STATISTICAL ANALYSIS PLAN (SAP)

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Contents

1 LIST OF ABBREVIATIONS

Abbreviation	Definition
ACL	Anterior Crucial Ligament
ADE	Adverse Device Effect(s)
AE	Adverse Event(s)
ASADE	Anticipated Severe Device Effect(s)
BMI	Body Mass Index
CAR	Clinical Activity Report
CI	Confidence Interval
CRF	Case Report Form(s)
CV	Curriculum Vitae
DD	Device Deficiency(ies)
FAS	Full Analysis Set Population
FU	Follow Up
GCP	Good Clinical Practice
HIPPA	Health Information Probability Accountability Act
HCT	Horizontal Cleavage Tear

Abbreviation	Definition
ICF	Informed Consent Form
ICMJE	International Committee of Medical Journal Editors
IEC	Independent Ethics Committee
IFU	Instructions For Use
IKDC	International Knee Documentation Committee
IMDRF	International Medical Device Regulators Forum
IP	Investigational Product
IQR	Interquartile Range
IRB	Institutional Review Board
ISF	Investigator Site File
ISO	International Organization for Standardization
JSN	Joint Space Narrowing
KOOS	Knee Injury and Osteoarthritis Outcome Score
LAR	Legally Authorized Individual
MCID	Minimal Clinically Important Difference
MRI	Magnetic Resonance Imaging
NA or N/A	Not Applicable
N (or n)	Total Sample Size (or subgroup sample size)
PI	Principal Investigator
PP	Per-protocol Population
PRO	Patient Reported Outcomes
QoL	Quality of Life
S+N	Smith + Nephew, Inc.
SADE	Serious Adverse Device Effect(s)

Abbreviation	Definition
SAE	Serious Adverse Event(s)
SAF	Safety Population
SAP	Statistical Analysis Plan
TKA	Total Knee Arthroplasty
USADE	Unanticipated Serious Adverse Device Effect(s)

2 INTRODUCTION

The following Statistical Analysis Plan (SAP) details the statistical considerations, including the data analysis methods, for the Study Protocol ST1084. Related documents to this SAP are the Study Protocol, Case Report Form (CRF), and Tables, Figures and Listings (TFL) Templates Shells.

3 STUDY DESIGN

This is a post-market, observational, prospective, non-randomized, multi-center clinical trial. Data will be collected at specific time points and entered into case report forms (CRFs) based on the information contained in the patient medical records.
Subjects were recruited into two groups based on tear type at surgery: horizontal cleavage meniscal tears (HCT)and complex meniscal tears.
The primary objective of this study is to assess clinical success rate of NOVOSTITCH PRO at 12 months, defined as rate of freedom from reoperation due to meniscal repair failure in the study knee.

Observational, prospective clinical follow-up study.

Activity	Visit 1 Screen < 8 weeks pre-op	Visit 2 Procedure	Visit 3 7-15 Days post-op	Visit 4 90 Day ±14 days post-op	Visit 5 185 Day ±30 days post-op	Visit 6 365 Day ±60 days post-op	Visit 7 730 Day ±60 days post-op
Informed Consent	X						
Screening Inclusion/ Exclusion	X						
Demographics/Medical History/Concomitant Medications/ Concomitant Therapies	X						
Radiographs	X[1,2]						X[1]
MRI	X[2]					X[3]	X[3]
PRO: KOOS[4]	X				X	X	X
PRO: IKDC Subjective[4]	X				X	X	X
PRO: Lysholm[4]	X				X	X	X
EQ-5D-5L CRF[4]	X					X	X
End of Study Form	X[5]	X[5]	X[5]	X[5]	X[5]	X[5]	X[5]
Review General Health/ Concomitant Medications/ Concomitant Therapies		X	X	X	X	X	X
Arthroscopy Inclusion/ Exclusion		X					

Activity	Visit 1 Screen < 8 weeks pre-op	Visit 2 Procedure	Visit 3 7-15 Days post-op	Visit 4 90 Day ±14 days post-op	Visit 5 185 Day ±30 days post-op	Visit 6 365 Day ±60 days post-op	Visit 7 730 Day ±60 days post-op
Inter-operative Images/Videos		X[6]					
Study Surgery Procedure		X					
Details of Surgery Procedure CRF		X					
Details of Pathology CRF		X					
Details of Post-Operative Plan CRF		X					
Safety Assessment (AE/SAE/ADE/DD)[7]		X	X	X	X	X	X
Review Post-Operative Plan/Return to Work CRF[4]					X		
In-office Needle Endoscopy					X[8]		
Patient Satisfaction CRF[4]						X	X

[1]Standing AP X-ray; Radiographic CRF completed by reader post-visit
[2]Within 6 months prior to procedure; MRI CRF completed by reader post-visit
[3]MRI 1.5 T or greater, no contrast, to be reviewed by independent radiologist appointed by sponsor
[4]CRF completed by subject
[5]As applicable
[6]If available, still photographs and diagrams of procedure; Image CRF completed post-visit
[7]If the AE/SAE/ADE/DD includes an unscheduled visit or reoperation, the Unscheduled

4 STUDY OBJECTIVES

This study will evaluate the clinical success rate of NOVOSTITCH PRO at 12 months, defined as rate of freedom from reoperation due to meniscal repair failure in the study knee.

4.1 Primary Objective(s)

The primary objective of this study is to assess the clinical success rate of NOVOSTITCH PRO at 12 months, defined as rate of freedom from reoperation due to meniscal repair failure in the study knee.

4.2 Secondary Objective(s)

The secondary objectives are as follows:

- To assess the clinical success rate of NOVOSTITCH PRO at 6 months, defined as rate of freedom from reoperation due to meniscal repair failure in the study knee.
- To assess the clinical success rate of NOVOSTITCH PRO at 24 months, defined as rate of freedom from reoperation due to meniscal repair failure in the study knee.
- To assess clinical performance of NOVOSTITCH PRO by Patient Reported Outcomes (PROs) including the Knee Injury and Osteoarthritis Outcome Score (KOOS), International Knee and Documentation Committee (IKDC) Subjective, and Lysholm.
- To evaluate pre- and post-procedure magnetic resonance imaging (MRI) and radiographs, and post-procedure needle endoscopy.

4.3 Safety Objective(s)

Assess safety with reported complications, adverse events, adverse device effects, unanticipated serious adverse device effects, and device deficiencies.

5 STUDY ENDPOINTS

5.1 Primary Endpoint(s)

Rate of reoperation due to meniscal repair failure at 12 months post operative.

5.2 Secondary Endpoint(s)

- Rate of reoperation due to meniscal repair failure at 6 and 24 months post-operative

- MRI of structural integrity of meniscus at baseline, 12 months and 24 months
- Radiographs to evaluate tibiofemoral joint space narrowing (JSN) at baseline and 24 months
- Results of in-office needle endoscopy at 6 months, if available
- Patient Reported Outcomes (PRO) data will be collected on International Knee Documentation Committee (IKDC) Subjective, Knee Injury and Osteoarthritis Outcome Score (KOOS) and Lysholm score for baseline and 6, 12 and 24 month follow-up time points.

5.3 Safety Endpoint(s)

- Device-related re-intervention
- All adverse events (AEs) occurring from the time of surgery until revision or study completion Device related AEs (ADEs) and serious adverse events (SAE's)
- Device deficiencies (DDs)

5.4 Other Exploratory Endpoint(s)

- Rate of reoperation at 6, 12 and 24 months by tear type (complex or HCT), demographics, procedural details (complex tear orientation, hybrid vs non-hybrid approach, types of devices used with NOVOSTITCH PRO) and rehabilitation protocol.
- IKDC Subjective, KOOS and Lysholm scores at baseline, 6, 12 and 24 months by tear type, demographics, procedural details and rehabilitation protocol.
- Healing status at 6, 12 and 24 months by tear type.
- Quality of Life (QoL) from EQ-5D-5L at baseline, 12, and 24 months.
- Patient Satisfaction at 12 and 24 months.
- Device deficiencies when NOVOCUT Suture Manager is used intraoperatively.
- Analysis of the change in meniscal signal on MRI at baseline vs at 1 and 2 years.
- Analysis of the change in cartilage signal and joint space narrowing as indicators of osteoarthritis on X-rays taken at baseline vs at 2 years.

6 STATISTICAL CONSIDERATIONS

6.1 Determination of Sample Size

The sample size for this study is precision-based, and not based on statistical power considerations, thus no formal statistical hypothesis is formulated. The sample size for this study is determined based on the feasibility of recruitment, enrolment and follow-up considerations. With an estimated clinical success rate of 80% at 12 months for the planned study, the 95% confidence interval for clinical success was calculated between 70% and 90%. Using an 84% success rate, the minimum enrolment is N=71. With an attrition rate of 10% per year, total enrolment is set to N=90; a minimum of N=40 horizontal cleavage tears and N=40 complex tears.

6.2 Randomisation

No randomisation has been planned for this study as it is non-comparative.

6.3 Interim Analysis

There are no formal interim analyses planned for this study, however Clinical Activity Reports (CAR) may be produced to facilitate the publication of the results (in part of in whole) for scientific conferences and publications. Additional adhoc analyses may occur as needed (e.g. for abstracts or publications). Two CARs have been conducted on this study: dated January 2022 and January 2023.

7 STATISTICAL ANALYSIS

7.1 General

Smith+Nephew's Global Biostatistics group will conduct the statistical analysis for this study. Unless otherwise stated, all significance tests and hypothesis testing will be two-sided, performed at the 5% significance level. Resulting p-values will be quoted and 95% two-sided confidence intervals will be generated where appropriate. All p-values will be rounded to three decimal places, p-values less than 0.001 will be presented as '<0.001' in all tables.

Where data summaries are specified, categorical and ordinal variables will be summarized with frequencies and percentages. Continuous variables will be summarized with the following summary statistics: number of observations, mean, median, standard deviation, minimum and maximum values, as well as Q1, Q3 and interquartile range (IQR). All analyses will be performed in SAS 9.4 (or later).

7.2 Analysis Populations

Due to early study termination only the SAF population will be used in data summaries. The 'full analysis set' and 'per-protocol-population' as per protocol section 10.2 will not be conducted. The following analysis populations will be used for this study:

- Safety Population (SAF), including all subjects who have received the study device.

7.3 Handling of Missing, Incomplete and Repeat Data

The primary analysis on implant survivorship will be based on survival analysis with missing data treated as censored.

7.4 Derived Data

Analysis Populations

- Indicator for inclusion in the SAF population

Demographics

- BMI [kg/m^2] = $weight\ [kg]$ / $(height\ [cm]/100)^2$
- Age
- Gender
- Socio-Demographic variables such as employment, job type, ethnicity

Binary Variable

A binary variable will be defined for whether each patient had reoperation due to meniscal repair failure for all treatment visits. This variable will be used to present the proportion of reoperation due to meniscal repair failure at 12 months, together with a percentage and 95% confidence interval for a single proportion (calculated using the Clopper-Pearson method)

Questionnaire Data

- EQ-5D-5L questionnaire data will be summarised
- IKDC Subjective, KOOS & Lysholm PRO scores will be summarised

- For EQ-5D-5L questionnaire data:

Create flag for the country to be used to derive EQ-5D-5L
The individual dimension responses on a scale of 1-5 will be combined in the order: Mobility, Self-Care, Usual Activities, Pain/ Discomfort, Anxiety/ Depression to form a 5-digit EQ-5D-5L profile in the form XXXXX (where X is 1-5) describing the respondent's health state.

- An EQ-5D-5L index value will be derived per subject by matching the 5-digit profile to the correct country and index value on the vendor supplied "EQ-5D-5L Crosswalk Index Value Calculator" (See 7 from reference list for the calculator)
- Change from baseline (Visit 1) to each post-baseline visit in EQ-5D-5L index value will be derived as:

$\text{Index value}_{\text{visit n}} - \text{Index value}_{\text{visit 1}}$, where n=6 (12 months) and 7 (24 months)

There are five patient-relevant subscales of the KOOS, and each are scored separately:
• Pain (9 items)
• Symptoms (7 items)
• ADL function (17 items)
• Sport and Recreation Function (5 items)
• Quality of Life (4 items)

A Likert scale is used, and all items have five possible answer options scored from 0 (no problems) to 4 (extreme problems). Each of the 5 scores is calculated as the sum of the items included and then each score is transformed to a 0-100 scale, with 0 representing extreme knee problems and 100 representing no knee problems as common in orthopaedic assessment scales and generic measures. An aggregate score is not calculated so that each of the 5 dimensions can be assess separately.

For IKDC subjective:

There are three domains:
1) symptoms, including pain, stiffness, swelling, locking/catching, and giving way (7 items),
2) sports and daily activities (10 items), and

3) current knee function and knee function prior to knee injury (1 item, not included in the score). Responses vary for each item.

The possible score ranges from 0-100, where 100 = no limitation with daily or sporting activities and the absence of symptoms. The normative data for the score are available for the general US population, stratified for age, gender, and current/prior knee problems. See 8 in reference list of this document.

For Lysholm PRO scores:

The scale consists of 8 item and is scaled from 0 to 100, with a higher score indicating fewer symptoms and higher level of functioning. The derived score will simply be a sum of all the items of the scales.

The scores across these questionnaire data will be combined to create a composite score if the sample size is sufficient using a standard PCA (principal component analysis) or will be treated with cluster analysis and MANOVA to examine the differences in multiple dependent variables (the scores) across different groups or conditions.

Radiographic Success at each visit:

- The change in meniscal signal between baseline and 1 and 2 years will be summarized.
- Results of in-office needle endoscopy of healing at the repair site at 6 months will be presented by frequency and percentage.

Adverse Events

The number of subjects reporting: adverse events, serious adverse events, severe adverse events, device-related adverse events, serious device-related adverse events, unanticipated adverse events, and serious unanticipated adverse events will be summarized. In addition, for each adverse event, the following will be summarized: severity, the relationship to the investigational device, outcome and duration of the resolved adverse events and the duration of the adverse events at trial discontinuation.

- For adverse events that have been resolved, duration of adverse event is calculated as end date minus start date.

- Due to system updates, checks need to be performed to ensure the most stringent classification is being reported. When comparing Investigator assessments (classifications as above) with AEMB (Adverse Event Monitoring Board) classifications, the most stringent classification should be reported as follows:

Investigator assessment	Sponsor classification	Most stringent
AE	SAE	SAE
SAE	AE	SAE
AE	ADE	ADE
ADE	AE	ADE
ADE	SADE	SADE
SADE	ADE	SADE
SAE	SADE	SADE
SADE	SAE	SADE
SADE	USADE	USADE

Device deficiencies
The number of device deficiencies and the number of patients reporting a device deficiency will be summarised.

7.5 Baseline Data

Demographics
Patient demographics including age (continuous and age as a frequency/percentage of "<65" and "≥65"), gender, ethnicity, race, weight, height and body mass index (BMI) will be summarised.

Tobacco use will be summarised, including duration for current/former smokers.

Patient's current working / job type / nature of work will be summarised (with dates since last worked provided in the Listings).

Complex tear orientation, hybrid vs non-hybrid approach and types of devices used with NOVOSTITCH PRO will be summarised.

Medical History

Whether a subject had any medical history and/or diseases or past surgery will be summarised along (Yes/No) along with average number of medical terms per subject (full details to be provided in listings).

Operative Evaluation

Operative factors will be summarised, not limited to rating of subject's symptoms, tear pattern, whether subject met all arthoscopy eligibility requirements.

Device name and details to be included in listing.

Details of surgery procedure will be summarised.

Details of pathology will be summarised.

Details of post-operative plan will be summarised.

7.6 Disposition Data

The number of patients will be summarised.

The number of subjects that enter the study, and the number of subjects with follow up information will be provided by visit:

- Theoretically due: number enrolled and implanted with study device
- Deaths: cumulative number of subjects that died prior to the study visit

- Revisions / failures: cumulative number of subjects that revised/failed prior to the study visit
- Cumulative terminations: terminated from study other than from revision or death
- Expected = theoretical due – cumulative (deaths + revisions + termination)
- Actual = actual number of subjects at follow up visit
- Follow up = actual / expected x 100.

The number of patients that have discontinued treatment and reasons for withdrawal will be summarised.

Details of the dates that the first patient was screened, first patient enrolled, and the last patient completed will be provided.

7.7 Protocol Deviations

The frequency of protocol deviations along with the number of patients experiencing each will be summarised.

7.8 Multiplicity

No adjustments for multiplicity are planned for this study.

7.9 Analysis of Primary Endpoint(s)

The original hypotheses to be tested to establish that the rate of reoperation at 12 months of the NOVOSTITCH PRO is strictly no worse (lower) than the literature derived value was framed as:

Hypothesis Testing

$H0: \mu - \mu0 \leq 0$

$Ha: \mu - \mu0 > 0$

In the stated hypothesis, μ represents the rate of reoperation for the NOVOSTITCH PRO and $\mu0$ represents the literature derived value (80%).

A one-sided t-test with alpha = 0.025 would have been used to evaluate the hypothesis and the corresponding 95% CIs would also be presented.

However, due to early study termination and anticipated n=29 at 12-month visit (enrolment was n=70) then statistical testing will not be conducted and re-operation rate will be presented with a 95% confidence interval only.

7.10 Analysis of Secondary Endpoint(s)

- Rate of reoperation due to meniscal repair failure at 6- and 24-months post-operative will be summarized using frequency and percentage. A 95% exact confidence interval for the percentage will also be presented using the Clopper-Pearson method.
  Any re-operation details will be provided in a listing.

Table: Summary of Reoperation Due to Meniscal Repair Failure			
Time Post-Operative	**Reoperation Frequency**	**Reoperation Percentage**	**95% Exact Confidence Interval (Clopper-Pearson Method)**
6 Months	[Insert Frequency]	[Insert Percentage]	[Insert CI Range]
24 Months	[Insert Frequency]	[Insert Percentage]	[Insert CI Range]

  Listing: Details of Any Reoperations
  Patient ID: [Insert Patient ID]
  Date of Reoperation: [Insert Date]
  Reason for Reoperation: [Insert Reason]
  Procedure Details: [Insert Details]
  This table allows you to summarize the rate of reoperation due to meniscal repair failure at both 6- and 24-month intervals. The confidence intervals give additional statistical insight, and any specific details about reoperations can be listed separately.

- Analysis of MRI of structural integrity of meniscus at baseline, 12 months and 24 months will be conducted separately by an imaging vendor. The absolute values at each assessment and change in meniscal signal between baseline and 1 and 2 years will be summarized.

Table: Summary of MRI Structural Integrity of Meniscus		
Time Point	**Absolute Value of Meniscal Signal**	**Change from Baseline**
Baseline	[Insert Value]	N/A
12 Months	[Insert Value]	[Insert Change]
24 Months	[Insert Value]	[Insert Change]

Listing: Details of MRI Analysis by Imaging Vendor
Patient ID: [Insert Patient ID]
Baseline MRI Assessment:
Date: [Insert Date]
Meniscal Signal Value: [Insert Value]
12-Month MRI Assessment:
Date: [Insert Date]
Meniscal Signal Value: [Insert Value]
Change from Baseline: [Insert Change]
24-Month MRI Assessment:
Date: [Insert Date]
Meniscal Signal Value: [Insert Value]
Change from Baseline: [Insert Change]
Comments: [Insert Comments]

This format allows you to summarize the absolute values of meniscal signal at each time point and the changes from baseline over the 12- and 24-month periods. The listing provides a detailed breakdown for each patient.

- Analysis of radiographs to evaluate tibiofemoral joint space narrowing (JSN) at baseline and 24 months will be conducted separately by an imaging vendor. The absolute values at each assessment and change in cartilage signal and joint space narrowing as indicators of osteoarthritis on X-rays taken baseline vs at 2 years will be summarized.

Table: Summary of Tibiofemoral Joint Space Narrowing (JSN) on Radiographs			
Time Point	**Absolute Value of JSN**	**Change in Cartilage Signal**	**Change in JSN**
Baseline	[Insert JSN Value]	N/A	N/A
24 Months	[Insert JSN Value]	[Insert Change]	[Insert Change]

Listing: Details of Radiograph Analysis by Imaging Vendor
Patient ID: [Insert Patient ID]
Baseline Radiograph Assessment:
Date: [Insert Date]
JSN Value: [Insert Value]
Cartilage Signal: [Insert Cartilage Signal]
4-Month Radiograph Assessment:
Date: [Insert Date]
JSN Value: [Insert Value]
Change in Cartilage Signal: [Insert Change]
Change in JSN: [Insert Change]
Comments: [Insert Comments]

This format allows you to summarize the absolute values of joint space narrowing (JSN) and changes in cartilage signal as indicators of osteoarthritis over the 24-month period. The listing provides detailed information for each patient's radiograph analysis.

- Results of in-office needle endoscopy of healing at the repair site at 6 months will be presented by frequency and percentage.

Table: Summary of In-Office Needle Endoscopy Results at 6 Months

Healing Outcome	Frequency	Percentage
Fully Healed	[Insert Value]	[Insert Value]
Partially Healed	[Insert Value]	[Insert Value]
Not Healed	[Insert Value]	[Insert Value]
Total	[Total Count]	100%

Listing: Details of In-Office Needle Endoscopy at 6 Months
Patient ID: [Insert Patient ID]
Endoscopy Date: [Insert Date]
Healing Outcome: [Fully Healed / Partially Healed / Not Healed]
Comments: [Insert Comments]

- This format provides a clear summary of the healing outcomes at 6 months post-repair, including both frequency and percentage. The listing gives detailed information for each patient's endoscopy result.IKDC Subjective, KOOS & Lysholm PRO scores will be calculated and summarized for each visit appropriately for categorical or continuous variables. Change from baseline score to each post-operative visit (6, 12 and 24 months) score will be presented. For Lysholm and IKDC Subjective, the numbers and proportions of subjects, together with a 95% confidence interval (calculated using the Clopper-Pearson Exact method)36, meeting the minimal clinically important differences (MCID) from baseline to appropriate post operative visit (those which have MCID thresholds available in published literature) will be presented.

Table: Summary of IKDC Subjective, KOOS, & Lysholm PRO Scores and Change from Baseline

Visit	PRO Score	Mean (± SD)	Change from Baseline	Median (IQR)	Change from Baseline
Baseline	IKDC Subjective	[Insert Value]	N/A	[Insert Value]	N/A
6 Months	IKDC Subjective	[Insert Value]	[Insert Change]	[Insert Value]	[Insert Change]
12 Months	IKDC Subjective	[Insert Value]	[Insert Change]	[Insert Value]	[Insert Change]
24 Months	IKDC Subjective	[Insert Value]	[Insert Change]	[Insert Value]	[Insert Change]
Baseline	KOOS	[Insert Value]	N/A	[Insert Value]	N/A
6 Months	KOOS	[Insert Value]	[Insert Change]	[Insert Value]	[Insert Change]
12 Months	KOOS	[Insert Value]	[Insert Change]	[Insert Value]	[Insert Change]
24 Months	KOOS	[Insert Value]	[Insert Change]	[Insert Value]	[Insert Change]
Baseline	Lysholm	[Insert Value]	N/A	[Insert Value]	N/A
6 Months	Lysholm	[Insert Value]	[Insert Change]	[Insert Value]	[Insert Change]

12 Months	Lysholm	[Insert Value]	[Insert Change]	[Insert Value]	[Insert Change]
24 Months	Lysholm	[Insert Value]	[Insert Change]	[Insert Value]	[Insert Change]

Table: MCID and 95% CI for Change from Baseline at 12 Months

Visit	PRO Score	MCID Achieved (%)	95% CI (Clopper-Pearson) for Change from Baseline
12 Months	IKDC Subjective	[Insert Value]	[Insert CI Range]
12 Months	KOOS	[Insert Value]	N/A
12 Months	Lysholm	[Insert Value]	[Insert CI Range]

Listing: Details of Subjects Meeting Minimal Clinically Important Differences (MCID)
Patient ID: [Insert Patient ID]
PRO Score: [IKDC Subjective / KOOS / Lysholm]
Baseline Score: [Insert Baseline Score]
Post-Operative Visit: [6 / 12 / 24 Months]
Post-Operative Score: [Insert Post-Operative Score]
Change from Baseline: [Insert Change]
Comments: [Insert Comments]

This tabular format together with listing makes it clear that the table is summarizing the PRO (Patient-Reported Outcome) scores for the IKDC Subjective, KOOS, and Lysholm metrics.

- Minimal clinically important difference (MCID) was established for IKDC and Lysholm as 16.7 and 10.1, respectively, at 1 year.

Table: Minimal Clinically Important Difference (MCID) for IKDC and Lysholm at 1 Year					
PRO Score	**MCID Value**	**Subjects Meeting MCID**	**Total Subjects**	**Percentage Meeting MCID**	**95% CI (Clopper-Pearson)**
IKDC (1 Year)	16.7	[Insert Value]	[Insert Value]	[Insert Value]	[Insert CI Range]
Lysholm (1 Year)	10.1	[Insert Value]	[Insert Value]	[Insert Value]	[Insert CI Range]

Listing: Details of Subjects Meeting MCID for IKDC and Lysholm at 1 Year
Patient ID: [Insert Patient ID]
PRO Score Type: [IKDC / Lysholm]
Baseline Score: [Insert Baseline Score]
1-Year Score: [Insert 1-Year Score]
Change from Baseline: [Insert Change]
MCID Threshold: [16.7 for IKDC / 10.1 for Lysholm]
MCID Achieved: [Yes / No]
Comments: [Insert Comments]

This table provides a summary of the MCID values for IKDC and Lysholm at 1 year, along with the number and percentage of subjects who met the MCID thresholds. The listing offers detailed information on individual subjects who achieved these minimal clinically important differences.

- Patient Satisfaction and EQ-5D-5L results will be summarized for each visit appropriately for categorical or continuous variables. Any open-ended questions will be presented as a listing.

Table: Summary of Patient Satisfaction and EQ-5D-5L Results					
Visit	**Measure**	**Mean (± SD)**	**Median (IQR)**	**Categorical Distribution**	**Change from Baseline**
Baseline	Patient Satisfaction	[Insert Value]	[Insert Value]	[Insert Distribution]	N/A
6 Months	Patient Satisfaction	[Insert Value]	[Insert Value]	[Insert Distribution]	[Insert Change]
12 Months	Patient Satisfaction	[Insert Value]	[Insert Value]	[Insert Distribution]	[Insert Change]

24 Months	Patient Satisfaction	[Insert Value]	[Insert Value]	[Insert Distribution]	[Insert Change]
Baseline	EQ-5D-5L (Index Value)	[Insert Value]	[Insert Value]	[Insert Distribution]	N/A
6 Months	EQ-5D-5L (Index Value)	[Insert Value]	[Insert Value]	[Insert Distribution]	[Insert Change]
12 Months	EQ-5D-5L (Index Value)	[Insert Value]	[Insert Value]	[Insert Distribution]	[Insert Change]
24 Months	EQ-5D-5L (Index Value)	[Insert Value]	[Insert Value]	[Insert Distribution]	[Insert Change]

Listing: Open-Ended Patient Satisfaction Responses
Patient ID: [Insert Patient ID]
Visit: [6 / 12 / 24 Months]
Open-Ended Response: [Insert Response]
Comments: [Insert Comments]
Listing: EQ-5D-5L Dimension Scores
Patient ID: [Insert Patient ID]
Visit: [6 / 12 / 24 Months]
Mobility: [Insert Score]
Self-Care: [Insert Score]
Usual Activities: [Insert Score]
Pain/Discomfort: [Insert Score]
Anxiety/Depression: [Insert Score]
Comments: [Insert Comments]

This format provides a comprehensive summary of Patient Satisfaction and EQ-5D-5L results at various visits, with appropriate distinctions between continuous and categorical variables. The table summarizes the key results, and the listings capture the details of open-ended responses and dimension-specific scores for the EQ-5D-5L.

- Variables of interest are age, complex tear orientation, hybrid vs non-hybrid approach, types of devices used with NOVOSTITCH PRO and other patient demographics.

Table: Summary of Variables of Interest

Variable	Category	Summary Statistic
Age	Continuous	Mean (± SD) and Median (IQR)
Complex Tear Orientation	Categorical	Frequency (%)

Hybrid vs. Non-Hybrid Approach	Categorical	Frequency (%)
Types of Devices Used with NOVOSTITCH PRO	Categorical	Frequency (%)
Other Patient Demographics	Categorical/Continuous	Mean (± SD) and Median (IQR) for continuous; Frequency (%) for categorical

Listing: Detailed Breakdown of Variables of Interest
Patient ID: [Insert Patient ID]
Age: [Insert Age]
Complex Tear Orientation: [Horizontal / Vertical / Radial / Other]
Approach: [Hybrid / Non-Hybrid]
Devices Used with NOVOSTITCH PRO: [Insert Device Types]
Other Demographics:
Gender: [Insert Gender]
BMI: [Insert BMI]
Activity Level: [Insert Activity Level]
Comorbidities: [Insert Comorbidities]
Comments: [Insert Comments]

This format allows for a structured summary of key variables of interest, including both continuous and categorical data. The table offers a summary of each variable, while the listing provides detailed information for each patient, which can include specific demographics and clinical details.

- Rate of reoperation, PRO scores and healing status will be presented by tear type (complex and HCTs).

Table: Summary of Reoperation Rate, PRO Scores, and Healing Status by Tear Type			
Tear Group	**Horizontal Cleavage Meniscal Tears (HCT)**	**Complex Meniscal Tears**	**Overall**
Rate of Reoperation			

- Yes	[Insert Frequency (%)]	[Insert Frequency (%)]	[Insert Frequency (%)]
- No	[Insert Frequency (%)]	[Insert Frequency (%)]	[Insert Frequency (%)]
PRO Scores			
- IKDC Subjective Score	[Insert Mean (± SD)]	[Insert Mean (± SD)]	[Insert Mean (± SD)]
- Lysholm Score	[Insert Mean (± SD)]	[Insert Mean (± SD)]	[Insert Mean (± SD)]
- KOOS Score	[Insert Mean (± SD)]	[Insert Mean (± SD)]	[Insert Mean (± SD)]
Healing Status			
- Fully Healed	[Insert Frequency (%)]	[Insert Frequency (%)]	[Insert Frequency (%)]
- Partially Healed	[Insert Frequency (%)]	[Insert Frequency (%)]	[Insert Frequency (%)]
- Not Healed	[Insert Frequency (%)]	[Insert Frequency (%)]	[Insert Frequency (%)]

Listing: Detailed Breakdown of Reoperation, PRO Scores, and Healing Status by Tear Type
Rate of Reoperation
Patient ID: [Insert Patient ID]
    Tear Type: [Horizontal Cleavage Meniscal Tear (HCT) / Complex Meniscal Tear]
    Reoperation: [Yes / No]
    Date of Reoperation: [Insert Date if applicable]
    Reason for Reoperation: [Insert Reason if applicable]
PRO Scores
Patient ID: [Insert Patient ID]
    Tear Type: [Horizontal Cleavage Meniscal Tear (HCT) / Complex Meniscal Tear]
    Visit: [Baseline / 6 Months / 12 Months / 24 Months]
    IKDC Subjective Score: [Insert Score]
    Lysholm Score: [Insert Score]
    KOOS Score: [Insert Score]
Healing Status
Patient ID: [Insert Patient ID]
Tear Type: [Horizontal Cleavage Meniscal Tear (HCT) / Complex Meniscal Tear]
    Visit: [6 Months / 12 Months / 24 Months]
    Healing Status: [Fully Healed / Partially Healed / Not Healed]
    Details: [Insert Additional Details or Comments on Healing Status]

The table provides a high-level summary and comparison across different tear types, while the listing offers detailed, individual-level data for each patient. This combination allows for a comprehensive view, making it easier to analyze trends, perform deeper investigations, and provide specific patient information when needed.

- The number and proportion of subjects experiencing device deficiencies where NOVOCUT Suture Manager has been used alongside the NOVOSTITCH PRO with a 95% confidence interval (calculated using the Clopper-Pearson Exact method)

Table: Summary of Device Deficiencies with NOVOCUT Suture Manager and NOVOSTITCH PRO			
Device Deficiency	**Frequency**	**Proportion**	**95% Confidence Interval (Clopper-Pearson Exact)**
Deficiency Present	[Insert Number]	[Insert Proportion]	[Insert CI Range]
No Deficiency	[Insert Number]	[Insert Proportion]	[Insert CI Range]
Total	[Insert Total Number]	100%	

Listing: Detailed Breakdown of Device Deficiencies
Patient ID: [Insert Patient ID]
Device Used: NOVOCUT Suture Manager + NOVOSTITCH PRO
Device Deficiency: [Yes / No]
Details of Deficiency (if applicable): [Insert Details]
Date of Occurrence: [Insert Date]
Comments: [Insert Comments]

The table summarizes the number and proportion of subjects experiencing device deficiencies, including a 95% confidence interval calculated using the Clopper-Pearson Exact method. The listing provides detailed information on each patient's experience with device deficiencies, offering insights into specific cases and any additional comments. This approach ensures both a high-level overview and detailed patient-specific data are available for review.

7.11 Analysis of Safety Endpoint(s)

All safety analyses and summaries will be conducted using the Full Analysis Set (FAS) population.

Adverse Events

Adverse event table summaries will be provided using the most stringent classification from Investigator and Adverse Event Monitoring Board (AEMB). Both Investigator and AEMB classifications will be provided alongside the most stringent classification in the Listings.

The number of events and the number of patients reporting: adverse events (AE), serious adverse events (SAE), adverse device effects (ADE), serious adverse device effects (SADE) and unanticipated serious adverse device effects (USADE) will be summarised.

In addition, AEs will be summarised by: severity; the relationship to the study device, relationship to study procedure; outcome and duration of adverse events at trial discontinuation.

Device Deficiencies

The number of device deficiencies, and the number with potential to cause an SAE will be summarised.

7.12 Other Data Summaries

Rating of subject symptoms will be summarised by visit.

7.13 Changes in Analysis Methods Specified in the Protocol

The 'Full Analysis Set' and 'Per-Protocol-Population' (Protocol 10.2) are removed due to early study termination.

8 REFERENCES

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