline
[% Change from Baseline]	= [(Post-Baseline Visit Value – Baseline) / Baseline] x 100]

NOTE :

- Unless otherwise specified, the baseline definitions specified in 11.4.1.1Baseline Definitions will be used for derivations for endpoints / parameters and indicated on summaries and listings.
- Unless otherwise stated, if baseline data is missing no derivation will be performed and will be set to missing.
- The baseline definition will be footnoted on all change from baseline displays.

11.4.2. Reporting Process & Standards

Reporting Process	
Software	
• The currently supported versions of SAS and R software will be used to perform all data analyses, generate tables, figures, and listings.	
Reporting Area	
HARP Server	: Us1salx00259-HARP PROD-US
HARP Area	: \ARPROD\GSK1070806\204882
QC Spreadsheet	: \ARWORK\GSK1070806\204882\ReportingEffort\Documents
Analysis Datasets	
• Analysis datasets will be created according to Integrated Data Standards Library standards.	
Generation of RTF Files	
• RTF files will be generated for SAC tables.	

Reporting Standards
General

• The current GSK Integrated Data Standards Library (IDSL) will be applied for reporting, unless otherwise stated:
  • 4.03 to 4.23: General Principles
  • 5.01 to 5.08: Principles Related to Data Listings

- 6.01 to 6.11: Principles Related to Summary Tables
- 7.01 to 7.13: Principles Related to Graphics

Formats

- In the top left header on each page of output the study part will be indicated after the protocol number (ie, "204824")
- All data will be reported according to the actual treatment the subject received unless otherwise stated.
- GSK IDSL Statistical Principles (5.03 & 6.06.3) for decimal places (DP's) will be adopted for reporting of data based on the raw data collected.
- Numeric data will be reported at the precision collected on the eCRF.
- The reported precision from non eCRF sources will follow the IDSL statistical principles but may be adjusted to a clinically interpretable number of DP's.

Planned and Actual Time

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

Unscheduled Visits

- Unscheduled visits will not be included in summary tables or figures, unless otherwise stated.
- All unscheduled visits will be listed.

Descriptive Summary Statistics

Continuous Data	Refer to IDSL Statistical Principle 6.06.1
Categorical Data	N, n, frequency, %

Reporting of Pharmacokinetic Concentration

Descriptive Summary Statistics	Refer to IDSL Statistical Principle 6.06.1 Handling NQ values per GUI_51487
Reporting of Pharmacokinetic Parameters	
Descriptive Summary Statistics (Log Transformed Data)	N, n, geometric mean, 95% CI of geometric mean, standard deviation (SD) of logged data and between geometric coefficient of variation ($CV_{b/w}$ (%)): CV_b (%) = $\sqrt{}$ (exp(SD^2) - 1) * 100 (NOTE: SD is the SD of log transformed data)
Parameters Not Being Log Transformed	tmax, first point, last point and number of points used in the determination of Lambda_λz.
Parameters Not Being Summarised	tmax, first point, last point and number of points used in the determination of Lambda_λz.
Listings	Include the first point, last point and number of points used in the determination of Lambda_λz.
Graphical Displays	
• Refer to IDSL Statistical Principles 7.01 to 7.13. • The same symbol and line type will be used across figures to represent a given treatment group. • X-axis variables of time and dose will be plotted as continuous numeric variables.	

11.5. Appendix 5: Derived and Transformed Data

11.5.1. General

Multiple Measurements at One Time Point
• Mean of the measurements will be calculated and used in any derivation of summary statistics but if listed, all data will be presented. • If there are two values within a time window the value closest to the target day for that window will be used. If values are the same distance from the target then the mean will be taken. • Subjects having both High and Low values for Normal Ranges at any post-baseline visits for safety parameters will be counted in both the High and Low categories of "Any visit post-baseline" row of related summary tables. This will also be applicable to relevant Potential Clinical Importance summary tables.
Study Day
• Calculated as the number of days from dosing date : [1] Assessment Date = Missing → Study Day = Missing [2] Assessment Date < Transplant Date → Study Day = Assessment Date – Transplant Date [3] Assessment Data ≥ Transplant Date → Study Day = Assessment Date – Transplant Date

11.5.2. Study Population

Demographics
Age
• GSK standard IDSL algorithms will be used for calculating age where birth date will be imputed as follows: [1] Any subject with a missing day will have this imputed as day '15'. [2] Any subject with a missing date and month will have this imputed as '30th June'. • Birth date will be presented in listings as 'YYYY'.
Body Mass Index (BMI)
• Calculated as **Weight (kg) / [Height (m)]^2**

11.5.3. Safety

+++ ECG Parameters +++
RR Interval
• IF RR interval (msec) is not provided directly, then RR can be derived as : o If QTcB is machine read & QTcF is not provided, then : $$RR = \left[\left(\frac{QT}{QTcB}\right)^2\right] * 1000$$ o If QTcF is machine read and QTcB is not provided, then: $$RR = \left[\left(\frac{QT}{QTcF}\right)^3\right] * 1000$$ • If ECGs are manually read, the RR value preceding the measurement QT interval should be a collected value THEN do not derive.
Corrected QT Intervals
• When not entered directly in the eCRF, corrected QT intervals by Bazett's (QTcB) and Fredericia's (QTcF) formulas will be calculated, in msec, depending on the availability of other measurements. • IF RR interval (msec) is provided then missing QTcB and/or QTCF will be derived as : $$QTcB = \frac{QT}{\sqrt{\frac{RR}{1000}}} \qquad QTcF = \frac{QT}{\sqrt[3]{\frac{RR}{1000}}}$$

+++ Laboratory Parameters +++
• If a laboratory value which is expected to have a numeric value for summary purposes, has a non-detectable level reported in the database, where the numeric value is missing, but typically a character value starting with '<x' or '>x' (or indicated as less than x or greater than x in the comment field) is present, the number of significant digits in the observed values will be used to determine how much to add or subtract in order to impute the corresponding numeric value. • Example 1: 2 Significant Digits = '< x ' becomes x - 0.01 • Example 2: 1 Significant Digit = '> x' becomes x + 0.1 • Example 3: 0 Significant Digits = '< x' becomes x - 1. • If there is more than one value of a particular parameter for a subject for a visit, the scheduled value will be used in summary; all values will be listed.

11.5.4. Pharmacokinetic

GSK1070806 Derived PK Parameters
• **Refer to PK Guidance document GUI00000051487: Non-compartmental Analysis of Pharmacokinetic Data for more information.**

11.6. Appendix 6: Premature Withdrawals & Handling of Missing Data

11.6.1. Premature Withdrawals

Element	Reporting Detail
General	• Subject study completion was defined as Safety who either prematurely withdrawn or completed FU visits and assessments. • Withdrawn subjects were not replaced in the study. • All available data from subjects who were withdrawn from the study will be listed and all available planned data will be included in summary tables and figures, unless otherwise specified.

11.6.2. Handling of Missing Data

Element	Reporting Detail
General	• Missing data occurs when any requested data is not provided, leading to blank fields on the collection instrument : [1] These data will be indicated by the use of a "blank" in subject listing displays. [2] Answers such as "Not applicable" and "Not evaluable" are not considered to be missing data and should be displayed as such.
Outliers	• Any subjects excluded from the summaries and/or statistical analyses will be documented along with the reason for exclusion in the clinical study report.
Biomarkers Free IL-18 Drug Bound IL-18 and total IL-18	• LLQ will be set as LLQ/2 • ULQ will be set as ULQ • Values used for the computation of the change from baseline and for summaries, plots and analysis, if deemed applicable. • Number of data imputed will be highlighted in the summaries where as listings will report the values as below LLQ or above ULQ. • If more than a third of obs are below LLQ or above LLQ then no imputation will be performed for that subject. • To enable the data to be plotted (i.e. some groups may remain below BLQ) this rule may not be applied to Free & Drug Bound IL18 parameters.

11.6.2.1. Handling of Missing Dates

Element	Reporting Detail
General	Partial dates will be displayed as captured in subject listing displays.
Adverse Events	• The eCRF allows for the possibility of partial dates (i.e., only month and year) to be recorded for AE start and end dates; that is, the day of the month may be missing. In such a case, the following conventions will be

Element	Reporting Detail
	applied for calculating the time to onset and the duration of the event: • For a missing start day, the 1st of the month will be used unless this is before the start date of investigational product; in this case the study treatment start date will be used (and hence the event is considered On-treatment as per Section 11.3: Treatment States and Phases. • For a missing stop day, the last day of the month will be used, unless this is after the stop date of study treatment; in this case the study treatment stop date will be used. • Completely missing start or end dates will remain missing, with no imputation applied. Consequently, time to onset and duration of such events will be missing. • Start or end dates which are completely missing (i.e. no year specified) will remain missing, with no imputation applied.

11.6.2.2. Handling of Partial Dates

Element	Reporting Detail
Concomitant Medications	• Partial dates for any concomitant medications recorded in the CRF will be imputed using the following convention: • If the partial date is a start date, a '01' will be used for the day and 'Jan' will be used for the month • If the partial date is a stop date, a '28/29/30/31' will be used for the day (dependent on the month and year) and 'Dec' will be used for the month. • The recorded partial date will be displayed in listings.
Adverse Events	• Any partial dates for adverse events will be raised to data management. If the full date cannot be ascertained, the following assumptions will be made: • If the partial date is a start date, a '01' will be used for the day and 'Jan' will be used for the month. • However, if these results in a date prior to Week 1 Day 1 and the event could possibly have occurred during treatment from the partial information, then the Week 1 Day 1 date will be assumed to be the start date. • The AE will then be considered to start on-treatment (worst case). • If the partial date is a stop date, a '28/29/30/31' will be used for the day (dependent on the month and year) and 'Dec' will be used for the month. • The recorded partial date will be displayed in listings.

11.6.2.3. Handling of Missing Data for Statistical Analysis/Efficacy Endpoints

Element	Reporting Detail
All Endpoints	• Missing values will not be imputed.

11.7. Appendix 7: Values of Potential Clinical Importance

11.7.1. Laboratory Values

Haematology				
Laboratory Parameter	**Units**	**Category**	**Clinical Concern Range**	
			Low Flag (< x)	**High Flag (>x)**
Hematocrit	Ratio of 1	Male		0.54
		Female		0.54
		Δ from BL	↓0.075	
Hemoglobin	g/L	Male		180
		Female		180
		Δ from BL	↓25	
Lymphocytes	GI/L		0.8	
Neutrophil Count	GI/L		1.5	
Platelet Count	GI/L		100	550
While Blood Cell Count (WBC)	GI/L		3	20

Clinical Chemistry				
Laboratory Parameter	**Units**	**Category**	**Clinical Concern Range**	
			Low Flag (< x)	**High Flag (>x)**
Albumin	G/L		30	
Calcium	mmol/L		2	2.75
Creatinine	umol/L	Δ from BL		↑ 44.2
Glucose	mmol/L		3	9
Magnesium	mmol/L		0.5	1.23
Phosphorus	mmol/L		0.8	1.6
Potassium	mmol/L		3	5.5
Sodium	mmol/L		130	150
Total CO2	mmol/L		18	32

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

11.7.2. ECG

ECG Parameter	Units	Clinical Concern Range	
		Lower	**Upper**
Absolute			
Absolute QTc Interval	msec		> 450
Absolute PR Interval	msec	< 110	> 220
Absolute QRS Interval	msec	< 75	> 110
Change from Baseline			
Increase from Baseline QTc	msec	> 60	

11.7.3. Vital Signs

Vital Sign Parameter (Absolute)	Units	Clinical Concern Range	
		Lower	**Upper**
Systolic Blood Pressure	mmHg	< 85	> 160
Diastolic Blood Pressure	mmHg	< 45	> 100
Heart Rate	bpm	< 40	> 110
Temperature	°C	35.5	37.5

11.8. Appendix 8 – Abbreviations & Trade Marks

11.8.1. Abbreviations

Abbreviation	Description
AE	Adverse Event
GSK	GlaxoSmithKline
ADA	Anti-Drug Antibodies
AUC	Area under concentration-time curve
AUC(0-∞)	Area under the concentration-time curve from time zero (pre-dose) extrapolated to infinite time
BMI	Body mass index
BPM	Beat Per Minute
CL	Systemic clearance of parent drug
Cmax	Maximum observed concentration
CI	Confidence Interval
CV	Coefficient of variance
HR	Heart rate
ICH	International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use
IDSL	Integrated Data Standards Library
Kg	Kilogram
λz	Terminal phase rate constant
LLQ	Lower limit of quantification
NQ	Non-quantifiable concentration measured as below LLQ
PK	Pharmacokinetic
QC	Quality control
RAP	Reporting and Analysis Plan
SAS	Statistical Analysis Software
SI	System Independent
SD	Standard deviation
SOP	Standard Operating Procedure
t OR tlast	Time of last observed quantifiable concentration
t½	Terminal phase half-life
tlag	Lag time before observation of drug concentrations in sampled matrix
tmax	Time of occurrence of Cmax
ULQ	Upper limit of quantification
ULN	Upper limit of normal
UK	United Kingdom

11.8.2. Trademarks

Trademarks of the GlaxoSmithKline Group of Companies
NONE

Trademarks not owned by the GlaxoSmithKline Group of Companies
NONMEM
SAS
WinNonlin

11.9. Appendix 9: List of Data Displays

11.9.1. Deliverable

Delivery	Description
IA1	Interim analysis after recruitment of approximately 8 to 10 patients to review for a consideration of dose adjustment
IA2	Interim analysis once the last patient completes 7-Days post-transplant.
SAC	Final Statistical Analysis Complete

11.9.2. Data Display Numbering

The following numbering will be applied for RAP generated displays:

Section	Tables	Figures
Study Population	1.01 to 1.10	N/A
Efficacy	2.01 to 2.29	2.01 to 2.17
Safety	3.01 to 3.24	N/A
Pharmacokinetic	4.01 to 4.03	4.01 to 4.03
PK/PD	NA	5.01
Section	**Listings**	
ICH Listings	1 to 19	
Other Listings	20 to 41	

11.9.3. Study Population Tables

Study Population Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Subject Disposition					
1.01	All Subjects	ES1	Summary of Subject Disposition		IA2, SAC
1.02	All Subjects	ES6	Summary of Reasons for Screening Failure		IA2, SAC
1.03	All Subjects	DV1a	Summary of Important Protocol Deviations		IA2, SAC
1.04	All Subjects	SA2	Summary of Deviations Leading to Exclusion from Per Protocol Population		IA2, SAC
1.05	All Subjects	ES5	Summary of Reasons for Withdrawals		IA2, SAC
Demographics					
1.06	All Subjects	DM1	Summary of Demographic Characteristics		IA2, SAC
1.07	All Subjects	DM5	Summary of Race and Racial Combinations		IA2, SAC
1.08	All Subjects	SA1	Summary of Study Populations		IA2, SAC

Study Population Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Medical Condition & Con Meds					
1.09	All Subjects	MH1	Summary of [Current/Past] Medical Conditions		IA2, SAC
1.10	All Subjects	CM1	Summary of Most Frequently used Concomitant Medications by Generic Term	Footnote: Most Frequently means the overall concomitant medication used is >= 10%	IA1, IA2, SAC

11.9.4. Efficacy Tables

Efficacy Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
DGF					
2.01	Analysis Population	Non-Standard EFF_T3	Proportion of Subjects with DGF		IA1, IA2, SAC
2.02	Per Protocol	Non-Standard EFF_T3	Proportion of Subjects with DGF		IA2, SAC
Graft function					
2.03	Analysis Population	Non-Standard EFF_T1	Summary Statistics of Serum Creatinine		IA1, IA2, SAC
2.04	Analysis Population	Non-Standard EFF_T2	Summary of Serum Creatinine Change from Baseline		IA1, IA2, SAC
2.05	Analysis Population	Non-Standard EFF_T1	Summary Statistics of AUC of 7 Day Serum Creatinine	Only consider patients who have Day 7 serum creatinine value	IA1, IA2, SAC
2.06	Analysis Population	Non-Standard EFF_T1	Summary Statistics of AUC of 30 Day Serum Creatinine		IA1, IA2, SAC
2.07	Analysis Population	Non-Standard EFF_T1	Summary Statistics of ½ -Life of 30 Day Serum Creatinine		IA1, IA2, SAC

Efficacy Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
2.08	All Subjects	Non-Standard EFF_T4	Proportion of Subjects with Renal Functional Graft within 7 Days after Transplant	Including primary non function;3 day functional DGF; 7 day functional DGF; 3 day intermediate graft function; 7 day intermediate graft function; 3 day immediate graft function; 7 day immediate graft function	IA1, IA2, SAC
Acute rejection risk					
2.09	All Subjects	Non-Standard EFF_T3	Proportion of Subjects with Episodes of Biopsy-Proven Acute Rejection		IA2, SAC
2.10	All Subjects	Non-Standard EFF_T2	Summary Statistics of Episodes of Biopsy-Proven Acute Rejection		IA2, SAC
PD biomarker					
2.11	All Subjects	Non-Standard EFF_T1	Summary Statistics of Serum IP-10		IA2, SAC
2.12	All Subjects	Non-Standard EFF_T2	Summary Statistics of Serum IP-10 Change from Baseline		IA2, SAC
2.13	All Subjects	Non-Standard EFF_T1	Summary Statistics of Mig		IA2, SAC
2.14	All Subjects	Non-Standard EFF_T2	Summary Statistics of Mig Change from Baseline		IA2, SAC

Efficacy Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
2.15	All Subjects	Non-Standard EFF_T1	Summary Statistics of Free IL-18		IA2, SAC
2.16	All Subjects	Non-Standard EFF_T2	Summary Statistics of Free IL-18 Change from Baseline		IA2, SAC
2.17	All Subjects	Non-Standard EFF_T1	Summary Statistics of Bound IL-18		IA2, SAC
2.18	All Subjects	Non-Standard EFF_T2	Summary Statistics of Bound IL-18 Change from Baseline		IA2, SAC
2.19	All Subjects	Non-Standard EFF_T1	Summary Statistics of Total IL-18		IA2, SAC
2.20	All Subjects	Non-Standard EFF_T2	Summary Statistics of total IL-18 Change from Baseline		IA2, SAC
Urine biomarker					
2.21	All Subjects	Non-Standard EFF_T1	Summary Statistics of IL-18		IA2, SAC
2.22	All Subjects	Non-Standard EFF_T1	Summary Statistics of NGAL		IA2, SAC
2.23	All Subjects	Non-Standard EFF_T1	Summary Statistics of KIM1		IA2. SAC

Efficacy Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Dialysis dependency and graft survival					
2.24	All Subjects	Non-Standard EFF_T3	Proportion of Subjects Who are Dialysis-Independent at Visits up to 12 Months post Transplant		IA2, SAC
Exploratory					
2.25	All Subjects	Non-Standard EFF_T2	Summary Statistics of % Free GSK1070806 within Renal Graft Biopsies		IA2, SAC
2.26	All Subjects	Non-Standard EFF_T2	Summary Statistics of % Bound GSK1070806 within Renal Graft Biopsies		IA2, SAC
2.27	All Subjects	Non-Standard EFF_T2	Summary Statistics of Level of IL-18 in Renal Preservation Fluid		IA2, SAC
2.28	All Subjects	Non-Standard EFF_T2	Summary Statistics of Serum Cytokine Levels		IA2, SAC
2.29	All Subjects	Non-Standard EFF_T1	Summary Statistics of Length of Hospital Stay		IA2, SAC

11.9.5. Efficacy Figures

Efficacy Figures					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Serum Creatinine					
2.01	All Subjects	Non-Standard EFF_F1	Individual Line Plot of Serum Creatinine over Time	Including the mean line plot; starting from baseline	IA1, IA2, SAC
2.02	All Subjects	Non-Standard EFF_F1	Individual Line Plot of Serum Creatinine Change from Baseline over Time	Including the mean line plot	IA1, IA2, SAC
Graft function					
2.03	All Subjects	Non-Standard EFF_F2	Individual Line Plot of Urine Output over Time		IA2, SAC
2.04	All Subjects	Non-Standard EFF_F3	Kaplan-Meier Curve of Graft Survival up to 12 Months post Transplant		IA2, SAC
PD biomarkers					
2.05	All Subjects	Non-Standard EFF_F1	Individual Line Plot of Serum IP-10 over Time	Including the mean line plot; starting from baseline	IA2, SAC
2.06	All Subjects	Non-Standard EFF_F1	Individual Line Plot of Serum IP-10 Change from Baseline over Time	Including the mean line plot	IA2, SAC
2.07	All Subjects	Non-Standard EFF_F1	Individual Line Plot of Serum Mig over Time	Including the mean line plot; starting from baseline	IA2, SAC

Efficacy Figures					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
2.08	All Subjects	Non-Standard EFF_F1	Individual Line Plot of Serum Mig Change from Baseline over Time	Including the mean line plot	IA2, SAC
2.09	All Subjects	Non-Standard EFF_F1	Individual Line Plot of Serum IL-18 Levels over Time	Including free IL-18; bound IL-18 and total IL-18 Including the mean line plot	IA1, IA2, SAC
2.10	All Subjects	Non-Standard EFF_F1	Individual Line Plot of Serum IL-18 Levels Change from Baseline over Time	Including free IL-18; bound IL-18 and total IL-18 Including the mean line plot	IA2, SAC
Urine Biomarkers					
2.11	All Subjects	Non-Standard EFF_F3	Mean (95% CI) Plot of Urine IL-18	Two sided confidence interval	IA2, SAC
2.12	All Subjects	Non-Standard EFF_F3	Mean (95% CI) Plot of Urine NGAL	Two sided confidence interval	IA2, SAC
2.13	All Subjects	Non-Standard EFF_F3	Mean (95% CI) Plot of Urine KIM1	Two sided confidence interval	IA2, SAC
Exploratory					
2.14	All Subjects	Non-Standard EFF_F2	Individual Line Plot of Serum IL-18 Binding Protein over Time	starting from baseline	IA2, SAC
2.15	All Subjects	Non-Standard EFF_F2	Individual Line Plot of Serum Cytokine Levels over Time	starting from baseline	IA2, SAC

Efficacy Figures					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
2.16	All Subjects	Non-Standard EFF_F1	Individual Line Plot of Serum Cytokine Levels Change from Baseline over Time	Including the mean line plot	IA2, SAC
Patient Profile					
2.17	All Subjects	Non-Standard EFF_F5	Patient Profile Plot of Biomarker/PD Endpoints	Incuding serum IP-10; serum mig; free IL-18; bound IL-18; total IL-18	IA2, SAC

11.9.6. Safety Tables

Safety Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Adverse Events – Overall					
3.01	All Subjects	AE1	Summary of All Adverse Events		IA1, IA2, SAC
3.02	All Subjects	AE3	Summary of Common Adverse Events by Preferred Term	Common AE = Frequency > 1%	IA1, IA2, SAC
3.03	All Subjects	AE1	Summary of Drug-Related Adverse Events by System Organ Class		IA1, IA2, SAC
3.04	All Subjects	AE1	Summary of Serious Adverse Events by System Organ Class		IA1, IA2, SAC
3.05	All Subjects	AE1	Summary of Adverse Events Leading to Withdrawals from Study or Study Treatment		IA1, IA2, SAC
Adverse Events – in patients (before discharge)					
3.06	All Subjects	AE1	Summary of All Adverse Events before Discharge		IA2, SAC
3.07	All Subjects	AE3	Summary of Common Adverse Events by Overall Frequency before Discharge		IA2, SAC
3.08	All Subjects	AE5	Summary of Drug-Related Adverse Events by System Organ Class before Discharge		IA2, SAC

Safety Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
3.09	All Subjects	AE1	Summary of Serious Adverse Events by System Organ Class before Discharge		IA2, SAC
3.10	All Subjects	AE1	Summary of Adverse Events Leading to Withdrawals from Study / Permanent Discontinuation of Study Treatment before Discharge		IA2, SAC
Adverse Events – out patients (after discharge)					
3.11	All Subjects	AE1	Summary of All Adverse Events after Discharge		IA2, SAC
3.12	All Subjects	AE3	Summary of Common Adverse Events by Overall Frequency after Discharge		IA2, SAC
3.13	All Subjects	AE5	Summary of Drug-Related Adverse Events by System Organ Class after Discharge		IA2, SAC
3.14	All Subjects	AE1	Summary of Serious Adverse Events by System Organ Class after Discharge		IA2, SAC
3.15	All Subjects	AE1	Summary of Adverse Events Leading to Withdrawals from Study / Permanent Discontinuation of Study Treatment after Discharge		IA2, SAC
Labs					
3.16	All Subjects	LB1	Summary of Chemistry Changes from Baseline		IA2, SAC

Safety Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
3.17	All Subjects	LB1	Summary of Emergent Chemistry Results of Potential Clinical Importance		IA1, IA2, SAC
3.18	All Subjects	LB1	Summary of Haematology Changes from Baseline		IA2, SAC
3.19	All Subjects	LB1	Summary of Emergent Haematology of Potential Clinical Importance		IA1, IA2, SAC
Vital Signs					
3.20	All Subjects	VS1	Summary of Change from Baseline in Vital Signs	Include the Respiration Rate and Temperature	IA2, SAC
3.21	All Subjects	VS2	Summary of Emergent Vital Signs Results of Potential Clinical Importance		IA1, IA2, SAC
ECGs					
3.22	All Subjects	EG1	Summary of ECG Findings		IA2, SAC
3.23	All Subjects	Non-Standard EFF_T5	Frequency of Maximum Emergent QTc Values by Category		IA1, IA2, SAC
3.24	All Subjects	EG2	Summary of Change from Baseline in ECG Values		IA2, SAC

11.9.7. Pharmacokinetic Tables

Pharmacokinetic Tables					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
PK Concentration Data					
4.01	PK	PK01	Summary of Plasma GSK1070806 Pharmacokinetic Concentration-Time Data (mg/mL)		IA1, IA2, SAC
PK Derived Parameters					
4.02	PK	PKPT1	Summary Statistics of Derived Plasma GSK1070806 Pharmacokinetic Parameters	Parameters with units	IA1, IA2, SAC
4.03	PK	PKPT3	Summary Statistics of Log-Transformed Derived Plasma GSK1070806 Pharmacokinetic Parameters	Parameters with units; exclude non-continuous PK parameters;	IA2, SAC

11.9.8. Pharmacokinetic Figures

Pharmacokinetic Figures					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Individual Plots					
4.01	PK	PKCF1P	Individual GSK1070806 Plasma Concentration-Time Plot by Subject (Linear and Semi-Log)	Paginate by Subject	IA2, SAC
Mean / Median Plots					
4.02	PK	PKCF2	Mean and Median Plasma GSK1070806 Concentration-Time Plots by Treatment (Linear and Semi-log)		IA2, SAC
4.03	PK	PKCF3	Median and Median Plasma GSK1070806 Concentration-Time Plots by Treatment (Linear and Semi-log)		IA2, SAC

11.9.9. Pharmacokinetic / Pharmacodynamic Figures

Pharmacodynamic / Biomarker Figures					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
5.01	PK	Non-Standard PKPD_F1	Scatter Plot of Free and Drug Bound IL-18 Serum Levels Versus GSK1070806 Plasma Concentration	Panel : by free and drug bound IL-18 X-Axis : Plasma Concentration Y-Axis : free and drug bound IL-18 Add Footnote X-Axis: Untransformed data presented using Log10 scale	IA2, SAC

11.9.10. ICH Listings

ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Subject Disposition					
1	All Subjects	ES2	Listing of Reasons for Study Withdrawal		IA1, IA2, SAC
2	All Subjects	ES7	Listing of Reasons for Screening Failure		IA1, IA2, SAC
3	All Subjects	SA3a	Listing of Subjects Excluded from Any Populations		IA2, SAC
4	All Subjects	DV2	Listing of Important Protocol Deviations		IA1, IA2, SAC
5	All Subjects	IE3	Listing of Subjects with Inclusion/Exclusion Criteria Deviations		IA1, IA2, SAC
Demographics					
6	All Subjects	DM2	Listing of Demographic Characteristics		IA1, IA2, SAC
7	All Subjects	DM9	Listing of Race		IA1, IA2, SAC
Exposure					

ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
8	All Subjects	EX3	Listing of Exposure		SAC
Adverse Events					
9	All Subjects	AE7	Listings of Subject Numbers for Individual Adverse Events		IA1, IA2, SAC
10	All Subjects	AE8	Listing of All Adverse Events		IA1, IA2, SAC
11	All Subjects	AE8	Listing of Serious Adverse Events		IA1, IA2, SAC
12	All Subjects	AE8	Listing of Adverse Events Leading to Withdrawal from Study		IA1, IA2, SAC
LABS					
13	All Subjects	LB5	Listing of Haematology Laboratory Data for Subjects with Abnormalities of Potential Clinical Importance		IA1, IA2, SAC
14	All Subjects	LB5	Listing of Clinical Chemistry Laboratory Data for Subjects Abnormalities of Potential Clinical Importance.		IA1, IA2, SAC
15	All Subjects	UR2b	Listing of Urinalysis Data		IA2, SAC

ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
16	All Subjects	Non-Standard SAFE_L1	Listing of Clinical Chemistry Laboratory Values (Total cholesterol, HDL, LDL, Triglycerides, Creatinine Clearance (MDRD) and Associated Ratios).		IA2, SAC
ECGs					
17	All Subjects	EG3	Listing of ECG Values for Subjects with Abnormalities of Potential Clinical Importance.		IA1, IA2, SAC
Vital Signs					
18	All Subjects	CP_VS4	Listing of Vital Signs for Subjects with Abnormalities of Potential Clinical Importance		IA1, IA2, SAC
Immunogenicity					
19	All Subjects	IMM2	Listing of Immunogenicity Results	ADA tiers	IA2, SAC

11.9.11. Non-ICH Listings

Non-ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
PK					
20	PK	PKCL1P	Listing of Plasma GSK1070806 Pharmacokinetic Concentration-Time Data		IA2, SAC
21	PK	PKPL1P	Listing of Derived Plasma GSK1070806 Pharmacokinetic Parameters	Include dose and dose number	IA2, SAC
Graft Function					
22	Analysis Population	Non-Standard SAFE_L1	Listing of Individual Serum Creatinine		IA1, IA2, SAC
23	Analysis Population	Non-Standard SAFE_L1	Listing of Individual AUC of 7 Day Serum Creatinine	No change from baseline column	IA1, IA2, SAC
24	Analysis Population	Non-Standard SAFE_L1	Listing of Individual AUC of 30 Day Serum Creatinine	No change from baseline column	IA1, IA2, SAC
25	All Subjects	Non-Standard SAFE_L2	Listing of Individual Graft Function in the First 7 Days	Including primary non function;3 day functional DGF; 7 day functional DGF; 3 day intermediate graft function; 7 day intermediate graft function; 3 day immediate graft function; 7 day immediate graft function	IA1, IA2, SAC

Non-ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
26	All Subjects	Non-Standard SAFE_L2	Listing of Individual Urine Output	Including change from baseline	IA2, SAC
27	All Subjects	Non-Standard SAFE_L1	Listing of Individual with Episodes of Biopsy-Proven Acute Rejection		IA2, SAC
Pharmacodynamic & Biomarkers					
28	All Subjects	Non-Standard EFF_L1	Listing of Individual of IL-18		IA1, IA2, SAC
29	All Subjects	Non-Standard EFF_L1	Listing of Individual of NGAL		IA2, SAC
30	All Subjects	Non-Standard EFF_L1	Listing of Individual of KIM1		IA2, SAC
31	All Subjects	Non-Standard PD_L1	Listing of Biomarkers		IA2, SAC
32	All Subjects	Non-Standard PD_L1	Listing of Free and Drug-bound IL-18 Levels In Serum		IA2, SAC
Dialysis dependency and graft survival					
33	All Subjects	Non-Standard SAFE_L1	Listing of Number of Dialysis Events per Patient in the First 30 Days Post Transplant		IA1, IA2, SAC

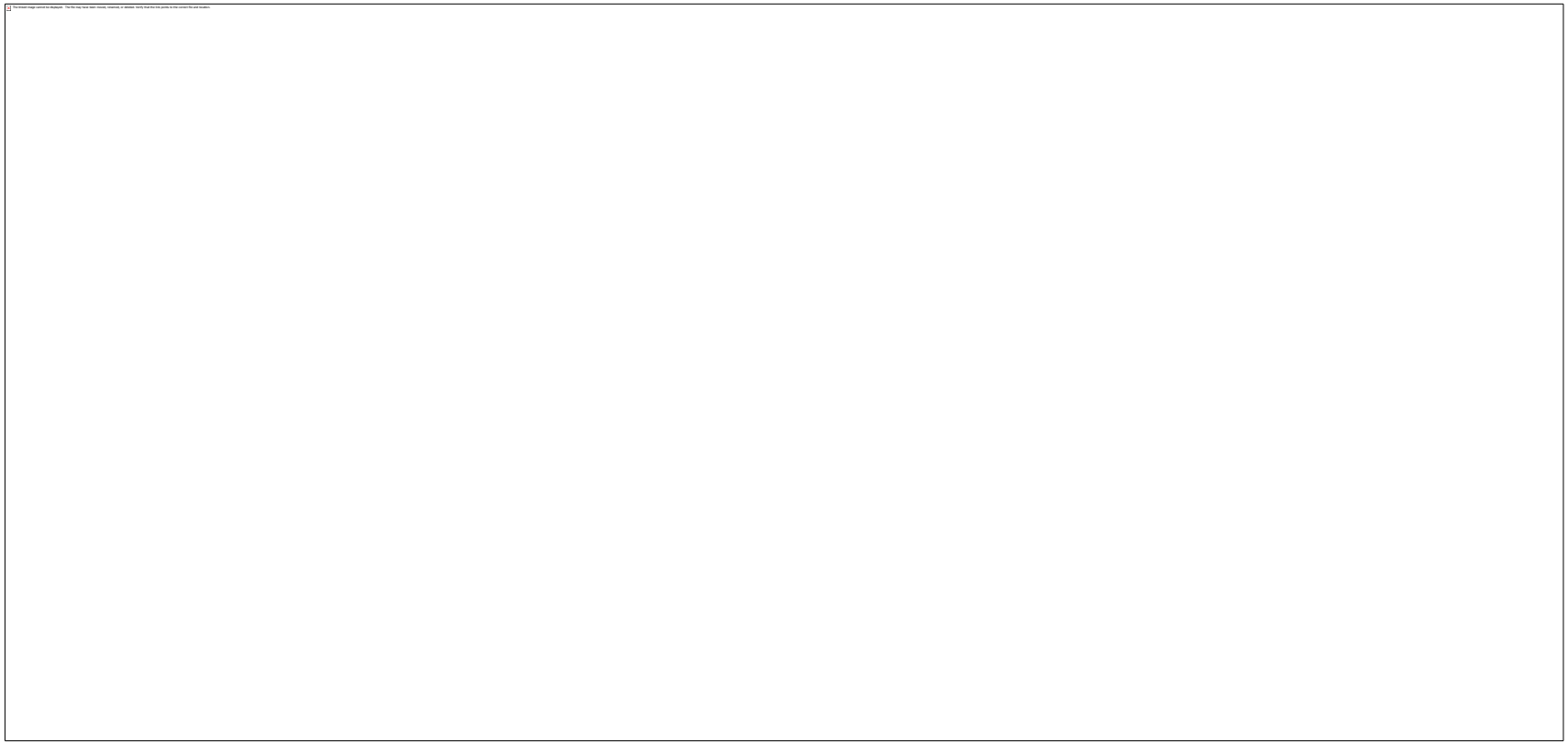
Non-ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Recipient Kidney Data					
34	All Subjects	Non-Standard SAFE_L3	Listing of Recipient Virology		IA2, SAC
Exploratory					
35	All Subjects	Non-Standard SAFE_L1	Listing of Individual % bound GSK1070806 within Renal Graft Biopsies		IA2, SAC
36	All Subjects	Non-Standard SAFE_L1	Listing of Individual Level of IL-18 in Renal Preservation Fluid		IA2, SAC
37	All Subjects	Non-Standard SAFE_L1	Listing of Individual Change from Baseline Histological Analysis of Biopsies with Respect to Cellular Infiltrate		IA2, SAC
38	All Subjects	Non-Standard SAFE_L2	Listing of Individual of Length of Hospital and Re-hospitalization Stay		IA1, IA2, SAC
Donor Kidney Data					
39	All Subjects	Non-Standard SAFE_L3	Listing of Donor Virology		IA2, SAC
40	All Subjects	Non-Standard SAFE_L4	Listing of Donor Characteristics	Cold ischiemic time; warm ischemic time; age; sex; last creatinine before transplant; medical conditions; biopsy performed yes/no, transport system (ice or perfusion)	IA1, IA2, SAC

Non-ICH Listings					
No.	**Population**	**IDSL / TST ID / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
PK/PD					
41	PK	Non-Standard SAFE_L5	Listing of Serum IL-18 (drug bound, total or free) vs. PK Plasma Concentrations		IA2, SAC

11.10. Appendix 10: Example Mock Shells for Data Displays

Example : EFF_F1
Protocol : 204824
Population : All Subjects

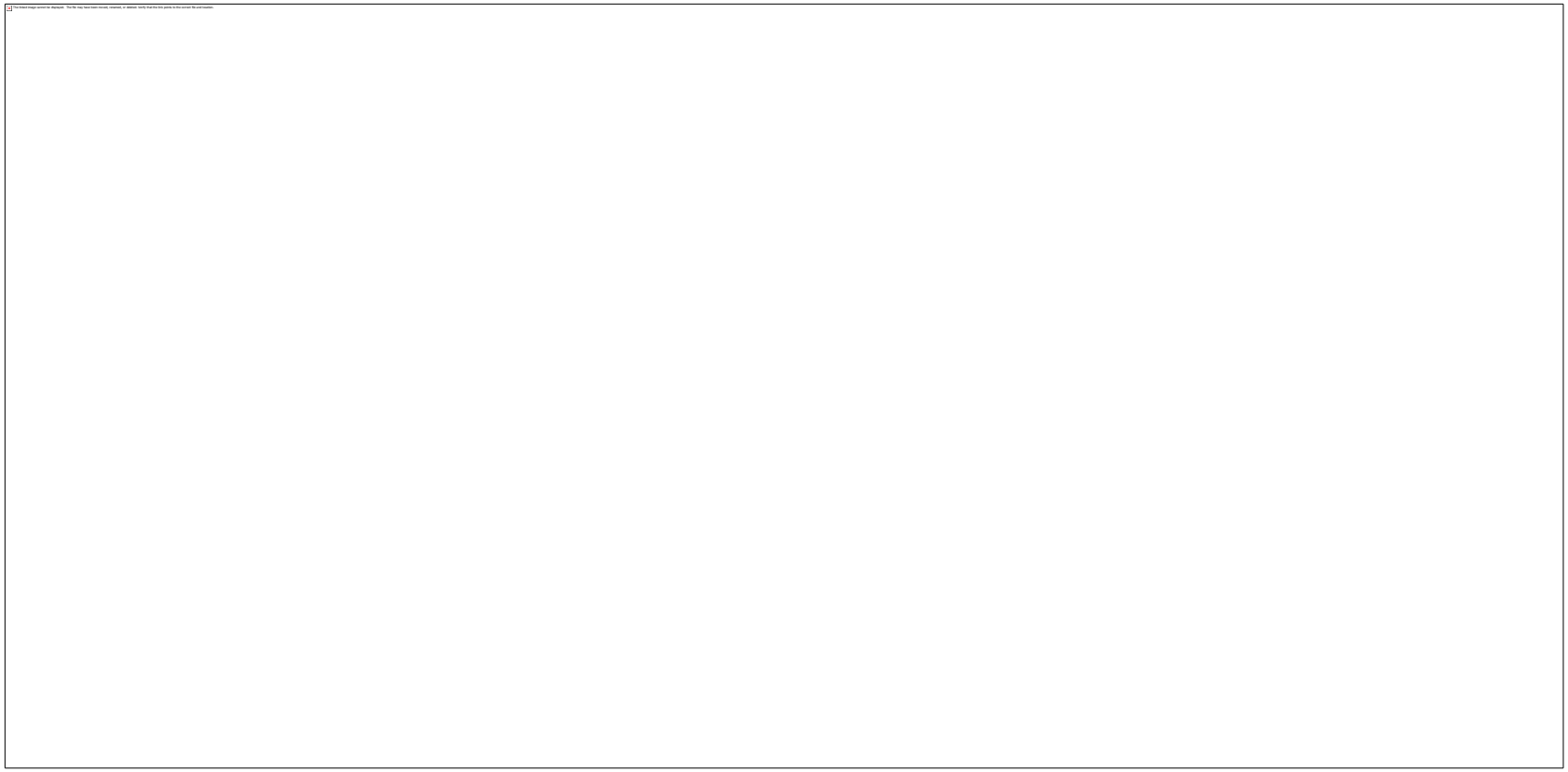
Figure X
Individual Subject Spaghetti Plot with Mean Line



NOTE: This is example only. Plot adjusted accordingly to study data.

Example : EFF_F2
Protocol : 204824
Population : All Subjects

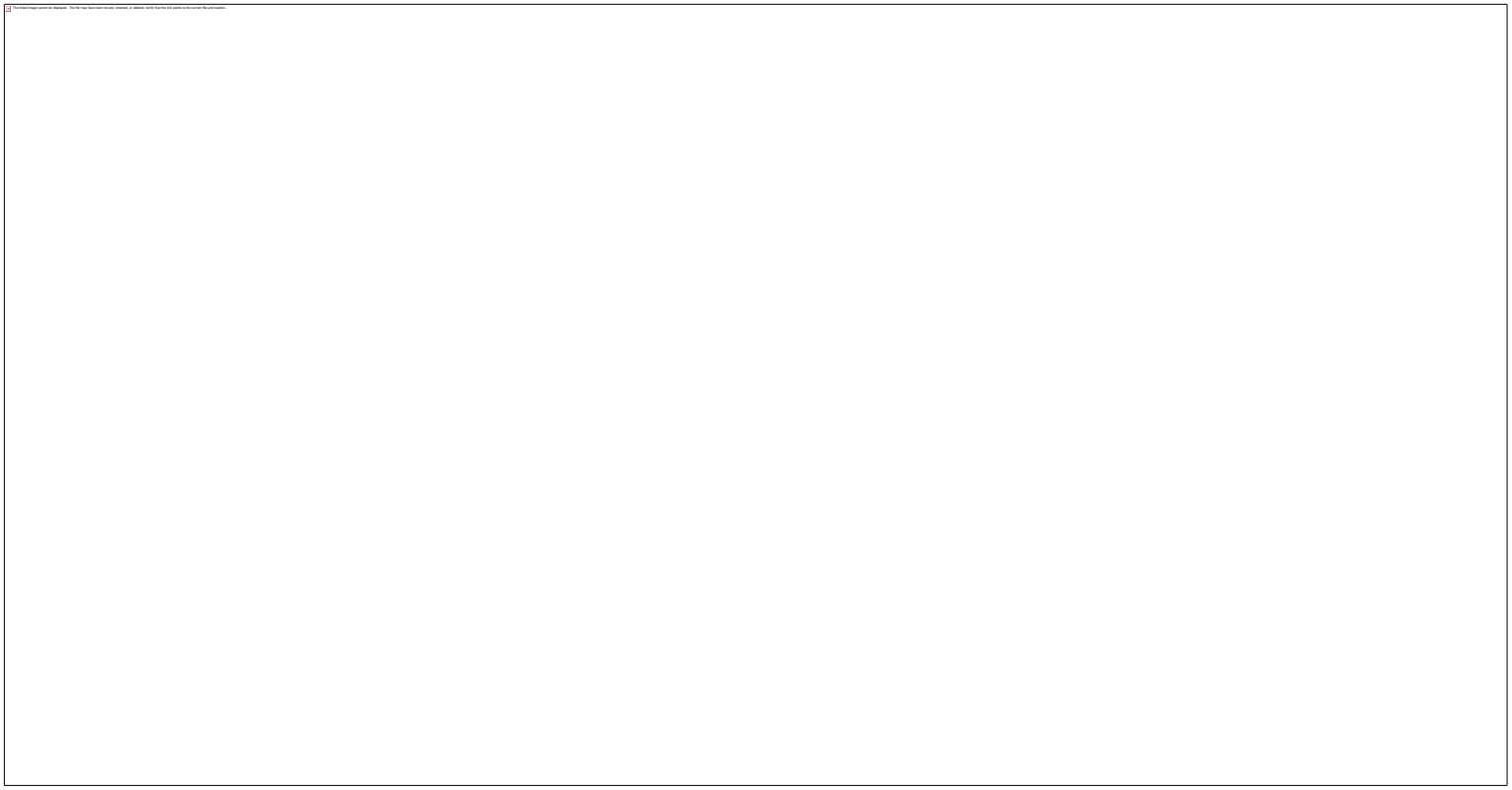
Figure X
Individual Subject Spaghetti Plot



NOTE: This is example only. Plot adjusted accordingly to study data.

Example : EFF_F3
Protocol : 204824
Population : All Subjects

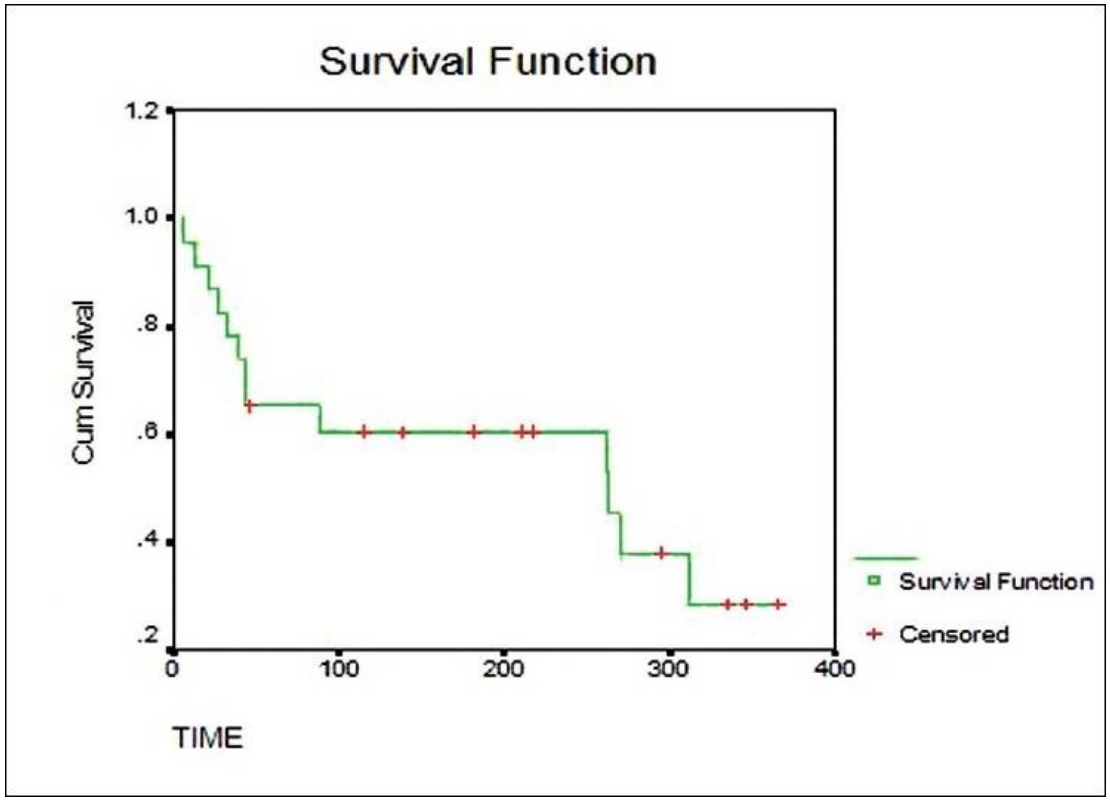
Figure X
Mean Plot of xxx



NOTE: Plot adjusted accordingly to study data

Example : EFF_F4
Protocol : 204824
Population : All Subjects

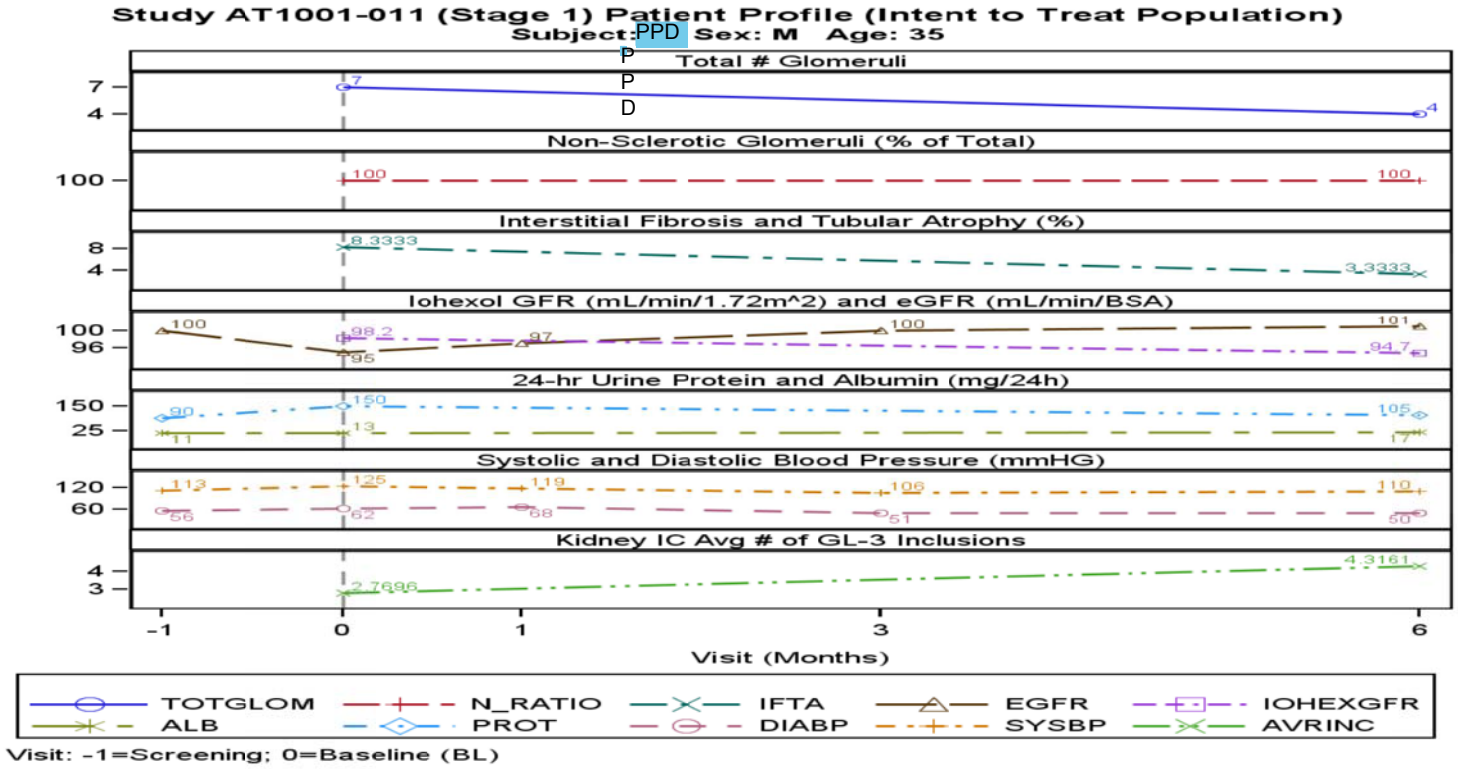
Figure X
Kaplan-Meier Curve of Graft Survival up to 12 Months post Transplant



NOTE: Plot adjusted accordingly to study data, with plot also including the other treatments groups on subsequent pages.

Example : EFF_F5
Protocol : 204824
Population : Safety

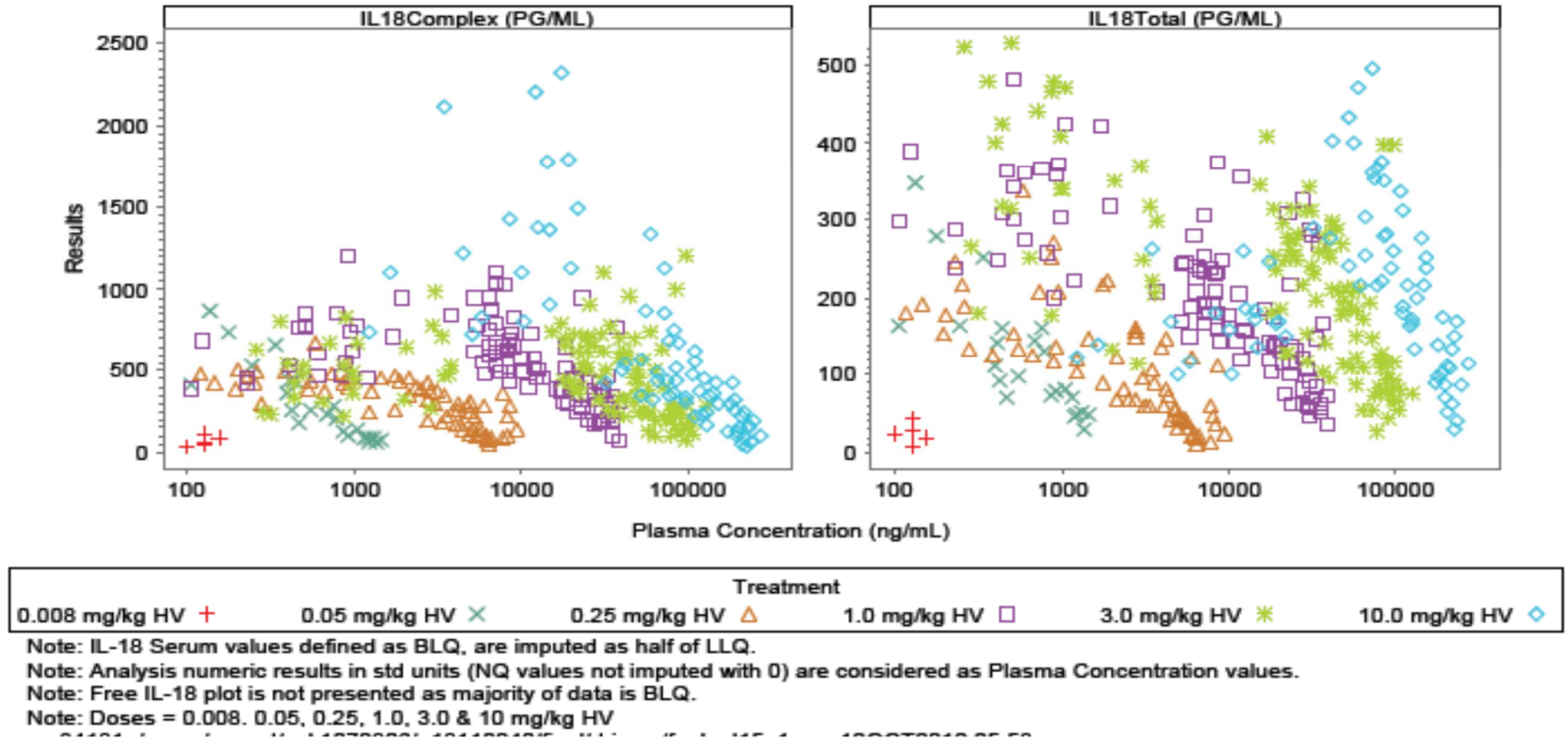
Figure X
Patient Profile Plot



NOTE: Plot adjusted accordingly to study data, with plot also including the other treatments group and parameters on subsequent pages.

Example : PKPD_F1
Protocol : 204824
Population : All Subjects

Figure X
Scatter Plot of Free and Drug Bound IL-18 Serum Levels Versus GSK1070806 Plasma Concentration



Note: IL-18 Serum values defined as BLQ, are imputed as half of LLQ.
Note: Analysis numeric results in std units (NQ values not imputed with 0) are considered as Plasma Concentration values.
Note: Free IL-18 plot is not presented as majority of data is BLQ.
Note: Doses = 0.008. 0.05, 0.25, 1.0, 3.0 & 10 mg/kg HV

Example : EFF_T1
Protocol : 204824
Population : All Subjects

Table X
Summary Statistics of XXX (unit)

Summary: Absolute

Treatment	N	Visit	Planned Relevant Time	n	Mean	S.D	Median	Min	Max
GSK1070806 3 mg/kg	xx	xx	x		xxx.x	xx.xx	xxx.x	xxx	xxx
	xx		x		xxx.x	xx.xx	xxx.x	xxx	xxx
	xx	xx	x		xxx.x	xx.xx	xxx.x	xxx	xxx
	xx		x		xxx.x	xx.xx	xxx.x	xxx	xxx

Example : EFF_T2
Protocol : 204824
Population : All Subjects

Table X
Summary Statistics of XXX (unit)

Summary: Change from Baseline

Treatment	N	Visit	Planned Relevant Time	n	Mean	S.D	Median	Min	Max
GSK1070806 3 mg/kg	xx	xx	x		xxx.x	xx.xx	xxx.x	xxx	xxx
	xx		x		xxx.x	xx.xx	xxx.x	xxx	xxx
	xx	xx	x		xxx.x	xx.xx	xxx.x	xxx	xxx
	xx		x		xxx.x	xx.xx	xxx.x	xxx	xxx

Example : EFF_T3
Protocol : 204824
Population : All Subjects.

Table X
Proportion of Subjects with DGF

	Number of Subjects (%) (N)
Subjects with DGF	XXX (%)

Example : EFF_T4
Protocol : 204824
Population : All Subjects.

Table X
Proportion of Subjects with Renal Functional Graft within 7 Days after Transplant

	Number of Subjects (%) (N)
Primary Non DGF	XXX (%)
3 day Functional DGF	XXX (%)
7 day Functional DGF	XXX (%)
3 day Intermediate Graft Function	XXX (%)
7 day Intermediate Graft Function	XXX (%)
3 day Immediate Graft Function	XXX (%)
7 day Immediate Graft Function	XXX (%)

Example : EFF_T5
Protocol : 204824
Population : All Subjects

Table X
Summary of Maximum Emergent QTc Values by Category

Baseline (N = xx)				Enhanced Monitoring (N = xx)			
Criteria	N	Mean QTc	SD	Criteria	N	Mean max QTc	SD
QT <= 480 msec	xx	xx.x	xx.xx	QTc > 530 msec	xx	xx.x	xx.xx
				QT (uncorr) > 600 msec	xx	xx.x	xx.xx
Bundle Branch Block with QT < =500 msec	xx	xx.x	xx.xx	QTc >= 550 msec	xx	xx.x	xx.xx
				QT (uncorr) > 600 msec	xx	xx.x	xx.xx

Note: QTc value could be QTcB or QTcF depends on collected data.

Example : SAFE_L1
Protocol : 204824
Population : All Subjects

Listing X
Listing of XXX

Treatment	Subj.	Analyte (units)	Visit	Actual Date	Planned Relative Time	Time Sample Taken	Result	Change from Baseline
GSK1070806 3mg/kg	PPD	XXX	DAY 1	PPD	PRE DOSE	9:48	0.9	
			DAY 1		4 Hr	9:48	1.10	0.20
			DAY 29		4 Hr	9:48	2.60	1.70
			DAY 85		4 Hr	9:48	1.10	0.20

NOTE: Table adjusted accordingly to the study data.

Example : SAFE_L2
Protocol : 204824
Population : All Subjects

Listing X
Listing of Patients Hospitalization and Re-hospitalization Stay

Subject	Age/Gender	Race	DGF (Y/N)	Hosp. Date	Discharge Date	Length of Stay (Day)
XXXXXXX	XX/X	XX	X	XX/XX/XXXX	XX/XX/XXXX	XX
				XX/XX/XXXX	XX/XX/XXXX	XX
XXXXXXX	XX/X	XX	X	XX/XX/XXXX	XX/XX/XXXX	XX

Example : SAFE_L3
Protocol : 204824
Population : All Subjects

Table X
Listing of Donor Virology

Subject	Age/Gender	Race	Virology Type	Positive (yes/no)
XXXXXXX	XX/X	XX	Hepatitis B	
			Hepatitis C	
			HIV	
			EBV	

Example : SAFE_L4
Protocol : 204824
Population : All Subjects

Table X
Listing of Donor Characteristics

Subject	Age/Gender	Race	Characteristics	Value
XXXXXXX	XX/X	XX	Cold Ischiemic Time	
			Warm Ischemic Time	
			Last Creatinine before Transplant	
			Donor Medical Conditions	
			Biopsy Performed	Yes/No
			Transport System	Ice/Perfusion

Example : SAFE_L5
Protocol : 204824
Population : PK

Table X
Listing of Serum IL-18 vs. PK. Plasma Concentrations

Subject	Age/Gender	Race	Serum IL-18 (drug bound, total or free)	PK Plasma Concentrations
XXXXXXX	XX/X	XX	XX.X	XX.X

11.11. Appendix 11: Summary of Change of Amendment 1

Consistent with the recent protocol amendment, change the number of patients for the dose escalation interim analysis from 8 – 10 to 6.

The following outputs have been removed from the IA1 delivery as a result of a team decision that these variables are no longer required for a dose escalation decision:

Table 2.11; 2.12; 2.13; 2.14; 2.15; 2.16; 2.17; 2.18; 2.19; 2.20; 2.21; 2.25; 2.26

Figure 2.03; 2.05; 2.06; 2.07; 2.08

Table 4.03

Figure 4.01; 4.02; 4.03; 5.01

ICH listing 3; 9

Non-ICH listing 26; 27; 41