PAREXEL

Valeant Pharmaceuticals North America

VRX-RET-E22-304

A multicenter, open-label, long-term, safety, tolerability and efficacy study of retigabine in adult epilepsy patients with partial-onset seizures (Extension of Study VRX-RET-E22-302)

Statistical Analysis Plan

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LIST OF ABBREVIATIONS

AE	Adverse event
AED	Antiepileptic drug
ALT	Alanine transaminase (SGPT)
AST	Aspartate transaminase (SGOT)
AUA	American Urological Association
BMI	Body mass index
BP	Blood pressure
BUN	Blood urea nitrogen
CRA	Clinical monitor
CRF	Case Report Form
ECG	Electrocardiogram
ICH	International Conference of Harmonization
MedDRA®	Medical Dictionary for Regulatory Activities
ODS	Output Delivery System
OLE	Open-label extension
PVR	Post-void Residual
QTc	QT correction
RBC	Red blood cell
SAE	Serious adverse event
SAP	Statistical analysis plan
SAS®	Statistical Analysis Software
SD	Standard deviation
TEAE	Treatment-emergent adverse event
TID	Three time a day
WBC	White blood cell
WHO	World Health Organization

1 INTRODUCTION

Epilepsy is among the most common neurological disorders, affecting approximately 50 million people worldwide. Classical antiepileptic drugs (AEDs) currently provide satisfactory seizure control in approximately 70% of patients; however, the remaining 30% of epilepsy patients are refractory to treatment. The partial onset seizure is the most common type of seizure that is uncontrolled in adult patients. The introduction of new AEDs (e.g., vigabatrin, lamotrigine, gabapentin, topiramate, levetiracetam, oxcarbazepine, zonisamide, and felbamate) during the last decade has increased therapeutic possibilities. However, data from recent clinical trials demonstrate that none of the newer AEDs provides adequate seizure control in all patients. The treatment of patients that do not respond to current AEDs remains a problem and motivates the continued search for compounds with high antiepileptic potential and low rates of side effects.

Retigabine (GKE-841 or D-23129), N-[2-amino-4(4-fluorobenzylamino)-phenyl] carbamic acid ethyl ester, is a new chemical entity discovered by ASTA Medica, Germany, and was acquired by Valeant Research & Development (Valeant) for development as an AED for the treatment of partial onset seizures. It is a deaza analog of flupirtine, currently marketed in some regions as a centrally acting analgesic with ancillary muscle relaxing properties.

Two Phase 3 studies (VRX-RET-E22-301 and VRX-RET-E22-302) to compare the efficacy and safety of retigabine (600 mg/day, 900 mg/day, or 1200 mg/day) to placebo as an adjunctive therapy in refractory patients with partial-onset seizures are currently being conducted. These studies are randomized, double-blind, placebo-controlled, multi-center, parallel-group trials enrolling a total of approximately 790 patients, globally. Because of the serious nature of epilepsy, the retigabine clinical program had foreseen that all patients who enter and complete a Phase 3 study with retigabine will be given the opportunity to continue treatment, if they consent and if the Principal Investigator feels they can benefit from continued retigabine treatment. Hence, an open-label extension protocol was designed for each double-blind study.

This study is the open-label extension of the Phase 3 Study VRX-RET-E22-302. VRX-RETE22-302 is a randomized, double-blind, placebo-controlled, parallel-group, multicenter, study of 900 mg/day and 600mg/day retigabine versus placebo. During the 4-week titration phase patients are titrated to the target dose. 510 patients are expected to be randomized to treatment. A 12-week maintenance phase follows. All patients who wish to enter the open-label extension protocol will enter a 4-week transition phase in which their dose will be titrated to 300 mg TID in order to maintain the blind to the maximum extent. Thereafter, the patients could enter this extension study (Study VRX-RET-E22-304). Patients who do not wish to enter the open-label extension protocol will have their dose tapered over a 3-week period.

This Statistical Analysis Plan (SAP) was created according to Protocol VRX-RET-E22-304, Amendment 1 (July 2, 2007).

2 STUDY OBJECTIVES

Primary Objective

To evaluate the safety and tolerability of long-term therapy with retigabine administered as adjunctive therapy in adult epilepsy patients with partial-onset seizures, who completed the double-blind Study VRX-RET-E22-302.

Secondary Objective

To evaluate efficacy of long-term treatment with retigabine and patient quality of life, evaluated through the QOLIE-31-P questionnaire.

3 INVESTIGATIONAL PLAN

3.1 Overall Study Design and Plan

This is an open-label extension study of the placebo controlled, double-blind Study VRXRET-E22-302. Patients will be treated with 600 - 1200 mg/day of retigabine as an adjunct therapy to their current antiepileptic medications (AEDs) or vagal nerve stimulation as established in Study VRX-RET-E22-302. Following completion of the Transition Phase of the double-blind study (Study VRX-RET-E22-302), treatment in this open-label extension study will be continued until retigabine is approved and commercially available, or until the program is discontinued, followed by a 3-week tapering period and a 30 day post-study period for collection of adverse events.

3.2 Efficacy and Safety Variables

A study flow chart summarizing all study procedures can be found in Table 1.

3.2.1 Efficacy Assessments

Patients will keep a seizure diary throughout the study. The anticonvulsant efficacy of retigabine will be evaluated by comparison of baseline seizure frequency (obtained during the 8-week baseline period of Study VRX-RET-E22-302) with seizure frequency obtained during retigabine therapy in this open-label extension study (VRX-RET-E22-304). The primary efficacy variable is the percentage change in the monthly seizure rate from the baseline phase to the open-label treatment phase. The proportion of responders (patients experiencing ≥ 50% reduction in seizure frequency) from baseline to the open-label treatment phase will be evaluated.

Table 1: Study Flow Chart

Study Procedures	Baseline[1]	Open-Label Extension-First Year[2,3]									Open-Label Extension-Second Year and Onward[2,3]					
Visit	0	1	1a[9]	2	2a[9]	3	3a[9]	4	4a[9]	5[4]	6	7	8[4]	9	10	11[4]
Month in Study	0	1	2	3	4	6	8	9	10	12	16	20	24	28	32	36
Eligibility /ICF	X															
Physical & Neuro Exam	X									X			X			X
Brief Neuro Exam		X		X		X		X			X	X		X	X	
Vital Signs (BP,HR,&Temp) &Wt[5]	X	X		X		X		X		X	X	X	X	X	X	X
12 Lead ECG	X	X		X		X		X		X			X			X
Blood Chem and Hematology	X	X		X		X		X		X	X	X	X	X	X	X
Hematological Evaluation			X		X		X		X							
Urinalysis (including Microscopy)	X	X		X		X		X		X	X	X	X	X	X	X
AUA Symptom Index[7]	X	X		X						X						
PVR Bladder Ultrasound	X	X		X						X						
Serum Preg Test[6]	X									X			X			X
Urine Preg Test[6]	X															
Seizure Diary Review	X	X		X		X		X		X	X	X	X	X	X	X
AE Evaluation	X	X		X		X		X		X	X	X	X	X	X	X
Concomitant Medication	X	X		X		X		X		X	X	X	X	X	X	X
QOLIE-31-P Qx	X			X		X		X		X			X			X
Dispense OLE Study Meds[8]	X	X		X		X		X		X	X	X	X	X	X	X
Collected Returned OLE Study Meds		X		X		X		X		X	X	X	X	X	X	X

Table 1: Study Flow Chart (continued)

1. Baseline for the open-label extension study corresponds to the assessments performed at the last visit of the Maintenance phase (Visit 9) of Study VRX-RET-E22-302 for all patients. The final, baseline eligibility assessment for the open-label extension study, including obtaining informed consent and dispensing open-label study medication will be performed at the last visit of the Transition phase (Visit 11) of Study VRX-RET-E22-302.
2. Study Visit 1 will have a window range of ±3 days. After Study Visit 1, all remaining study visits will have a window range of 7 days around that visit day to accommodate individual schedules. Each study month will be defined as 30 calendar days. If a patient visit occurs outside the visit window, the study clinical monitor (CRA) should be notified and the reason for the deviation noted. An attempt should be made to ensure that the patient returns for subsequent visits on schedule using the last visit of the Transition phase (Visit 11) of Study VRX-RET-E22-302, which corresponds to the final, Baseline eligibility visit for the open-label extension study.
3. This open-label extension study will be continued until retigabine is approved and commercially available, or until the program s discontinued, followed by a 3-week tapering period and a 30 day post-study period for collection of adverse events. After the first year, the study visits will occur every 4 months (3 visits per year). After the first year, the assessments for the first 2 study visits of each year (e.g. Visits 6, 7, 9 and 10) will be identical, and the assessments for the last study visit of each year (e.g. Visits 8 and 11) will be identical.
4. All patients who discontinue early from study treatment during the open-label extension study will have their study medication tapered over a 3-week period, reducing their daily dose by one third per week, and then return for a final visit. Patients who discontinue early during the first year of the open-label extension study will complete all assessments and evaluations scheduled for Study Visit 5. Patients who discontinue early during the second year of the open-label extension study will complete all assessments and evaluations scheduled for Study Visit 8. Patients who discontinue early during the third year of the open-label extension study will complete all assessments and evaluations scheduled for Study Visit 11. Also, all adverse events should be followed and collected up to until 30 days after administration of the last dose of study drug (end of study drug taper-off).
5. Supine and standing blood pressure, heart rate.
6. In addition to the scheduled pregnancy tests, a pregnancy test should be performed during the study whenever a woman's menstrual period is 5 days late.
7. The AUA Symptom Index and the PVR bladder ultrasound will only be performed during the first year of the open-label extension study (Visits 1, 2, and 5).
8. Dispensation of study medication is not applicable at the final study visit, if a patient has discontinued early or completed the open-label extension study.
9. Study visits added per FDA comments that the open label extension trial should include more frequent hematological monitoring. These are now in-line with the hematological monitoring frequencies per the VRX-RET-E22-302, double-blind trial.

3.2.2 Safety Assessments

Safety assessments will be evaluated, based on reports of AEs and results of vital signs (supine and standing blood pressure, pulse, and temperature), weight, clinical laboratory evaluations (blood chemistries, hematology and urinalysis including microscopy), a 12-lead ECG, and physical and neurological examinations. Post-void residual (PVR) bladder ultrasounds to assess urinary retention and the American Urological Association (AUA) Symptom Index to assess urinary voiding function will also be performed during the first year of the open-label extension study.

3.2.3 Quality of Life Assessments

The QOLIE-31-P (Version 2.0) will be utilized to assess quality of life. The QOLIE-31-P assessment must be completed by the patients. Patients who are cognitively impaired and cannot complete the QOLIE-31-P assessment may still participate in the study, by obtaining a waiver for QOLIE-31-P completion from the study medical monitor.

4 STATISTICAL METHODS

4.1 Study Patients

4.1.1 Disposition of Patients

Patients are free to discontinue their participation in the study at any time and without prejudice to further treatment at their local site. The Investigator must withdraw any patient from the study if that patient requests to be withdrawn. Patients withdrawn from the study will not be replaced, regardless of the reason for withdrawal. The patient's participation in this study may be discontinued due to the following reasons:

- Patient experiences an intolerable AE.
- Investigator decides patient has an "unsatisfactory response – efficacy."
- Patient becomes pregnant.
- Patient is unwilling or unable to continue the study.
- Patient is non-compliant with study procedures.
- Patient needs medication not allowed in the protocol.
- Any clinically significant change in patient's medical condition.
- Persistent ALT or aspartate aminotransferase (AST) above 3 times the ULN; will be confirmed by repeating laboratory assessment within 1 week.
- ALT or AST levels are above 5 times the ULN at any time during the study.
- Confirmed QTc prolongation defined as QTc (Bazett's) >500 msec or an increase in QTc (Bazett's) of >60 msec from baseline.

- Investigator decides that withdrawal from the study is in the best interest of the patient.
- Request of the Sponsor.
- Hematological reasons or infections – for all such patients, the investigator shall report these in an expedited manner, whether or not they are considered serious or unexpected.

A summary of the number and percentage of discontinuations by primary reason will be provided together with descriptive statistics for the time until treatment discontinuation (days).

A by-patient listing of patient withdrawal/study completion details will also be provided.

4.1.2 Analysis Populations

The Safety Population is defined as all patients who successfully completed the transition phase of Study VRX-RET-E22-302 and were enrolled into the long-term study VRX-RET-E22-304. The Transition phase is the phase of Study VRX-RET-E22-302 during which patients were adjusted to a 300 mg TID dose.

There will be no other population for this study.

4.2 Demographic and Other Baseline Characteristics

Demographic and baseline characteristics were not collected as part of the VRX-RET-E22-304 case report form (CRF). For the following summaries of demographic and other baseline characteristics, unless otherwise noted, the last recorded value prior to commencement of study treatment in the VRX-RET-E22-302 study will be used as baseline.

A summary of the following demographic variables will be presented at baseline:

- age
- sex
- race
- weight
- height
- body mass index (BMI)
- duration of partial and generalized seizures, separately
- type of onset of partial and generalized seizures, separately

- Baseline seizure type cohorts
- number of background AEDs
- number of patients using Vagal Nerve Stimulators
- CGI severity baseline scores

A patient's age in years will be calculated as the number of completed years between the date of the informed consent for the VRX-RET-E22-302 study and date of birth (i.e. date of informed consent minus date of birth divided by 365.25). Age, weight and BMI will be summarized using continuous descriptive statistics. The number and percentage of patients in each sex category (male and female), and each race category (Caucasian, African-American, Hispanic, Asian and Other), will be reported using categorical descriptive statistics.

Duration of partial and generalized epilepsy is defined as the difference between Year of Onset recorded in Epilepsy History and year of Visit 1 (screening) for the VRX-RET-E22-302 study. The duration of partial epilepsy will be summarized using continuous descriptive statistics.

By-patient listings of all demographic data and baseline characteristics will also be provided.

4.3 General Considerations

Study day is defined as the number of days relative to Day 0 (i.e., the start of study treatment in the double-blind study VRX-RET-E22-302), computed as (the date – Day 0 date+1).

Continuous data that are assumed to be normally distributed will be summarized in terms of the mean, standard deviation (SD), median, minimum, maximum and number of observations. Continuous data that are expected to be skewed will be presented in terms of the maximum, upper quartile, median, lower quartile, minimum and number of observations. The minimum and maximum will be reported to the same number of decimal places as the raw data recorded in the database. The mean, SD, median, lower quartile and upper quartile will be reported to one more decimal place than the raw data recorded in the database. In general, the maximum number of decimal places reported shall be four for any summary statistic.

Categorical data will be summarized in terms of the number of patients providing data at the relevant time point (n), frequency counts and percentages. Percentages will be presented to one decimal place. Percentages will not be presented for zero counts. Percentages will be calculated using n as the denominator.

4.4 Efficacy Evaluation

"Monthly total partial seizure" as well as "monthly total seizure" rates will be calculated for the entire open-label part of Study VRX-RET-E22-304 and statistically described. "Monthly total partial seizure" rate is defined as the sum of total partial seizures throughout the open-label portion (of Study VRX-RET-E22-304), divided by open-label duration in days, standardized by 28 days (1 month). "Monthly total seizure" rate is defined as the sum of partial and generalized (or unclassified) seizures throughout the open-label duration in days, standardized by 28 days (1 month).

Monthly total partial seizure rates observed during the open-label extension period will be compared to the monthly total seizure rates observed during the Baseline phase of the double-blind study VRX-RET-E22-302. The baseline monthly total seizure rates will only be derived for patients who enter this open-label extension and have a monthly total partial seizure rate during the open-label extension period. The percent change in monthly total partial seizure rates from the Baseline phase will be classified into <0, [0, 25), [25, 50), [50, 75), [75, 100] with a description of the frequencies. The responder rate during the open-label study (defined as a reduction in seizure frequency ≥50%) will also be summarized using descriptive statistics.

The monthly total partial seizure rates compared to the baseline monthly total partial seizure rate will be presented cumulatively for each timepoint (months 1, 3, 6, 9, 12, 16, 20, 24, 28, 32 and 36) during the open label extension period and separately for eleven cohorts of patients treated with retigabine for at least 1, 3, 6, 9, 12, 16, 20, 24, 28, 32 and 36 months. In each cohort, patients will be followed for entire indicated duration of treatment. For example, patients in the 36-month cohort will also be part of the shorter-duration cohorts.

A similar analysis will be repeated for the responder rate during the open-label study.

A plot of the median percent reduction from baseline in seizure frequency over time by duration of treatment will also be produced.

The number of seizure free days, in percent to the individual duration of the open-label treatment, will be calculated and summarized using descriptive statistics. "Percent seizure free days" is defined as the number of days without any seizures (partial or generalized) divided by open-label duration in days, in percent. This percentage will be classified into [0, 25), [25, 50), [50, 75), [75, 95), [95,100), [=100] and described statistically. The most upper class represents completely seizure free patients, the next class almost seizure free patients.

Additionally, the proportion of subjects who become seizure free for 6 and 12 month rolling intervals will also be determined. That is, a subject who becomes seizure free for any 6 month period of time will qualify for the 6 month metric. A subject who becomes seizure free for any 12 month period of time will qualify for both the 6 month and 12 month metric.

4.5 Safety Evaluation

4.5.1 Extent of Exposure

Exposure Daily Dose is defined as the mean value of daily dosages of study drug, that is total dosage taken by a patient divided by number of days the patient participated in the study. The total dosage is defined as sum of the recorded doses in the Study Medication and Dose Change Log for each visit. The number of days patient participated in this study is defined as the period from the first dose date (Day 0) to the last recorded dose date. Descriptive statistics of the exposure daily dose of this study will be presented.

Extent of exposure is defined as the total number of days a patient is exposed to study drug. In calculation, the extent of exposure equals the total number of days from the first dose date (Day 0) to the last recorded dose date. If a patient is lost to follow-up, but the drug accountability log confirms that the patient has taken study drug, the last visit date of the treatment period will be used for calculation of extent of exposure. For better description, extent of exposure (in weeks) will also be categorized (≤ 1, (1-3], (3-6], (6-9], (9-12], (12-16], (16-20], (20-24], (24-28], (28-32], (32-36], >36). Descriptive statistics for extent of exposure categorized by weeks will additionally be presented.

A by-patient listing of detailed exposure daily dose, dose modifications and extent of exposure to study drug will be provided. Any extreme values for both the exposure daily dose and the extent of exposure to study medications will be reported in the listings, in case that happens.

4.5.2 Adverse Events

Adverse events (AEs) are monitored from the start of this extension study (informed consent provided by patient at the Baseline visit) until 30 days after administration of the last dose of study drug (end of study drug taper-off).

The AEs will be coded using the most recent Medical Dictionary for Regulatory Activities (MedDRA), Version 9.1. The number and percentage of patients experiencing at least one adverse event will be summarized overall and by body system and preferred term. In any given body system or preferred term patients will only be counted once. Adverse events will further be categorized and summarized by severity and study drug relationship. If the same event for a patient has two different severities, the worst will be taken.

Abnormal laboratory values do not themselves represent adverse events unless they:

- are indicative of a disease or defect, e.g. reduced hematocrit resulting in anemia;

- necessitate intervention, e.g., administration of packed red blood cells or other therapies; and
- result in dose reduction or permanent discontinuation of the drug product.

Worsening of seizure frequency will not be considered an AE but will be captured in the efficacy analysis. Those patients who discontinue their treatment prematurely either during the double-blind period or choose not to enter the open-label extension study should be tapered off their study treatment gradually and will be closely monitored by scheduled clinic visits for worsening of their seizure frequency during this period.

Adverse events will be graded for intensity. An intensity category of mild, moderate, or severe, is defined as

Mild	Causing no limitation of usual activities; the patient may experience slight discomfort
Moderate	Causing some limitation of usual activities; the patient may experience annoying discomfort
Severe	Causing inability to carry out usual activities; the patient may experience intolerable discomfort or pain.

Adverse events will also be graded, by the investigator, for relationship of the AE to study drug. A relationship to study drug category of not related, possible, probable, definite, is defined as

Not Related	No temporal association and other etiologies are likely the cause
Possible	Temporal association, but other etiologies are likely the cause. However, involvement of the study drug cannot be excluded.
Probable	Temporal association, other etiologies are possible but unlikely. The event may respond if the study drug is discontinued.
Definite	Established temporal association with administration of the study drug with no other probable cause. The event should resolve when the study drug is discontinued and recur on re-challenge.

The intensity and relationship assessments to study drug are recorded on the AE CRF page.

Treatment-emergent AEs (TEAEs) will be tabulated, i.e., those events which are not present at baseline or worsened in severity following the start of treatment. Any adverse events starting more than 30 days after the last administration of study drug will not be tabulated.

The onset date of an adverse event will be compared to the date of first dose of study medication in this extension study to determine if the adverse event is treatment emergent

or not. Adverse events with an onset date on or after the date of first dose of study medication will be classified as treatment emergent.

The following adverse event summaries will be provided:

- A summary of the number and percentage of patients reporting a treatment emergent adverse event by body system, and preferred term
- A summary of the number and percentage of patients reporting a treatment emergent adverse event by maximum intensity, body system and preferred term
- A summary of the number and percentage of patients reporting a treatment emergent adverse event by relationship to study drug, body system and preferred term
- A summary of the number and percentage of patients reporting a treatment emergent adverse event leading to dose modification by body system and preferred term

For each patient and each adverse event, the worst severity recorded will be attributed and used in the by-severity summaries. Similarly, the worst causality (most related to treatment) will be attributed and used in the by-causality summaries. If severity or causality are missing, the worst case will be assumed.

The date the AE started should be well collected in CRF data. However, in the unlikely case that the AE start date is missing, the AE date will imputed be as follows.

Scenarios			Imputed AE Onset Date
Day	Month	Year	
missing			If the month and year of the AE are the same as the month and year of the first dose date in the extension, use the day of the first dose date. Otherwise use 1 for day.
	missing		If year of onset of AE is before the year of first dose in the extension, use DEC. If the year of the AE is the same as the year of the first dose date in the extension and the day of the AE is greater or equal to the day of the first dose in the extension, use the month from the first dose date. If the day of the AE is less than the day of the first dose in the extension, use the month of first dose + 1. If the month of the first dose in the

			extension is DEC, then use month of first dose. If the year of onset of AE is after the year of first dose in the extension, use JAN.
		missing	If the day and month of the AE is before the day and month of the first dose in the extension, assign the missing year as the year of the first dose date + 1. Otherwise, assign the missing year as the year of the first dose date.
missing	missing		If year of onset of AE is before the year of first dose in the extension, use 01/07/yyyy. If the year of the AE is the same as the year of the first dose in the extension, use the first dose date. If year of onset of AE is after the year of first dose in the extension, use 01/01/yyyy.
	missing	missing	If the day of the AE is before the day of the first dose in the extension, assign the missing month as the month of the first dose date + 1 and the year as the year of the first dose date. If the month of the first dose in the extension is DEC, then +1 year and use JAN. If the day of the AE is on or after the date of the first dose in the extension, assign the missing month and year as the month and year of the first dose date.
missing		missing	If the month of the AE is the same or after the month of the first dose in the extension, then use the day and year from first dose. Otherwise, impute the missing day as 1

			and assign the year of the first dose + 1.
missing	missing	missing	Use the first dose date in the extension.

A by-patient listing of all adverse events (including non-treatment-emergent events) will be provided. This listing will be presented by treatment group and will include: centre, patient identifier, age, sex, race, adverse event (body system, preferred term, reported term), date of onset, date of resolution, duration, severity, seriousness, action taken, outcome and causality.

4.5.3 Deaths, Serious Adverse Events, and Other Significant Adverse Events

A serious adverse event (SAE) is any AE occurring at any dose that results in any of the following outcomes:

- Death
- Is a life-threatening experience. Life-threatening means that the patient was, in the view of the investigator, at immediate risk of death from the event as it occurred
- Requires in-patient hospitalization or prolongation of existing hospitalization. Hospitalization for elective treatment or a pre-existing condition that did not worsen during the clinical investigation is not considered an AE.
- Results in a persistent or significant disability/incapacity (i.e., a substantial disruption of a person's ability to conduct normal life functions). Disability is defined as a substantial disruption in a person's ability to conduct normal life functions
- Results in a congenital anomaly/birth defect

Important medical events that may not result in death, be life threatening, or require hospitalization may be considered SAEs only when they jeopardize the health of the patient or require medical or surgical intervention to prevent one of the outcomes listed in the above definition. If there is any doubt whether the information constitutes an SAE, the information is treated as an SAE in this study.

The following adverse event summaries will be provided:

- A summary of the number and percentage of patients reporting a fatal treatment emergent adverse event by body system, and preferred term
- A summary of the number and percentage of patients reporting a serious treatment emergent adverse event by body system, and preferred term
- A summary of the number and percentage of patients reporting a treatment emergent adverse event leading to withdrawal from the study by body system and preferred term

The following adverse event listings will also be provided:

- A by-patient listing of all deaths that occurred during the study
- A by-patient listing of all serious adverse events
- A by-patient listing of all adverse events leading to withdrawal

4.5.4 Clinical Laboratory Evaluation

All clinical laboratory assessments are implemented by a central laboratory.

The clinical laboratory data were collected at baseline, Months 1, 3, 6, 9, 12, 16, 20, 24, 28, 32, and 36. Additional hematological assessments are collected at Months 2, 4, 8 and 10.

The laboratory data include:

1. Hematology: hemoglobin, hematocrit, RBC count, WBC count with differential, and platelet count.
2. Blood chemistries: sodium, potassium, chloride, bicarbonate, glucose, cholesterol, creatinine, calcium, phosphorus, BUN, uric acid, total bilirubin, total protein, AST, ALT, and alkaline phosphatase levels.
3. Routine urinalysis: specific gravity, pH, protein/albumin, glucose/sugar, ketones/acetone, and hemoglobin/blood. In order to standardize measurements, Bayer multistix 8-SG or equivalent dipsticks will be used.
4. Microscopic urinalysis: RBC, WBC, casts, and crystals/cells.

Descriptive statistics for laboratory results and change from baseline for each visit will be presented separately for hematology, biochemistry and urinalysis parameters. The number of patients with clinically significant liver function tests will also be presented.

A by-patient listing of all laboratory data will also be provided with abnormal values highlighted, and including centre, patient identifier, age, sex, race, weight and visit. A listing of the central laboratory reference ranges will also be provided.

4.5.5 Vital Signs, Physical Findings and Other Observations Related to Safety

4.5.5.1 Vital Sign Measurements

Vital sign measurements, including supine and standing measurements of systolic blood pressure (mmHg), diastolic blood pressure (mmHg), pulse (bpm), weight (kg), and oral

temperature (°C), are collected at each visit during the open-label extension with the exception of the haematological evaluation visits (Months 2, 4, 8 and 10).

Descriptive statistics for vital sign results and change from baseline for each visit will be presented.

The number of patients with orthostatic hypotension will also be presented. Orthostatic hypotension is defined as either a systolic blood pressure decrease of ≥20 mmHg upon standing or a diastolic blood pressure decrease of ≥10 mmHg upon standing.

A by-patient listing of all vital sign measurements will also be provided.

4.5.5.2 ECG

The ECG parameters assessment includes heart rate, PR interval, QRS interval, QT interval, and QTc interval.

QT intervals will be corrected using both Bazett's and Fridericia's formulas. For purposes of data analysis, Fridericia's QT correction will be considered as primary. The QT interval and QTc interval data will be presented both as analysis of central tendency (e.g. means, medians) and categorical analyses.

Categorical analysis of QT/QTc interval data are based on the number and percentage of patients meeting or exceeding the limit value that is defined in ICH guideline E14 [1], i.e. Absolute QTc interval prolongation if QTc interval >450, >480, or >500 msec and Change from baseline in QTc interval >30 or >60 msec.

A listing of patients meeting or exceeding the highest limit value, i.e. QTc interval >500 msec or change from baseline in QTc interval >60 msec, will be provided. The listing of patients will include the dose of study medications that the patient was taking on the day prior to the ECG reading.

Descriptive statistics for QT/QTc intervals will be first presented in the tables. The number and percentage of patients for the QT/QTc category in ICH guideline E14 will be presented in the tables, and the patients who have significant QT/QTc measures will be provided in the listings. The means and standard deviations of QT/QTc intervals by week and the patient with significant QT/QTc changes will be also presented in the tables.

A by-patient listing of all ECG data will also be provided.

4.5.5.3 Physical and Neurological Examination

A complete physical examination and complete neurological examination was performed at baseline and at Months 12, 24, and 36. Brief neurological examinations were also performed at all other visits during the open-label extension.

For the 15 items of complete physical exam and 42 items of complete neurological exam, the number and percentage of patients with normal or abnormal results will be presented.

A by-patient listing of physical and neurological examination data will also be provided.

4.5.5.4 AUA Symptom Index

An AUA Symptoms Index, a 7-item Likert-scored scale describing urinary bladder function, is completed by the investigator at the baseline phase, and at Months 1, 3 and 12.

Descriptive statistics (n, mean, std, median, minimum, maximum) of the AUA symptom index scores in each treatment group will be presented by two table layouts: 1) AUA raw overall scores at baseline, Months 1, 3 and 12, 2) change from baseline to Month 1, 2 and 12.

Besides the descriptive statistics tables, AUA symptom index scores will be categorized by using 3 levels: 0-7 as mild, 8-19 as moderate, and >19 as severe. A shift table of the number (%) of patients in the categories of mild, moderate, and severe will be provided.

A listing of AUA symptom index data will be provided.

4.5.5.5 Post-void Residual (PVR) Bladder Ultrasound

PVR bladder ultrasound data are collected at baseline, and at Months 1, 3 and 12 to assess the patient's bladder function.

Descriptive statistics for the PVR bladder ultrasound results and change from baseline at each visit will be presented. The number and percentage of patients with abnormal PVR bladder ultrasound at each visit will also be presented.

In addition, PVR bladder ultrasound scores will be categorized by using 3 levels: >50ml, >100ml and >150ml will also be provided.

A by-patient listing of the PVR Bladder Ultrasound data will also be provided.

4.5.6 Concomitant Medications

Any on-going medications, including prescription and non-prescription as well as vitamins and herbal supplements, and any new medications taken during the study should be recorded on the Concomitant Medication Record form. The concomitant medications will be coded according to the World Health Organization (WHO) Drug Dictionary. The number and percentage of concomitant medications will be summarized in tables.

A by-patient listing of all concomitant medications will also be provided.

4.6 Quality of Life in Epilepsy (QOLIE-31-P)

The patient-weighted 31-item questionnaire (QOLIE-31-P, version 2.0) was administered in this study, describing health-related quality of life in people with epilepsy. The QOLIE-31-P form will be completed by the patient at baseline phase and at Months 3, 6, 9, 12, 24, and 36. Subscale and total scores will be calculated and the subscales grouped into two factors: emotional/psychological effects (seizure worry, overall QOL, emotional well-being, energy/fatigue subscales) and medical/social effects (medication effects, work-driving-social limits, cognitive function subscales).

Descriptive statistics of the QOLIE-31-P data will be presented in the tables and listings for

- Overall assessment
- Emotional/Psychological Effects domain
- Medical/Social Effects domain.

4.7 Determination of Sample Size

All participants who have successfully completed the Maintenance and Transition phases of Study VRX-RET-E22-302, for the treatment of partial-onset seizures are eligible (up to approximately 510 patients).

4.8 Changes in the Conduct of the Study or Planned Analysis

No changes in the conduct of the study or planned analysis have occurred.

5 REFERENCES

[1] ICH Steering Committee, “The Clinical Evaluation of QT/QTc Interval Prolongation and Proarrhythmic Potential for Non-antiarrythmic Drugs, E14”, 12 May 2005.

6 REPORTING OUTPUT

All outputs will be produced using SAS® version 9.1.3 or a later version (if available at PAREXEL). The REPORT procedure will be used to produce all tables and listings whenever possible. The GPLOT procedure will be used to produce all figures whenever possible. All statistical appendices (supportive SAS output) will be output directly from the appropriate SAS procedure.

Post-text tables, listings and statistical appendices will be produced as RTF files using ODS and Courier New font size 9. Figures will be produced as RTF files using ODS and font=simplex. For all outputs, the page numbering will be applied to ensure that when the RTF files are combined, the page numbering remains fixed.

7 LIST OF TABLES

8 LIST OF FIGURES

9 LIST OF PATIENT DATA LISTINGS

LISTING 31 QUALITY OF LIFE IN EPILEPSY SCORES (QOLIE-31-P)

10 TABLE SHELLS

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TABLE 1 NUMBER (%) OF PATIENTS WHO DISCONTINUED TREATMENT DURING THERAPY PHASE BY PRIMARY REASON
SAFETY POPULATION

	RETIGABINE (N=XXX)
DISCONTINUED ANY REASON	xx (xx.x%)
ADVERSE EVENT	xx (xx.x%)
UNSATISFACTORY RESPONSE – EFFICACY	xx (xx.x%)
PREGNANT	xx (xx.x%)
UNWILLING OR UNABLE TO CONTINUE THE STUDY	xx (xx.x%)
NON-COMPLIANT WITH STUDY PROCEDURES	xx (xx.x%)
REQUIRES MEDICATION NOT ALLOWED IN THE PROTOCOL	xx (xx.x%)
CLINICALLY SIGNIFICANT CHANGE IN MEDICAL CONDITION	xx (xx.x%)
PERSISTENT ALT OR AST ABOVE 3xULN	xx (xx.x%)
ALT OR AST ABOVE 5xULN AT ANY TIME	xx (xx.x%)
CONFIRMED QTC PROLONGATION	xx (xx.x%)
INVESTIGATOR DECISION	xx (xx.x%)
SPONSOR REQUEST	xx (xx.x%)
FAILURE TO RETURN	xx (xx.x%)
PATIENT REQUEST UNRELATED TO STUDY	xx (xx.x%)
OTHER EVENT	xx (xx.x%)

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TABLE 2 TIME UNTIL TREATMENT DISCONTINUATION (DAYS) DESCRIPTIVE STATISTICS
SAFETY POPULATION

STATISTICS	RETIGABINE (N=XXX)
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx

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TABLE 3 DEMOGRAPHIC AND BASELINE CHARACTERISTICS
SAFETY POPULATION

STATISTICS	RETIGABINE (N=XXX)
AGE - YEAR	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx
SEX - N (%)	
MALE	xxx (xx.x%)
FEMALE	xxx (xx.x%)
RACE - N (%)	
CAUCASIAN	xxx (xx.x%)
AFRICAN-AMERICAN (BLACK)	xxx (xx.x%)
HISPANIC	xxx (xx.x%)
ASIAN	xxx (xx.x%)
OTHER	xxx (xx.x%)
HEIGHT - CM	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx
WEIGHT - KG	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx

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TABLE 3 DEMOGRAPHIC AND BASELINE CHARACTERISTICS
SAFETY POPULATION

STATISTICS	RETIGABINE (N=XXX)
BMI - (KG/M^2)	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx

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TABLE 4 EPILEPSY HISTORY
SAFETY POPULATION

TYPE OF EPILEPSY STATISTICS	RETIGABINE (N=XXX)
PARTIAL (PRIMARY DIAGNOSIS)	
DURATION - YEARS	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx
GENERALISED	
DURATION - YEARS	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx

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FOOTNOTES:
A PATIENT CAN HAVE EPILESPY HISTORY RECORDED FOR EACH TYPE OF EPILEPSY.

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TABLE 5 CLINICAL GLOBAL IMPRESSION (CGI) – SEVERITY AT BASELINE
SAFETY POPULATION

STATISTICS	RETIGABINE (N=XXX)
CGI-SEVERITY	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx
CGI-SEVERITY	
AMONG THE MOST EXTREMELY SEVERE	xxx (xx.x%)
VERY SEVERE	xxx (xx.x%)
MARKED SEVERITY	xxx (xx.x%)
MODERATE SEVERITY	xxx (xx.x%)
MILD SEVERITY	xxx (xx.x%)
VERY MILD SEVERITY	xxx (xx.x%)
NO SEIZURES	xxx (xx.x%)
NOT ASSESSED	xxx (xx.x%)

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TABLE 6 NUMBER OF BACKGROUND AEDs AT BASELINE N (%)
SAFETY POPULATION

CATEGORY	RETIGABINE (N=XXX)
NUMBER OF AEDs	
1	xxx (xx.x%)
2	xxx (xx.x%)
3	xxx (xx.x%)
VAGAL NERVE STIMULATOR USED?	
YES	xxx (xx.x%)
NO	xxx (xx.x%)

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TABLE 7 PRESENCE OF PARTIAL SEIZURE BY SUBTYPE DURING BASELINE PERIOD
SAFETY POPULATION

CATEGORY	RETIGABINE (N=XXX)
BASELINE PERIOD	
N	xxx
SIMPLE PARTIAL SEIZURES WITH MOTOR SIGNS	xxx (xx.x%)
SIMPLE PARTIAL SEIZURES WITHOUT MOTOR SIGNS	xxx (xx.x%)
SIMPLE PARTIAL SEIZURES WITH AND WITHOUT MOTOR SIGNS	xxx (xx.x%)
COMPLEX PARTIAL SEIZURES	xxx (xx.x%)
PARTIAL SEIZURES EVOLVING TO SECONDARY GENERALISED	xxx (xx.x%)

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FOOTNOTES: A PATIENT CAN APPEAR IN MULTIPLE CATEGORIES.

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TABLE 8 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY
SAFETY POPULATION

	RETIGABINE (N=XXX)		
STATISTICS	OBSERVED	CHANGE FROM BASELINE	PERCENTAGE CHANGE FROM BASELINE
BASELINE [1]			
N	xxx		
MEAN	xxx.x		
STD	xxx.xx		
MEDIAN	xxx.x		
MININUM	xxx		
MAXIMUM	xxx		
OPEN-LABEL PHASE			
N	xxx	xxx	xxx
MEAN	xxx.x	xxx.x	xxx.x
STD	xxx.xx	xxx.xx	xxx.xx
MEDIAN	xxx.x	xxx.x	xxx.x
MININUM	xxx	xxx	xxx
MAXIMUM	xxx	xxx	xxx

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FOOTNOTE:
[1] BASELINE PHASE IN STUDY VRX-RET-E22-302

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TABLE 9.1 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 1 MONTH DURING THE OPEN-LABEL EXTENSION
SAFETY POPULATION

	RETIGABINE (N=XXX)		
STATISTICS	OBSERVED	CHANGE FROM BASELINE	PERCENTAGE CHANGE FROM BASELINE
BASELINE [1]			
N	xxx		
MEAN	xxx.x		
STD	xxx.xx		
MEDIAN	xxx.x		
MININUM	xxx		
MAXIMUM	xxx		
MONTH 1			
N	xxx	xxx	xxx
MEAN	xxx.x	xxx.x	xxx.x
STD	xxx.xx	xxx.xx	xxx.xx
MEDIAN	xxx.x	xxx.x	xxx.x
MININUM	xxx	xxx	xxx
MAXIMUM	xxx	xxx	xxx

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FOOTNOTE: [1] BASELINE PHASE IN STUDY VRX-RET-E22-302

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TABLE 9.2 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 3 MONTHS DURING THE OPEN-LABEL EXTENSION
SAFETY POPULATION

	RETIGABINE (N=XXX)		
STATISTICS	OBSERVED	CHANGE FROM BASELINE	PERCENTAGE CHANGE FROM BASELINE
BASELINE [1]			
N	xxx		
MEAN	xxx.x		
STD	xxx.xx		
MEDIAN	xxx.x		
MININUM	xxx		
MAXIMUM	xxx		
MONTH 1			
N	xxx	xxx	xxx
MEAN	xxx.x	xxx.x	xxx.x
STD	xxx.xx	xxx.xx	xxx.xx
MEDIAN	xxx.x	xxx.x	xxx.x
MININUM	xxx	xxx	xxx
MAXIMUM	xxx	xxx	xxx
MONTH 3			
N	xxx	xxx	xxx
MEAN	xxx.x	xxx.x	xxx.x
STD	xxx.xx	xxx.xx	xxx.xx
MEDIAN	xxx.x	xxx.x	xxx.x
MININUM	xxx	xxx	xxx
MAXIMUM	xxx	xxx	xxx

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FOOTNOTE: [1] BASELINE PHASE IN STUDY VRX-RET-E22-302

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Use Template for TABLE 9.2 to produce:

TABLE 9.3 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 6 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 9.4 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 9 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 9.5 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 12 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 9.6 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 16 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 9.7 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 20 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 9.8 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 24 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 9.9 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 28 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 9.10 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 32 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 9.11 PERCENTAGE CHANGE IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 36 MONTHS DURING THE OPEN-LABEL EXTENSION

PROGRAMMING NOTE: EVERY TIMEPOINT SHOULD BE INCLUDED WITHIN THE INDICATED DURATION OF OPEN-LABEL TREATMENT. E.G. MONTHS 1, 3, 6, 9, 12, 16, 20, 24, 28, 32 AND 36 WILL BE PRESENTED IN TABLE 9.11.

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TABLE 10 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY)
SAFETY POPULATION

RESPONSE CATEGORY	RETIGABINE (N=XXX)
N	xx
RESPONDERS	xx (xx.x%)
NON-RESPONDERS	xx (xx.x%)

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TABLE 11.1 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 1 MONTH DURING THE OPEN-LABEL EXTENSION
SAFETY POPULATION

RESPONSE CATEGORY	RETIGABINE (N=XXX)
MONTH 1	
N	xx
RESPONDERS	xx (xx.x%)
NON-RESPONDERS	xx (xx.x%)

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TABLE 11.2 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 3 MONTHS DURING THE OPEN-LABEL EXTENSION
SAFETY POPULATION

RESPONSE CATEGORY	RETIGABINE (N=XXX)
MONTH 1	
N	xx
RESPONDERS	xx (xx.x%)
NON-RESPONDERS	xx (xx.x%)
MONTH 3	
N	xx
RESPONDERS	xx (xx.x%)
NON-RESPONDERS	xx (xx.x%)

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Use Template for TABLE 9.2 to produce:

TABLE 11.3 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 6 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 11.4 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 9 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 11.5 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 12 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 11.6 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 16 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 11.7 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 20 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 11.8 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 24 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 11.9 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 28 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 11.10 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 32 MONTHS DURING THE OPEN-LABEL EXTENSION
TABLE 11.11 RESPONDER RATE (>=50% REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY) FOR PATIENTS TREATED WITH RETIGABINE FOR AT LEAST 36 MONTHS DURING THE OPEN-LABEL EXTENSION

PROGRAMMING NOTE: EVERY TIMEPOINT SHOULD BE INCLUDED WITHIN THE INDICATED DURATION OF OPEN-LABEL TREATMENT. E.G. MONTHS 1, 3, 6, 9, 12, 16, 20, 24, 28, 32 AND 36 WILL BE PRESENTED IN TABLE 11.11.

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TABLE 12 PROPORTION OF PATIENTS EXPERIENCING A REDUCTION IN MONTHLY TOTAL PARTIAL SEIZURE FREQUENCY
SAFETY POPULATION

CATEGORY	RETIGABINE (N=XXX)
REDUCTION CATEGORY	
[-100%, -75%]	xx (xx.x%)
(- 75%, -50%]	xx (xx.x%)
(- 50%, -25%]	xx (xx.x%)
(- 25%, 0%)	xx (xx.x%)
WITHOUT REDUCTION	xx (xx.x%)

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TABLE 13 PROPORTION OF SEIZURE-FREE DAYS
SAFETY POPULATION

STATISTICS	RETIGABINE (N=XXX)
SEIZURE-FREE DAYS (%)	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx
REDUCTION CATEGORY	
SEIZURE-FREE [=100%]	xx (xx.x%)
NOT SEIZURE-FREE	xx (xx.x%)
[95%, 100%)	xx (xx.x%)
[75%, 95%)	xx (xx.x%)
[50%, 75%)	xx (xx.x%)
[50%, 25%)	xx (xx.x%)
[0%, 25%)	xx (xx.x%)
NUMBER OF PATIENTS WHO WERE SEIZURE-FREE FOR	
6 MONTHS	xx (xx.x%)
12 MONTHS	xx (xx.x%)

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TABLE 14 EXTENT OF EXPOSURE TO STUDY MEDICATION
SAFETY POPULATION

STATISTICS	RETIGABINE (N=XXX)
EXTENT OF EXPOSURE (DAYS)	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx
RETIGABINE EXPOSURE CATEGORY (MONTHS)	
N	xxx (100.0%)
[0, 1]	xxx (xx.x%)
(1, 3]	xxx (xx.x%)
(3, 6]	xxx (xx.x%)
(6, 9]	xxx (xx.x%)
(9, 12]	xxx (xx.x%)
(12,16]	xxx (xx.x%)
(16,20]	xxx (xx.x%)
(20,24]	xxx (xx.x%)
(24,28]	xxx (xx.x%)
(28,32]	xxx (xx.x%)
(32,36]	xxx (xx.x%)
>36	
DAILY DOSE OF RETIGABINE EXPOSURE (MG)	
N	xxx
MEAN	xxx.x
STD	xxx.xx
MEDIAN	xxx.x
MININUM	xxx
MAXIMUM	xxx

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TABLE 15 NUMBER (%) OF PATIENTS REPORTING TREATMENT-EMERGENT ADVERSE EVENTS
SAFETY POPULATION

SYSTEM ORGAN CLASS PREFERRED TERM	RETIGABINE (N=XXX)
ANY ADVERSE EVENT	xxx (xx.x%)
1ST SYSTEM ORGAN CLASS	xxx (xx.x%)
PREFERRED TERMS BELOW	xxx (xx.x%)
2ND SYSTEM ORGAN CLASS	xxx (xx.x%)
PREFERRED TERMS BELOW	xxx (xx.x%)

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TABLE 16 NUMBER (%) OF PATIENTS REPORTING ADVERSE EVENTS BY MAXIMUM SEVERITY
SAFETY POPULATION

SYSTEM ORGAN CLASS PREFERRED TERM	RETIGABINE (N=XXX) MILD	 MODERATE	 SEVERE
1ST SYSTEM ORGAN CLASS	xxx (xx.x%)	xxx (xx.x%)	xxx (xx.x%)
PREFERRED TERMS BELOW	xxx (xx.x%)	xxx (xx.x%)	xxx (xx.x%)
2ND SYSTEM ORGAN CLASS	xxx (xx.x%)	xxx (xx.x%)	xxx (xx.x%)
PREFERRED TERMS BELOW	xxx (xx.x%)	xxx (xx.x%)	xxx (xx.x%)

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Use Template for TABLE 15 to produce:

TABLE 17 NUMBER (%) OF PATIENTS REPORTING TREATMENT-EMERGENT ADVERSE EVENTS AT LEAST POSSIBLY RELATED TO STUDY DRUG
TABLE 18 NUMBER (%) OF PATIENTS REPORTING TREATMENT-EMERGENT ADVERSE EVENTS THAT LEAD TO DOSE MODIFICATION/INTERRUPTION
TABLE 19 NUMBER (%) OF PATIENTS REPORTING FATAL TREATMENT-EMERGENT ADVERSE EVENTS
TABLE 20 NUMBER (%) OF PATIENTS REPORTING SERIOUS TREATMENT-EMERGENT ADVERSE EVENTS
TABLE 21 NUMBER (%) OF PATIENTS REPORTING ADVERSE EVENTS THAT CAUSED WITHDRAWAL FROM STUDY

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TABLE 22 OBSERVED MEANS AND STANDARD DEVIATIONS OF LABORATORY TEST RESULTS AND CHANGE FROM BASELINE BY MONTH - SERUM CHEMISTRY
SAFETY POPULATION

		RETIGABINE (N=XXX)		
TEST NAME (TEST UNIT)	TIMEPOINT	n	Mean (STD)	Change from Baseline Mean (STD)
SODIUM (MMOL/L)	BASELINE	xxx	xx.x (xx.xx)	
	MONTH 1	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 3	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 6	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 9	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 12	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 16	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 20	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 24	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 28	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 32	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 36	xxx	xx.x (xx.xx)	xx.x (xx.xx)
POTASSIUM (MMOL/L)	:			

Use Template for TABLE 22 to produce:

TABLE 24 OBSERVED MEANS AND STANDARD DEVIATIONS OF LABORATORY TEST RESULTS AND CHANGE FROM BASELINE BY MONTH – HEMATOLOGY
TABLE 25 OBSERVED MEANS AND STANDARD DEVIATIONS OF LABORATORY TEST RESULTS AND CHANGE FROM BASELINE BY MONTH – URINALYSIS

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TABLE 23 NUMBER (%) OF PATIENTS WITH CLINICALLY SIGNIFICANT LIVER FUNCTION TEST RESULTS
SAFETY POPULATION

TEST NAME (TEST UNIT)	TIMEPOINT	RETIGABINE (N=XXX) n	>3xULN	>5xULN	>10xULN
ALT (MMOL/L)	BASELINE	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 1	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 3	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 6	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 9	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 12	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 16	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 20	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 24	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 28	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 32	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 36	xxx	xx.x (xx.xx)	xx.x (xx.xx)	xx.x (xx.xx)
AST (MMOL/L)					

REPEAT FOR TOTAL BILIRUBIN AND ALKALINE PHOSPHATASE

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TABLE 26 FREQUENCY DISTRIBUTION OF CATEGORICAL LABORATORY TEST RESULTS - URINALYSIS
SAFETY POPULATION

TEST NAME	RETIGABINE (N=XXX)
MONTH 1	
1+	xx (xx.x%)
2+	xx (xx.x%)
3+	xx (xx.x%)
4+	xx (xx.x%)
MONTH 3	
1+	xx (xx.x%)
2+	xx (xx.x%)
3+	xx (xx.x%)
4+	xx (xx.x%)
MONTH 6	
MONTH 9	
MONTH 12	
MONTH 16	
MONTH 20	
MONTH 24	
MONTH 28	
MONTH 32	
MONTH 36	

REPEAT FOR ALL NON-NUMERIC TEST RESULTS

Program Path/sas program name Run Date:

TABLE 27 SUMMARY STATISTICS OF ELECTROCARDIOGRAM MEASURES
SAFETY POPULATION

TIMEPOINT	EVALUATION – UNIT STATISTIC	RETIGABINE (N=XXX)
BASELINE AVG	VENTRICULAR RATE – BPM	
	N	xxx
	MEAN	xxx.x
	STD	xxx.xx
	MEDIAN	xxx.x
	MINIMUM	xxx
	MAXIMUM	xxx
	RR INTERVAL – MS	
	N	xxx
	MEAN	xxx.x
	STD	xxx.xx
	MEDIAN	xxx.x
	MINIMUM	xxx
	MAXIMUM	xxx
	PR INTERVAL – MS	
	N	xxx
	MEAN	xxx.x
	STD	xxx.xx
	MEDIAN	xxx.x
	MINIMUM	xxx
	MAXIMUM	xxx
	QRS INTERVAL – MS	
	N	xxx
	MEAN	xxx.x
	STD	xxx.xx
	MEDIAN	xxx.x
	MINIMUM	xxx
	MAXIMUM	xxx

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TABLE 27 SUMMARY STATISTICS OF ELECTROCARDIOGRAM MEASURES
SAFETY POPULATION

TIMEPOINT	EVALUATION – UNIT STATISTIC	RETIGABINE (N=XXX)
BASELINE AVG (CONTINUED)	QT INTERVAL – MS	
	N	xxx
	MEAN	xxx.x
	STD	xxx.xx
	MEDIAN	xxx.x
	MINIMUM	xxx
	MAXIMUM	xxx
	QTc INTERVAL BAZETT – MS	
	N	xxx
	MEAN	xxx.x
	STD	xxx.xx
	MEDIAN	xxx.x
	MINIMUM	xxx
	MAXIMUM	xxx
	QTc INTERVAL FRIDERICIA – MS	
	N	xxx
	MEAN	xxx.x
	STD	xxx.xx
	MEDIAN	xxx.x
	MINIMUM	xxx
	MAXIMUM	xxx

REPEAT FOR TIMEPOINTS MONTH 1, MONTH 3, MONTH 6, MONTH 9, MONTH 12, MONTH 24, MONTH 36

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TABLE 28 NUMBER (%) OF PATIENTS EXAMINING QTC INTERVAL BY CATEGORY
SAFETY POPULATION

TIMEPOINT	CATEGORY	RETIGABINE (N=XXX)
BASELINE AVG (CONTINUED)	ABSOLUTE QTc INTERVAL (MS)	
	FRIDERICIA'S CORRECTION	
	<= 450	xx (xx.x%)
	(450, 480]	xx (xx.x%)
	(480, 500]	xx (xx.x%)
	> 500	xx (xx.x%)
	BAZETT'S CORRECTION	
	<= 450	xx (xx.x%)
	(450, 480]	xx (xx.x%)
	(480, 500]	xx (xx.x%)
	> 500	xx (xx.x%)

REPEAT FOR TIMEPOINTS MONTH 1, MONTH 3, MONTH 6, MONTH 9, MONTH 12, MONTH 24, MONTH 36

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TABLE 29 NUMBER (%) OF PATIENTS EXAMINING QTC INTERVAL CHANGE FROM BASELINE BY CATEGORY
SAFETY POPULATION

TIMEPOINT	CATEGORY	RETIGABINE (N=XXX)
MONTH 1	CHANGE FROM BASELINE IN QTc INTERVAL (MS)	
	FRIDERICIA'S CORRECTION	
	<= 30	xx (xx.x%)
	(30, 60]	xx (xx.x%)
	> 60	xx (xx.x%)
	BAZETT'S CORRECTION	
	<= 30	xx (xx.x%)
	(30, 60]	xx (xx.x%)
	> 60	xx (xx.x%)

REPEAT FOR TIMEPOINTS MONTH 3, MONTH 6, MONTH 9, MONTH 12, MONTH 24, MONTH 36

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TABLE 30 OBSERVED MEANS AND STANDARD DEVIATIONS OF QTC INTERVALS AND CHANGE FROM BASELINE BY MONTH
SAFETY POPULATION

	RETIGABINE (N=XXX)		
TIMEPOINT	n	Mean (STD)	Change from Baseline Mean (STD)
ABSOLUTE QTc (FRIDERICIA'S) INTERVAL (MS)			
MONTH 1	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 3	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 6	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 9	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 12	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 24	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 36	xxx	xx.x (xx.xx)	xx.x (xx.xx)
ABSOLUTE QTc (BAZETT'S) INTERVAL (MS)			
MONTH 1	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 3	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 6	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 9	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 12	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 24	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MONTH 36	xxx	xx.x (xx.xx)	xx.x (xx.xx)

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TABLE 31 OBSERVED MEANS AND STANDARD DEVIATIONS OF VITAL SIGN RESULTS AND CHANGE FROM BASELINE BY MONTH
SAFETY POPULATION

		RETIGABINE (N=XXX)		
PARAMETER (PARAMETER UNIT)	TIMEPOINT	n	Mean (STD)	Change from Baseline Mean (STD)
SUPINE SBP (MMHG)	BASELINE	xxx	xx.x (xx.xx)	
	MONTH 1	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 3	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 6	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 9	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 12	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 16	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 20	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 24	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 28	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 32	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 36	xxx	xx.x (xx.xx)	xx.x (xx.xx)
SUPINE DBP (MMHG)	:			

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TABLE 32 NUMBER (%) OF PATIENTS WITH ORTHOSTATIC HYPOTENSION
SAFETY POPULATION

TIMEPOINT		RETIGABINE (N=XXX)
BASELINE	N	xx
	YES	xx (xx.x%)
	NO	xx (xx.x%)
MONTH 1	N	xx
	YES	xx (xx.x%)
	NO	xx (xx.x%)
MONTH 3	N	xx
	YES	xx (xx.x%)
	NO	xx (xx.x%)
MONTH 6	N	xx
	YES	xx (xx.x%)
	NO	xx (xx.x%)
MONTH 9	N	xx
	YES	xx (xx.x%)
	NO	xx (xx.x%)
MONTH 12	N	xx
	YES	xx (xx.x%)
	NO	xx (xx.x%)

REPEAT FOR TIMEPOINTS MONTH 16, MONTH 20, MONTH 24, MONTH 28, MONTH 32 AND MONTH 36

FOOTNOTES:
ORTHOSTATIC HYPOTENSION IS DEFINED AS EITHER A DECREASE IN SBP>=20 MMHG UPON STANDING OR DECREASE IN DBP>=10 MMHG UPON STANDING

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TABLE 33 NUMBER (%) OF PATIENTS WITH ABNORMAL RESULTS OF PHYSICAL EXAMINATIONS
SAFETY POPULATION

TIMEPOINT	PHYSICAL EXAMINATION		RETIGABINE (N=XXX)
BASELINE	SKIN	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	HEAD	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	EYES	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	EARS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	NOSE	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	THROAT	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	MOUTH	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	NECK	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	CHEST	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	HEART	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)

REPEAT FOR TIMEPOINTS MONTH 12, MONTH 24 AND MONTH 36

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TABLE 33 NUMBER (%) OF PATIENTS WITH ABNORMAL RESULTS OF PHYSICAL EXAMINATIONS
SAFETY POPULATION

TIMEPOINT	PHYSICAL EXAMINATION		RETIGABINE (N=XXX)
BASELINE	LUNGS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	BREAST	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	ABDOMEN	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	GENITALIA	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	EXTREMITIES	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	OTHER	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)

REPEAT FOR TIMEPOINTS MONTH 12, MONTH 24 AND MONTH 36

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TABLE 34 NUMBER (%) OF PATIENTS WITH ABNORMAL RESULTS OF NEUROLOGICAL EXAMINATIONS
SAFETY POPULATION

TIMEPOINT			RETIGABINE (N=XXX)
BASELINE	NEUROLOGICAL EXAMINATION – COMPLETE		
	GENERAL		
	LEVEL OF CONSCIOUSNESS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	LEVEL OF APPEARANCE/MOTOR EXPRESSION	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	MENTAL STATUS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	SPEECH	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	CRANIAL NERVES		
	VISION	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	EYE MOVEMENTS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	JAW MOVEMENT AND FACIAL SENSATION	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	FACIAL MOTOR	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	SWALLOWING, PHARYNX, LARYNX	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	STERNOCLEIDOMASTOID, TRAPEZIUS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	TONGUE	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)

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TABLE 34 NUMBER (%) OF PATIENTS WITH ABNORMAL RESULTS OF NEUROLOGICAL EXAMINATIONS
SAFETY POPULATION

TIMEPOINT			RETIGABINE (N=XXX)
BASELINE	NEUROLOGICAL EXAMINATION - COMPLETE		
	REFLEXES		
	BICEPS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	BRACHIORADIALIS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	TRICEPS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	KNEE	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	ANKLE	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	PLANTAR	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	STERNOCLEIDOMASTOID, TRAPEZIUS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	MOTOR SYSTEM		
	GENERAL MOVEMENT	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	MUSCLE BULK/MASS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	MUSCLE FASCICULATION	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)

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TABLE 34 NUMBER (%) OF PATIENTS WITH ABNORMAL RESULTS OF NEUROLOGICAL EXAMINATIONS
SAFETY POPULATION

TIMEPOINT			RETIGABINE (N=XXX)
BASELINE	NEUROLOGICAL EXAMINATION - COMPLETE		
	MUSCLE STRENGTH		
	TRUNK	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	UPPER EXTREMITIES	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	LOWER EXTREMITIES	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	MUSCLE TONE		
	UPPER EXTREMITIES	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	LOWER EXTREMITIES	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	COORDINATION/CEREBELLAR FUNCTION		
	GAIT	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	HOPPING	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	ROMBERG	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	NYSTAGMUS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	TREMOR	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)

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TABLE 34 NUMBER (%) OF PATIENTS WITH ABNORMAL RESULTS OF NEUROLOGICAL EXAMINATIONS
SAFETY POPULATION

TIMEPOINT			RETIGABINE (N=XXX)
BASELINE	NEUROLOGICAL EXAMINATION - COMPLETE COORDINATION/CEREBELLAR FUNCTION		
	FINGER-NOSE	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	HEEL-SHIN	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	RAPID RHYTHMIC MOVEMENTS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	SENSATION: UPPER EXTREMITIES		
	PAIN/TEMPERATURE	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	LIGHT TOUCH	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	POSITION	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	VIBRATION	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	SENSATION: LOWER EXTREMITIES		
	PAIN/TEMPERATURE	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	LIGHT TOUCH	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)

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TABLE 34 NUMBER (%) OF PATIENTS WITH ABNORMAL RESULTS OF NEUROLOGICAL EXAMINATIONS
SAFETY POPULATION

TIMEPOINT			RETIGABINE (N=XXX)
BASELINE	NEUROLOGICAL EXAMINATION - COMPLETE		
	SENSATION: LOWER EXTREMITIES		
	POSITION	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	VIBRATION	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
MONTH 1	NEUROLOGICAL EXAMINATION - BRIEF		
	GENERAL		
	LEVEL OF CONSCIOUSNESS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	MENTAL STATUS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	REFLEXES		
	BICEPS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	KNEE	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	MOTOR SYSTEM		
	GENERAL MOVEMENT	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)

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TABLE 34 NUMBER (%) OF PATIENTS WITH ABNORMAL RESULTS OF NEUROLOGICAL EXAMINATIONS
SAFETY POPULATION

TIMEPOINT			RETIGABINE (N=XXX)
MONTH 1	NEUROLOGICAL EXAMINATION - BRIEF COORDINATION/CEREBELLAR FUNCTION		
	GAIT	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	HOPPING	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	ROMBERG	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	NYSTAGMUS	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	TREMOR	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	FINGER-NOSE	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	HEEL-SHIN	NORMAL	xx (xx.x%)
		ABNORMAL	xx (xx.x%)
	RAPID RHYTHMIC MOVEMENTS	NORMAL	xx (xx.x%)

REPEAT IN ORDER OF VISITS USING THE PROPER FORMAT OF COMPLETE OR BRIEF DEPENDING UPON VISIT IE. BASELINE (COMPLETE), MONTH 1 (BRIEF), MONTH 3 (BRIEF), MONTH 6 (BRIEF), MONTH 9 (BRIEF), MONTH 12 (COMPLETE), MONTH 16 (BRIEF), MONTH 20 (BRIEF), MONTH 24 (COMPLETE), MOTH 28 (BRIEF), MONTH 32 (BRIEF), MONTH 36 (COMPLETE)

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TABLE 35 NUMBER (%) OF PATIENTS WITH ABNORMAL AUA SYMPTOM INDEX
SAFETY POPULATION

TIMEPOINT		RETIGABINE (N=XXX)
BASELINE	1. HOW OFTEN HAVE YOU HAD A SENSATION OF NOT EMPTYING YOUR BLADDER COMPLETELY?	
	NOT AT ALL	xx (xx.x%)
	LESS THAN 1 TIME IN 5	xx (xx.x%)
	LESS THAN HALF TIME	xx (xx.x%)
	ABOUT HALF THE TIME	xx (xx.x%)
	MORE THAN HALF THE TIME	xx (xx.x%)
	ALMOST ALWAYS	xx (xx.x%)
	2. HOW OFTEN HAVE YOU HAS TO URINATE AGAIN LESS THAN 2 HOURS AFTER YOU FINISHED URINATING?	
	NOT AT ALL	xx (xx.x%)
	LESS THAN 1 TIME IN 5	xx (xx.x%)
	LESS THAN HALF TIME	xx (xx.x%)
	ABOUT HALF THE TIME	xx (xx.x%)
	MORE THAN HALF THE TIME	xx (xx.x%)
	ALMOST ALWAYS	xx (xx.x%)
	3. HOW OFTEN HAVE YOU FOUND YOU STOPPED AND STARTED AGAIN SEVERAL TIMES WHEN YOU URINATED?	
	NOT AT ALL	xx (xx.x%)
	LESS THAN 1 TIME IN 5	xx (xx.x%)
	LESS THAN HALF TIME	xx (xx.x%)
	ABOUT HALF THE TIME	xx (xx.x%)
	MORE THAN HALF THE TIME	xx (xx.x%)
	ALMOST ALWAYS	xx (xx.x%)
	4. HOW OFTEN HAVE YOU FOUND IT DIFFICULT TO POSTPONE URINATION?	
	NOT AT ALL	xx (xx.x%)
	LESS THAN 1 TIME IN 5	xx (xx.x%)
	LESS THAN HALF TIME	xx (xx.x%)
	ABOUT HALF THE TIME	xx (xx.x%)
	MORE THAN HALF THE TIME	xx (xx.x%)
	ALMOST ALWAYS	xx (xx.x%)

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TABLE 35 NUMBER (%) OF PATIENTS WITH ABNORMAL AUA SYMPTOM INDEX
SAFETY POPULATION

TIMEPOINT		RETIGABINE (N=XXX)
BASELINE	5. HOW OFTEN HAVE YOU HAD A WEAK URINARY STREAM?	
	NOT AT ALL	xx (xx.x%)
	LESS THAN 1 TIME IN 5	xx (xx.x%)
	LESS THAN HALF TIME	xx (xx.x%)
	ABOUT HALF THE TIME	xx (xx.x%)
	MORE THAN HALF THE TIME	xx (xx.x%)
	ALMOST ALWAYS	xx (xx.x%)
	6. HOW OFTEN HAVE YOU HAD TO PUSH OR STRAIN TO BEGIN URINATION?	
	NOT AT ALL	xx (xx.x%)
	LESS THAN 1 TIME IN 5	xx (xx.x%)
	LESS THAN HALF TIME	xx (xx.x%)
	ABOUT HALF THE TIME	xx (xx.x%)
	MORE THAN HALF THE TIME	xx (xx.x%)
	ALMOST ALWAYS	xx (xx.x%)
	7. HOW MANY TIMES DID YOU MOST TYPICALLY GET UP TO URINATE FROM THE TIME YOU WENT TO BED UNTIL THE TIME YOU GOT UP?	
	NONE	xx (xx.x%)
	1 TIME	xx (xx.x%)
	2 TIMES	xx (xx.x%)
	3 TIMES	xx (xx.x%)
	4 TIMES	xx (xx.x%)
	5 TIMES OR MORE	xx (xx.x%)

REPEAT FOR TIMEPOINTS MONTH 1, MONTH 3 AND MONTH 12

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TABLE 36 DESCRIPTIVE STATISTICS OF RAW OVERALL AUA SCORES
SAFETY POPULATION

		RETIGABINE (N=XXX)	
		OBSERVED	CHANGE FROM
TIMEPOINT	STATISTICS		BASELINE
BASELINE	N	xxx	
	MEAN	xxx.x	
	STD	xxx.xx	
	MEDIAN	xxx.x	
	MINIMUM	xxx	
	MAXIMUM	xxx	
MONTH 1	N	xxx	xxx
	MEAN	xxx.x	xxx.x
	STD	xxx.xx	xxx.xx
	MEDIAN	xxx.x	xxx.x
	MINIMUM	xxx	xxx
	MAXIMUM	xxx	xxx
MONTH 3	N	xxx	xxx
	MEAN	xxx.x	xxx.x
	STD	xxx.xx	xxx.xx
	MEDIAN	xxx.x	xxx.x
	MINIMUM	xxx	xxx
	MAXIMUM	xxx	xxx
MONTH 12	N	xxx	xxx
	MEAN	xxx.x	xxx.x
	STD	xxx.xx	xxx.xx
	MEDIAN	xxx.x	xxx.x
	MINIMUM	xxx	xxx
	MAXIMUM	xxx	xxx

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TABLE 37 NUMBER (%) OF PATIENTS WHO HAD MILD, MODERATE, SEVERE AUA SCORES
SAFETY POPULATION

TIMEPOINT	CATEGORY	RETIGABINE (N=XXX)
BASELINE	N	xx
	MILD [0,7]	xx (xx.x%)
	MODERATE [8,19]	xx (xx.x%)
	SEVERE (>19)	xx (xx.x%)
MONTH 1	N	xx
	MILD [0,7]	xx (xx.x%)
	MODERATE [8,19]	xx (xx.x%)
	SEVERE (>19)	xx (xx.x%)
MONTH 3	N	xx
	MILD [0,7]	xx (xx.x%)
	MODERATE [8,19]	xx (xx.x%)
	SEVERE (>19)	xx (xx.x%)
MONTH 3	N	xx
	MILD [0,7]	xx (xx.x%)
	MODERATE [8,19]	xx (xx.x%)
	SEVERE (>19)	xx (xx.x%)

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TABLE 38 AUA CATEGORY SHIFT FROM BASELINE
SAFETY POPULATION

	RETIGABINE (N=XXX)		
FROM BASELINE	MILD [0,7]	MODERATE[8,19]	SEVERE (>19)
TO MONTH 1			
MILD [0,7]	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
MODERATE [8,19]	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
SEVERE (>19)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
TO MONTH 3			
MILD [0,7]	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
MODERATE [8,19]	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
SEVERE (>19)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
TO MONTH 12			
MILD [0,7]	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
MODERATE [8,19]	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
SEVERE (>19)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

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TABLE 39 NUMBER (%) OF PATIENTS WITH ABNORMAL PVR BLADDER ULTRASOUND
SAFETY POPULATION

TIMEPOINT	CATEGORY	RETIGABINE (N=XXX)
BASELINE	N	xx
	ABNORMAL	xx (xx.x%)
	NORMAL	xx (xx.x%)
MONTH 1	N	xx
	ABNORMAL	xx (xx.x%)
	NORMAL	xx (xx.x%)
MONTH 3	N	xx
	ABNORMAL	xx (xx.x%)
	NORMAL	xx (xx.x%)
MONTH 12	N	xx
	ABNORMAL	xx (xx.x%)
	NORMAL	xx (xx.x%)

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TABLE 40 DESCRIPTIVE STATISTICS OF PVR BLADDER ULTRASOUND
SAFETY POPULATION

		RETIGABINE (N=XXX)	
TIMEPOINT	STATISTIC	ACTUAL	CHANGE FROM BASELINE
BASELINE	N	xxx	
	MEAN	xxx.x	
	STD	xxx.xx	
	MEDIAN	xxx.x	
	MINIMUM	xxx	
	MAXIMUM	xxx	
MONTH 1	N	xxx	xxx
	MEAN	xxx.x	xxx.x
	STD	xxx.xx	xxx.xx
	MEDIAN	xxx.x	xxx.x
	MINIMUM	xxx	xxx
	MAXIMUM	xxx	xxx
MONTH 3	N	xxx	xxx
	MEAN	xxx.x	xxx.x
	STD	xxx.xx	xxx.xx
	MEDIAN	xxx.x	xxx.x
	MINIMUM	xxx	xxx
	MAXIMUM	xxx	xxx
MONTH 12	N	xxx	xxx
	MEAN	xxx.x	xxx.x
	STD	xxx.xx	xxx.xx
	MEDIAN	xxx.x	xxx.x
	MINIMUM	xxx	xxx
	MAXIMUM	xxx	xxx

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TABLE 41 NUMBER (%) OF PATIENTS WITH A CLINICALLY SIGNIFICANT PVR BLADDER ULTRASOUND
SAFETY POPULATION

TIMEPOINT	CATEGORY	RETIGABINE (N=XXX)
BASELINE	N	xx
	>50mL	xx (xx.x%)
	>100mL	xx (xx.x%)
	>150mL	xx (xx.x%)
MONTH 1	N	xx
	>50mL	xx (xx.x%)
	>100mL	xx (xx.x%)
	>150mL	xx (xx.x%)
MONTH 3	N	xx
	>50mL	xx (xx.x%)
	>100mL	xx (xx.x%)
	>150mL	xx (xx.x%)
MONTH 12	N	xx
	>50mL	xx (xx.x%)
	>100mL	xx (xx.x%)
	>150mL	xx (xx.x%)

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TABLE 42 NUMBER (%) OF PATIENTS TAKING CONCOMITANT MEDICATIONS
SAFETY POPULATION

MEDICATION PREFERRED TERM	RETIGABINE (N=XXX)
CONCOMITANT MEDICATION PREFERRED TERM	xx (xx.x%)
CONCOMITANT MEDICATION PREFERRED TERM	xx (xx.x%)
CONCOMITANT MEDICATION PREFERRED TERM	xx (xx.x%)
CONCOMITANT MEDICATION PREFERRED TERM	xx (xx.x%)
CONCOMITANT MEDICATION PREFERRED TERM	xx (xx.x%)
CONCOMITANT MEDICATION PREFERRED TERM	xx (xx.x%)
CONCOMITANT MEDICATION PREFERRED TERM	xx (xx.x%)

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TABLE 43 OBSERVED MEANS AND STANDARD DEVIATIONS OF QOL IN EPILEPSY (QOLIE-31-P) AND CHANGE FROM BASELINE BY MONTH
SAFETY POPULATION

		RETIGABINE (N=XXX)		
CATEGORY	TIMEPOINT	n	Mean (STD)	Change from Baseline Mean (STD)
OVERALL ASSESSMENT	BASELINE	xxx	xx.x (xx.xx)	
	MONTH 3	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 6	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 9	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 12	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 24	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 36	xxx	xx.x (xx.xx)	xx.x (xx.xx)
EMOTIONAL/PYSCHOLOGICAL EFFECTS DOMAIN	BASELINE	xxx	xx.x (xx.xx)	
	MONTH 3	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 6	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 9	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 12	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 24	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 36	xxx	xx.x (xx.xx)	xx.x (xx.xx)
MEDICAL/SOCIAL EFFECTS DOMAIN	BASELINE	xxx	xx.x (xx.xx)	
	MONTH 3	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 6	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 9	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 12	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 24	xxx	xx.x (xx.xx)	xx.x (xx.xx)
	MONTH 36	xxx	xx.x (xx.xx)	xx.x (xx.xx)

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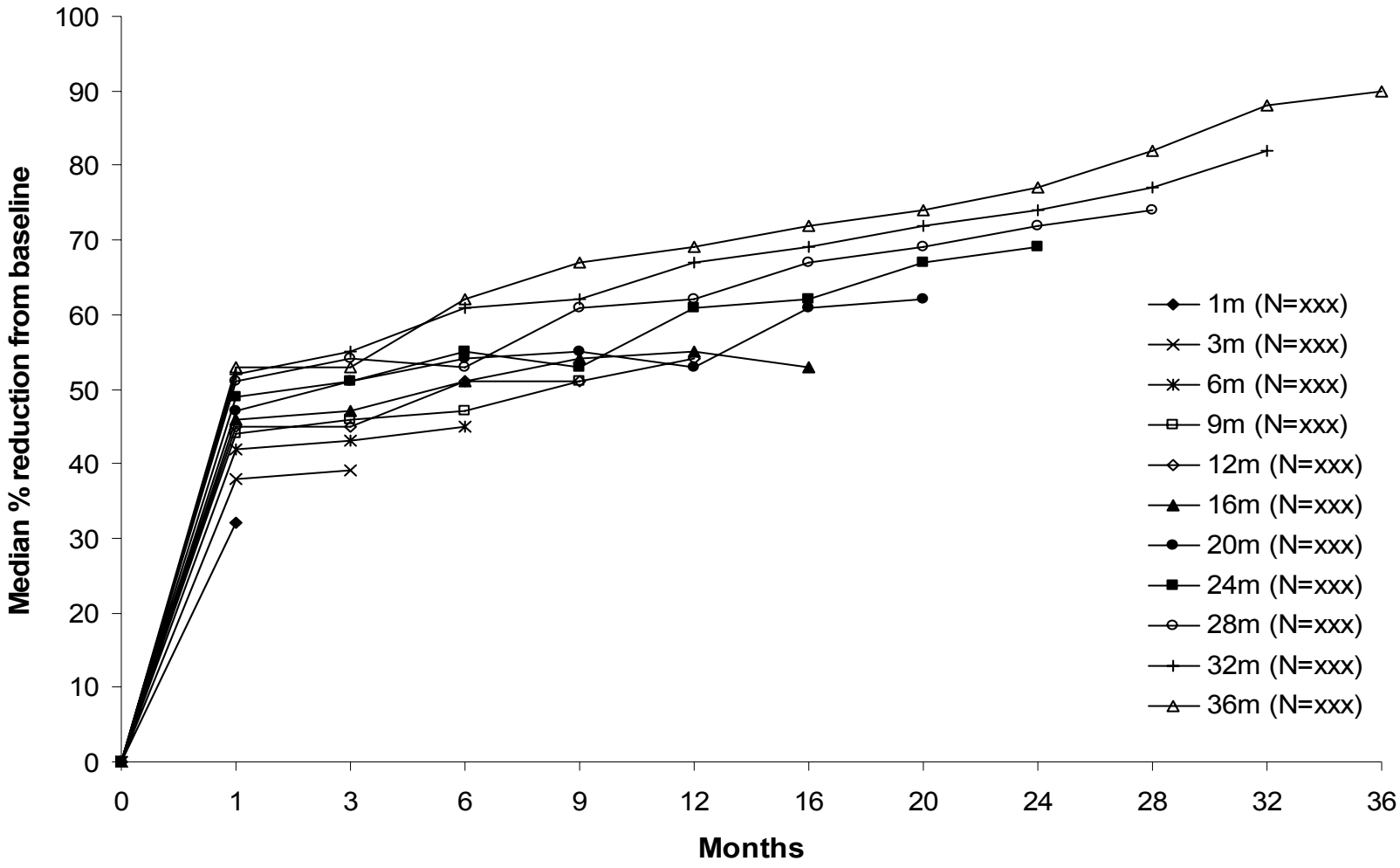
FIGURE 1 MEDIAN PERCENT REDUCTION FROM BASELINE IN SEIZURE FREQUENCY OVER TIME BY DURATION OF TREATMENT EXPOSURE
SAFETY POPULATION



12 PATIENT DATA LISTING SHELLS

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LISTING 1 PATIENT WITHDRAWAL/STUDY COMPLETION

SITE	PATIENT ID	INITIALS	AGE	GENDER	RACE	STATUS	DATE OF TAPERING DOSE IF DISCONTINUED	IF DISCONTINUED, STUDY DRUG DISPENSED OR USED?	PRIMARY REASON OF DISCONTINUATION	SECONDARY REASON(S) OF DISCONTINUATION

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

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LISTING 2 INCLUSION/EXCLUSION CRITERIA/ELIGIBILITY

		--- INCLUSION CRITERIA ---					--EXCLUSION CRITERIA--			ELIGIBLE	
PATIENT ID	AGE/GENDER/RACE	Q1	Q2	Q3	Q4	Q5	Q1	Q2	Q3	Q1	Q2

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LISTING 3 DEMOGRAPHICS AND BASELINE CHARACTERISTICS

PATIENT ID	AGE/GENDER/RACE	CONSENT DATE (STUDY DAY)	BASELINE DATE (DAY 0)	START DATE OF EXTENSION STUDY MED. (STUDY DAY)	HEIGHT (cm)/ WEIGHT (kg)	BMI (kg/m^2)	CLINICAL GLOBAL IMPRESSIONS SEVERITY	DURATION OF ILLNESS (YEARS)	TREATMENT/ STUDY DURATION (DAYS)	NUMBER OF BACKGROUND AEDS	COMPLETED STUDY?
This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.											

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LISTING 4 STUDY MEDICATION COMPLIANCE

PATIENT ID	AGE/GENDER/RACE	STUDY VISIT	DATE OF FIRST DOSE	DATE OF LAST DOSE	PRESCRIBED DOSE (MG/DAY)	50 MG NUMBER OF TABLETS DISPENSED	50 MG NUMBER OF TABLETS RETURNED	100 MG NUMBER OF TABLETS DISPENSED	100 MG NUMBER OF TABLETS RETURNED	300 MG NUMBER OF TABLETS DISPENSED	300 MG NUMBER OF TABLETS RETURNED
This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.											

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LISTING 5 CONCOMITANT MEDICATIONS EXCLUDING BACKGROUND ANTI-EPILEPTIC DRUGS (AEDs)

PATIENT ID	AGE/GENDER/RACE	REPORTED TERM	PREFERRED TERM	PRIMARY ATC CLASSIFICATION	TOTAL DAILY DOSE AND UNITS	START DATE	STOP DATE	ONGOING?

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

NOTE THIS IS FROM DERIVED CM DATA SET WHERE CMTYPE = 2 AND THE CMREAS is not B or F
NOTE THAT THERE APPEARS TO BE SOME ANTI-EPILEPTIC DRUGS THAT HAVE A CMREAS OTHER THAN B OR F IN THIS LISTING THIS IS BEING MEDICALLY REVIEWED.

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LISTING 6 CONCOMITANT TREATMENTS OTHER THAN MEDICATION

PATIENT ID	AGE/GENDER/RACE	REPORTED TERM	REASON FOR TREATMENT	SPECIFY	START DATE	STOP DATE	ONGOING?

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

NOTE THIS IS FROM DERIVED CT DATA SET WHERE CTTERM IS NOT MISSING

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LISTING 7 PARTIAL SEIZURE FREQUENCY

			----SIMPLE PARTIAL SEIZURES----						
PATIENT ID	AGE/GENDER/RACE	VISIT	DID SEIZURES OCCUR SINCE LAST VISIT	DATE OF SEIZURE (STUDY DAY)	WITH MOTOR SIGNS	WITHOUT MOTOR SIGNS	COMPLEX PARTIAL SEIZURES	FLURRIES	PARTIAL EVOLVING TO SECONDARILY GENERALIZED

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

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LISTING 8 GENERALIZED OR UNCLASSIFIED SEIZURE FREQUENCY

PATIENT ID	AGE/GENDER/RACE	VISIT	DID SEIZURES OCCUR SINCE LAST VISIT	DATE OF SEIZURE (STUDY DAY)	ABSENCE SEIZURES	MYOCLONIC SEIZURES	TONIC-CLONIC SEIZURES	ATONIC	PARITAL STATUS EPILEPTICUS	CONVULSIVE STATUS EPILEPTICUS	UNCLASSIFIED SEIZURES

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

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LISTING 9 EXTENT OF EXPOSURE TO STUDY MEDICATION

PATIENT ID	AGE/GENDER/RACE	STUDY VISIT	TREATMENT START DATE	TREATMENT STOP DATE	TOTAL DOSE (MG)	AVERAGE DAILY DOSE OF STUDY MEDICATION (MG/DAY)	EXTENT OF EXPOSURE (DAYS)

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

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LISTING 10 ADVERSE EVENTS CODING DICTIONARY MAPPING

SYSTEM ORGAN CLASS	PREFERRED TERM	REPORTED TERM
SOC 1	PREFERRED TERM 1	REPORTED TERM 1
		REPORTED TERM 2
	PREFERRED TERM 2	REPORTED TERM 1
	:	
SOC 2	PREFERRED TERM 1	REPORTED TERM 1
		REPORTED TERM 2
	PREFERRED TERM 2	REPORTED TERM 1
:		

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LISTING 11 ADVERSE EVENTS

SITE	PATIENT ID	AGE/GENDER/RACE	REPORTED TERM	PREFERRED TERM	START DATE (STUDY DAY)	STOP DATE	INTENSITY	RELATIONSHIP	ACTION(S) TAKEN	OUTCOME	SAE?

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

THE FORMAT ABOVE SHOULD BE REPEATED FOR THE FOLLOWING LISTINGS:
LISTING 12 TREATMENT-EMERGENT ADVERSE EVENTS
LISTING 13 TREATMENT-EMERGENT ADVERSE EVENTS AT LEAST POSSIBLY RELATED TO STUDY MEDICATION
LISTING 14 TREATMENT-EMERGENT ADVERSE EVENTS THAT CAUSED WITHDRAWAL FROM STUDY
LISTING 15 TREATMENT-EMERGENT ADVERSE EVENTS THAT LEAD TO DOSE MODIFICATION/INTERRUPTION

LISTING 16 DEATHS
NOTE THAT THIS IS WHERE AEOUT = 4 FATAL IF NO DEATHS THEN 'NONE REPORTED' SHOULD BE DISPLAYED

LISTING 17 SERIOUS TREATMENT-EMERGENT ADVERSE EVENTS
IF NO SERIOUS TREATMENT-EMERGENT ADVERSE EVENTS THEN 'NONE REPORTED' SHOULD BE DISPLAYED

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LISTING 18 LABORATORY REFERENCE RANGES

LABORATORY PARAMETER	SI LAB UNIT	NORMAL RANGE LOWER LIMIT (SI)	NORMAL RANGE UPPER LIMIT (SI)

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LISTING 19 HEMATOLOGY LABORATORY TEST RESULTS

PATIENT ID	AGE/GENDER/RACE	VISIT	COLLECTION DATE (STUDY DAY)	WBC X10E3/UL	RBC X10E6/UL	HGB g/dL	HCT %	PLATELET COUNT X10E3/UL	LYMPH %	LYMPH, ABS X10E3/UL

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

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FOOTNOTES:
* INDICATES A REPEAT VISIT.
H = HIGH.
L = LOW.

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LISTING 19 HEMATOLOGY LABORATORY TEST RESULTS

PATIENT ID	AGE/GENDER/RACE	VISIT	COLLECTION DATE (STUDY DAY)	MONO %	MONO, ABS, X10E3/UL	EOS %	EOS, ABS X10E3/UL	BASO %	BASO, ABS X10E3/UL	NEUT %	NEUT, ABS X10E3/UL	MORPHOLOGY

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

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FOOTNOTES:
* INDICATES A REPEAT VISIT.
H = HIGH.
L = LOW.

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LISTING 20 BLOOD SERUM CHEMISTRY LABORATORY TEST RESULTS

PATIENT ID	AGE/GENDER/RACE	VISIT	COLLECTION DATE (STUDY DAY)	ALT SGPT IU/L	AST SGOT IU/L	ALK. PHOS. IU/L	TOT. BILI. mg/dL	CREA. mg/dL	BUN md/dL	CHOL. mg/dL	PHOS. mg/dL

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

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FOOTNOTES:
* INDICATES A REPEAT VISIT.
H = HIGH.
L = LOW.

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LISTING 20 BLOOD SERUM CHEMISTRY LABORATORY TEST RESULTS

PATIENT ID	AGE/GENDER/RACE	VISIT	COLLECTION DATE (STUDY DAY)	GLUCOSE mg/dL	TOT. PROT. g/dL	URIC ACID mg/dL	CA mg/dL	NA mEq/L	K mEq/L	Cl mEq/L	BICARBONATE mEq/L

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

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FOOTNOTES:
* INDICATES A REPEAT VISIT.
H = HIGH.
L = LOW.

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LISTING 21 URINALYSIS LABORATORY TEST RESULTS

PATIENT ID	AGE/GENDER/RACE	VISIT	COLLECTION DATE (STUDY DAY)	pH	SPEC. GRAV.	PROTEIN	KETONES	GLUCOSE	BLOOD	WBC /HPF	RBC /HPF	LEUK. ESTER.	BACTERIA	EPI. CELLS

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

Note: This listing should also contain any urinalysis results for crystals.

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FOOTNOTES:

* INDICATES A REPEAT VISIT.
H = HIGH.
L = LOW.

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LISTING 22 ECG DIAGNOSIS/COMMENTS INFORMATION

PATIENT ID	INITIALS	AGE/GENDER/RACE	VISIT	ECG DATE (STUDY DAY)	ECG TIME	ECG QUALITY	DIAGNOSIS	OVERALL ECG INTERPRETATION	ECG COMMENTS

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

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LISTING 23 ECG RESULTS

PATIENT ID	INITIALS	AGE/GENDER/RACE	VISIT	ECG DATE	ECG TIME	HR	RR	PR	QRS	QT	AXIS	QTcB	QTcF

This section contained data from each individual patient, rather than in aggregate. They have been excluded to protect patient privacy. Anonymized data from each patient may be made available subject to an approved research proposal. For further information please see the Patient Level Data section of the Sponsor Clinical Study Register.

NOTE ONLY RECORDS WITH AT LEAST 1 NON-MISSING RESULT WILL BE PRESENTED IN THIS LISTING

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FOOTNOTES:
[1] PATIENT HAD AN INTERVAL >500MSEC OR CHANGE FROM BASELINE IN QTC INTERVAL >60MSEC

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LISTING 24 ECGS NOT PERFORMED AND THEIR REASON FOR NOT PERFORMING

PATIENT ID	INITIALS	AGE/GENDER/RACE	VISIT	REASON FOR NOT PERFORMING ECG

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NOTE ONLY RECORDS WHERE THE VALUE OF THE ECGRES VARIABLE IS NON-MISSING SHOULD BE LISTED HERE.

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LISTING 25 ECG RESULTS FOR PATIENTS WITH QTC INTERVAL >500MSEC OR CHANGE FROM BASELINE IN QTC INTERVAL >60MSEC

						TREATMENT DOSE (MG/DAY)									
					ECG	DAY BEFORE	DAY OF								
PATIENT ID	INITIALS	AGE/GENDER/RACE	VISIT	ECG DATE	TIME	ECG	ECG	HR	RR	PR	QRS	QT	AXIS	QTcB	QTcF

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NOTE ONLY RECORDS WITH AT LEAST 1 NON-MISSING RESULT WILL BE PRESENTED IN THIS LISTING

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FOOTNOTES:
[1] PATIENT HAD AN INTERVAL >500MSEC OR CHANGE FROM BASELINE IN QTC INTERVAL >60MSEC

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LISTING 26 VITAL SIGNS

PATIENT ID	AGE/GENDER/RACE	VISIT	DATE OF VITAL SIGNS (STUDY DAY)	SUPINE SYSTOLIC mmHg	SUPINE DIASTOLIC mmHg	SUPINE PULSE bpm	STANDING SYSTOLIC mmHg	STANDING DIASTOLIC mmHg	STANDING PULSE bpm	WEIGHT kg	TEMP. ˚C

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FOOTNOTE:
* INDICATES A >=7% INCREASE IN BODY WEIGHT FROM BASELINE

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LISTING 27 ABNORMAL PHYSICAL EXAMINATION RESULTS

PATIENT ID	AGE/GENDER/RACE	VISIT	DATE OF EXAM (STUDY DAY)	BODY SYSTEM	REPORTED ABNORMALITY

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NOTE UNDER BODY SYSTEM IS THE VALUES OF EITHER THE NON-MISSING PEBODSYS VARIABLE VALUE OR THE PEOTHER VARIABLE VALUE IF PEBODSYS IS MISSING.

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LISTING 28 ABNORMAL NEUROLOGICAL EXAMINATION RESULTS

PATIENT ID	AGE/GENDER/RACE	VISIT	DATE OF EXAM (STUDY DAY)	EXAM GROUP	GROUP PARAMETER	REPORTED ABNORMALITY	CLINICALLY SIGNIFICANT?

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LISTING 29 AUA SYMPTOM INDEX

PATIENT ID	AGE/GENDER/RACE	VISIT	DATE OF EXAM (STUDY DAY)	Q1	Q2	Q3	Q4	Q5	Q6	Q7

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FOOTNOTES:
QUESTION 1 HOW OFTEN HAVE YOU HAD A SENSATION OF NOT EMPTYING YOUR BLADDER COMPLETELY AFTER YOU FINISHED URINATING?

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QUESTION 2 HOW OFTEN HAVE YOU HAD TO URINATE AGAIN LESS THAN 2 HOURS AFTER YOU FINISHED URINATING?
QUESTION 3 HOW OFTEN HAVE YOU FOUND YOU STOPPED AND STARTED AGAIN SEVERAL TIMES WHEN YOU URINATED?
QUESTION 4 HOW OFTEN HAVE YOU FOUND IT DIFFICULT TO POSTPONE URINATION?
QUESTION 5 HOW OFTEN HAVE YOU HAD A WEAK URINARY STREAM?
QUESTION 6 HOW OFTEN HAVE YOU HAD TO PUSH OR STRAIN TO BEGIN URINATION?
QUESTION 7 HOW MANY TIMES DID YOU MOST TYPICALLY GET UP TO URINATE FROM THE TIME YOU WENT TO BED AT NIGHT UNTIL THE TIME YOU GOT UP?

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LISTING 30 PVR BLADDER ULTRASOUND RESULTS

PATIENT ID	AGE/GENDER/RACE	VISIT	DATE OF EXAM (STUDY DAY)	INTERPRETATION	PVR URINE VOLUME (mL)

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LISTING 31 QUALITY OF LIFE IN EPILEPSY SCORES (QOLIE-31-P)

				--------PART A--------							----------PART B----------									----------PARTC----------	
PATIENT ID	AGE/GENDER/RACE	VISIT	DATE OF EXAM (STUDY DAY)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
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LISTING 31 QUALITY OF LIFE IN EPILEPSY SCORES (QOLIE-31-P)

				PART D																
PATIENT ID	AGE/GENDER/RACE	VISIT	DATE OF EXAM (STUDY DAY)	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35
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LISTING 31 QUALITY OF LIFE IN EPILEPSY SCORES (QOLIE-31-P)

				---PART G---		PART H	----------PART I----------						
PATIENT ID	AGE/GENDER/RACE	VISIT	DATE OF EXAM (STUDY DAY)	Q36	Q37	Q38	Q39A	Q39B	Q39C	Q39D	Q39E	Q39F	Q39G

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LISTING 31 QUALITY OF LIFE IN EPILEPSY SCORES (QOLIE-31-P)

				SCORING								
PATIENT ID	AGE/GENDER/RACE	VISIT	DATE OF EXAM (STUDY DAY)	SEIZURE WORRY SCORE	OVERALL QOL SCORE	EMOTIONAL WELL BEING	ENERGY FATIGUE SCORE	COGNITIVE SCORE	MEDICATION EFFECTS SCORE	SOCIAL FUNCTIONING SCORE	OVERALL SCORE
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