NOVARTIS

Clinical Development

AMN107 (Nilotinib, Tasigna®)

Study Number: CAMN107AIC05 / NCT01743989

A prospective, randomized, open-label, two-arm Phase III study to evaluate treatment-free remission (TFR) rate in patients with Philadelphia chromosome-positive CML after two different durations of consolidation treatment with nilotinib 300 mg BID

RAP Module 3– Detailed Statistical Methodology

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1.1	05-Mar 2020	Draft v 1.1, Added analysis
1.2	30-Mar-2020	Format Changes
1.3	06-Apr-2020	Adding LSC sub-study abstract analysis
1.4	01-July-2020	Updating according to DR1 comments
1.5	28-Sep-2020	Adding LSC FAS definition
1.6	06-Oct-2020	Adding SSMC extra analysis
Pre- Final	07-Oct-2020	Finalize document
Final	09-Oct-2020	Minor cosmetics update and final version for CSR
Addendum	04-Jan-2021	Sensitivity analysis, excluding SDV (not done) involved visits KM analysis of PFS and TFS based on eCRF captured variable 'Progression to AP/BC '
Addendum V1.1	29-Jan-2021	Section 4.8, excluding Safety output Sensitivity analysis outputs not affected by the SDV record exclusion of specific visits, since they are based on Start and Stop dates independently of standard study visits: Duration of exposure, relative dose intensity, dose reduction/interruption of study drug treatment, Concomitant medication, AEs , TEAES, CVEs and Medical History.
Final	16-03-2021	Final version

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List of abbreviations

ABL	Abelson leukemia virus
AE	Adverse Event
AESI	Adverse Event of Special Interest
ALT	Alanine aminotransferase/glutamic pyruvic transaminase/GPT
ANC	Absolute Neutrophil Count
AP	Accelerated phase
AST	Aspartate aminotransferase/glutamic oxaloacetic transaminase/GOT
BC	Blast Crisis
BCR-ABL	BCR-ABL oncoprotein product of BCR-ABL fusion gene
BID	bis in diem/twice a day
CCyR	Complete cytogenetic response
CHR	Complete hematological response
CML	Chronic myeloid leukemia
CP	Chronic phase
eCRF	Case Report/Record Form; the term CRF can be applied to either EDC or Paper
CSR	Clinical study report
CTCAE	NCI Common Terminology Criteria for Adverse Events
CV	Cardiovascular
CVEs	Cardiovascular events
DI	Dose Intensity
DMC	Data Monitoring Committee
ECG	Electrocardiogram
ECOG	Eastern Cooperative Oncology Group
EDC	Electronic Data Capture
EoS	End of Study
EUTOS	European Treatment Outcome Study
FAS	Full Analysis Set
FDA	Food and Drug Administration (USA)
GFR	Glomerular Filtration Rate
ICE	Ischemic cerebrovascular events
IHD	Ischemic heart disease
IS	International scale
LLN	Lower limit of normal
LVEF	Left ventricular ejection fraction
MedDRA	Medical dictionary for regulatory activities
MMR	Major molecular response
MR	Molecular response
MR^{40}	4.0 log reduction on international scale (IS)
MR^{45}	4.5 log reduction on international scale (IS)

NEU	Neutrophils
PAOD	Peripheral arterial occlusive disease
PD	Protocol deviation
PDI	Planned Dose Intensity
PCR	Polymerase chain reaction
Ph	Philadelphia chromosome
Ph+ CML	Philadelphia chromosome positive chronic myeloid leukemia
PFS	Progression Free Survival
PPS	Per Protocol Set
PT	Preferred Term
RDI	Relative Dose Intensity
SAE	Serious adverse event
SDV	Source Data Verification
SOC	System Organ Class
SMQ	Standardized MedDRA Query
TEAE	Treatment Emergent Adverse Event
TFR	Treatment free remission
TFS	Treatment free survival
TKI	Tyrosine kinase inhibitor
ULN	Upper limit of normal
VAP	Validation and planning
WBC	White blood cell

1 Statistical methods planned in the protocol

This document contains details of the statistical methods which will be applied for the CSR analysis for the CAMN107AIC05 clinical trial.
The Primary objective of the CSR is to assess the optimal duration of consolidation treatment with nilotinib 300 mg BID in order that patients remain in treatment-free remission (≥MR4.0) without molecular relapse 12 months after entering the TFR phase

2 Statistical and analytical plans

The data will be analyzed by [redacted] according to the data analysis section 10 of the study protocol which is available in Appendix 16.1.1 of the CSR. Important information is given in the following sections and details are provided, as applicable, in Appendix 16.1.9 of the CSR.

Analyses will be conducted on all enrolled patients (Full Analysis Set, excluding patients without major protocol deviation) and all their data will be used for the analyses.

Primary Endpoint analysis will be performed for both FAS and PPS (FAS, excluding patients without major protocol deviation.

Data will be summarized with respect to demographic and baseline characteristics and safety observations and measurements. Assessment of molecular response will also be summarized.

2.1 Overview of study design

The CAMN107AIC05 study is a prospective, randomized, open label, multicenter, two arm Phase III study that includes a 12-month induction phase, followed by a 12 or 24 months consolidation phase (dependent on randomization), and a 36 or 24 month TFR phase respectively, adding to 5 year study duration for the individual patient.

This study aims to assess the optimal duration of nilotinib 300 mg twice daily (BID, bis in die) consolidation treatment, in order that patients remain in TFR (≥ molecular response $[MR]^{4.0}$) 12 months after starting the TFR phase of the study. Patients with chronic myeloid leukemia in chronic phase (CP CML) who have received 24 months of first line imatinib treatment, and who have failed to achieve the molecular response threshold for treatment cessation ($\geq MR^{4.0}$) have a 50% greater chance of achieving this level of molecular response by switching to nilotinib; however the optimal duration of consolidation treatment with nilotinib to ensure the highest rate of patients remaining in $\geq MR^{4.0}$ after suspending treatment is not yet known. This study therefore aims to assess the potential impact of two durations of consolidation treatment with nilotinib, i.e. 12 months versus 24 months, on molecular relapse rate in the first 12 months of the TFR phase. Eligible patients are adults with a confirmed diagnosis of chronic phase Ph+ and/or BCR ABL+ CML who have been treated with first line imatinib for 2 calendar years or more and are in complete cytogenetic response (CCyR). Patients must not have achieved $\geq MR^{4.0}$ at study entry, as assessed/confirmed by a local or a EUTOS laboratory.

620 patients have been enrolled into the study and were treated with nilotinib 300 mg BID for 24 months. Following the 24 months of treatment, patients in sustained molecular response for at least the last 12 months will be randomized on a 1:1 basis to either:

- Suspend nilotinib treatment immediately and enter the TFR phase (Arm 1; the nilotinib 24 months treatment arm); or
- Continue nilotinib treatment for a further 12 months then suspend treatment and enter the TFR phase (Arm 2; the nilotinib 36 months treatment arm).

Treatment-phases will be labelled, using as reference time point Randomization visit, as:

- "Induction/consolidation treatment phase", for both treatment arms from the date of Informed consent until Randomization visit.
- "Post-randomization treatment phase (ARM2)" for the 12-month additional treatment for treatment arm 2, from the date of Randomization visit+ 1 day.

Patients not achieving a sustained molecular response at 24 months (and subsequently at 36 months if previously randomized to the treatment arm with 1 year additional consolidation) will exit the study and will be treated at the discretion of the Investigator according to standard practice. Information on survival, stem cell transplantation, and on the status of the patient's disease (i.e. disease progression to AP (accelerated phase)/BP (blastic phase) according to protocol definition, tyrosine kinase inhibitor (TKI) treatment) will be collected until death, or until 5 years from study entry, whichever comes first.

Patients relapsing during the TFR phase will enter the nilotinib re-treatment phase of the study and will be re-treated with the same dose of nilotinib as they were on before the TFR phase (i.e. the re-treatment dose will be nilotinib 300 mg BID or a lower dose of nilotinib if this was reduced in the consolidation phase before entering the TFR phase). These patients will remain on study until the completion of the 5 years study period.

Details on the visit schedules and assessments are reported in Section 7 of the study protocol.

Optional Leukemic Stem Cells ENESTPath sub-study:

The Stem cells ENESTPath sub-study aims to add the determination of Ph+ stem cells in bone marrow in those patients consenting to participate in this sub-study, at the following time points:

a) At the screening visit, before starting nilotinib treatment

b) After 24 months of nilotinib treatment at Visit 8

c) After 36 months of nilotinib treatment, only in patients with 12 months additional of' consolidation treatment (Arm 2) at Visit 204

d) If the patient relapses during the TFR phase, before re-starting the treatment with nilotinib.

A 10 mL bone marrow sample is collected at each time point and sent to [redacted] for immunophenotype analysis, FACS (fluorescence activated cell sorting) cell purification, in situ hybridization, and RT-PCR. Measurement and quantification will be performed by flow cytometry in a bone marrow purified population of stem cells in order to detect the presence of leukemic Ph+ cells or BCR-ABL transcript levels (evaluated by fluorescent in situ hybridization [FISH] or RT-PCR).

2.2 Study objectives

The primary objective of the study is to assess the optimal duration of consolidation treatment with nilotinib 300 mg BID in order that patients remain in treatment free remission (TFR) with a molecular response of 4.0 or higher ($\geq MR^{4.0}$) without molecular relapse 12 months after entering the TFR phase.

The secondary objectives of the study are:

- To evaluate the proportion of patients who are eligible to suspend nilotinib therapy by achieving and maintaining sustained $\geq MR^{4.0}$ for at least 12 months during consolidation phase with 300 mg BID nilotinib;
- To assess the kinetics of molecular response of patients during induction/consolidation treatment with 300 mg BID nilotinib;
- To assess the kinetics of molecular response in patients during the TFR phase of the study in both treatment arms;
- To assess progression-free survival (PFS) rate after randomization in both treatment arms;
- To assess treatment-free survival (TFS) rate after randomization in both treatment arms;
- To estimate overall survival (OS) rate after randomization in both treatment arms;
- To assess the safety profile of nilotinib during the induction/consolidation phase, the TFR phase, and during the re-treatment phase.

For those patients consenting to participate in the optional Stem cells ENESTPath substudy included in Amendment 1, the following objectives will be also evaluated:

- To evaluate the presence and amount of leukemic stem cells (LSC) and their progenitors in the bone marrow of all patients participating in this substudy before and after completing induction and first year of consolidation phase (at Visit 8);
- To evaluate if prolonging treatment period of consolidation with nilotinib (patients in Arm 2 versus patients in Arm 1) causes a reduction in the percentage of patients presenting LSC and progenitor cells in bone marrow at the end of the second year of consolidation phase;
- To perform an exploratory analysis in order to evaluate if relapse in patients during the TFR phase in either arm correlates with the presence of LSC and progenitor cells in bone marrow at the end of the consolidation phase.
- To check the correlation of the response after switch from Imatinib to Nilotinib with the persistence of LSCs in the blood.

Additionally, for LSC-sub-study data the following objectives were set:

- To evaluate LSC detected cases, by Prior Imatinib exposure, Major Molecular Response Age and Sokal score for Randomized vs Not Randomized.
- To evaluate the presence and amount of leukemic stem cells (LSC) in Arm 1m Arm 2, Randomized, Not Randomized and Total group of LSC detected cases.

Objective	Endpoint	Analysis
To evaluate the presence and number of LSC and their progenitors in the bone marrow of all patients participating in this sub-study before and after completing induction and first year of consolidation phase (at Visit 8).	Proportion of patients with presence of Ph+ LSC in bone marrow (CD34+/CD38+ progenitor cells, CD34+/CD38− stem cells, and Immunophenotypically aberrant CD34+ stem cells [the last ones only if detectable]) at screening and at Visit 8, and Immunophenotypically aberrant CD34- stem cells.	The percentage of patients presenting Ph+ LSC in bone marrow will be calculated at each time point and will be presented by descriptive statistics.
To evaluate whether prolonging the treatment period of consolidation with nilotinib (patients in Arm 2 versus patients in Arm 1) induces a reduction in the percentage of patients presenting LSC and progenitor cells in bone marrow at the end of the second year of the consolidation phase (Visit 204 for Arm 2 versus Visit 8 for Arm 1);	Proportion of patients with presence of Ph+ LSC in bone marrow (CD34+/CD38+ progenitor cells, CD34+/CD38− stem cells, and Immunophenotypically aberrant CD34+stem cells [the last ones only if detectable]) at the end of consolidation arm (Visit 8 for Arm 1 and Visit 204 for Arm 2) and Immunophenotypically aberrant CD34- stem cells.	Descriptive statistics.
To perform an exploratory analysis in order to evaluate whether relapse in patients during the TFR phase in either arm correlates with the presence of LSC and progenitor cells in bone marrow at the end of the consolidation phase and at the time of relapse during TFR.	Proportion of patients with or without molecular relapse in the first year of TFR in either arm by presence of LSC in bone marrow (CD34+/CD38+ progenitor cells, CD34+/CD38− stem cells, and CD34+/CD56+ aberrant stem cells [the last ones only if detectable]) at Visit 8 and at the time of relapse during TFR.	Descriptive statistics

2.3 General strategies of data presentation

All categorical data will be summarized by frequencies and percentages, with the denominator being the total number of patients included in the analysis population, or the number of patients with available data (as specified in RAP Module 7).

Continuous data will be summarized with either standard descriptive statistics (i.e. the number of non-missing data, arithmetic mean, standard deviation, median, 25^{th} and 75^{th} percentiles, minimum and maximum), or will be collapsed into categorical data and summarized as categorical data.

Pre-randomization data will be presented for Arm1, Arm2, Not Randomized and Total.

Shells of the tables, listings and figures are described in Module 7 of the RAP.

2.4 Assessment windows, baseline and post-baseline definitions, missing data handling

2.4.1 Time-windows

For analysis purposes, time-windows will be defined. The time-windows are defined so that there are no gaps between the planned assessments, i.e. every assessment, including additional unscheduled assessments, would be assigned to one specific time-point. If there is more than one assessment within the time-window, the last available assessment in that time-window will be used. For all time-windows after baseline, only values after first dose of study drug will be used.

- Pre randomization induction/consolidation phase (Arm1, Arm2 and Not Randomized), time-windows are defined as starts at first day of study treatment and ends with randomization date. For Not-Randomized patients V400 (End of Induction /Consolidation visit) will be used.

- For post-randomization consolidation phase (Arm 2 only), time-windows are defined as starting at randomization date + 1 day and ending with the last day of study treatment (12 months after first randomization + 1 day).

- For TFR phase, time-windows are defined based on first day of TFR phase (i.e. last day of study drug intake from induction/consolidation phase for Arm1 or last day of study drug intake from post-randomization consolidation phase for Arm2, as described in section 2.8.4 + 1 day).

- For re-treatment phase, time-windows are defined based on first day of re-treatment (i.e. first day of study drug intake when patient re-starts study drug as described in section 2.8.4). The following table shows the time-windows for the analyses of molecular response based on the planned assessment schedule.

Time-windows presented in Table 1 below are calculated using the following formula:

- When assessments are planned every month: Day ([xx-0.5]*30.4375 + 1) – Day ([xx+0.5]*30.4375) where xx is the month of the visit
- When assessments are planned every 2 months: Day ([xx-1]*30.4375 + 1) – Day ([xx+1]*30.4375) where xx is the month of the visit
- When assessments are planned every 3 months: Day ([xx-1.5]*30.4375 + 1) – Day ([xx+1.5]*30.4375) where xx is the month of the visit
- For Day 1 and Week 6 time-window of re-treatment phase, Week 6 starts at Day ([6-3]*7 + 1) and ends where Month 3 starts. Day 1 time-window ends the day before Week 6 starts (day 21).

Depending on the study phase, time-windows are defined based on reference start dates defined in section 2.4.2 **Error! Reference source not found.** below.

Table 1 Definition of time-windows for molecular response

	Planned visit	Study Day	Time-window	Comment
Induction/Consolidation phase	Month 3	Day 91	2 - 136	Pre-Randomization
	Month 6	Day 183	137 - 228	
	Month 9	Day 274	229 - 319	
	Month 12	Day 365	320 - 410	
	Month 15	Day 457	411 - 502	
	Month 18	Day 548	503 - 593	
	Month 21	Day 639	594 - 684	
	Month 24	Day 731	685 - 776 ^	
	Month 27[$]	Day 822	777 - 867	Post- Randomization
	Month 30[$]	Day 913	868 - 959	
	Month 33[$]	Day 1004	960 - 1050	
	Month 36[$]	Day 1096	1051 - 1141 ^	
TFR phase	Month 1	Day 30**	1 - 46[#]	
	Month 2	Day 61	47 - 76[#]	
	Month 3	Day 91	77 - 107[#]	
	Month 4	Day 122	108 - 137[#]	
	Month 5	Day 152	138 - 167[#]	
	Month 6	Day 183	168 - 213[#]	
	Month 8	Day 244	214 - 274[#]	
	Month 10	Day 304	275 - 335[#]	
	Month 12	Day 365	336 - 411[#]	
	Month 15	Day 457	412 - 502[#]	
	Month 18	Day 548	503 - 594[#]	

	Month 21	Day 639	595 -	685[#]
	Month 24	Day 731	686 -	776[#]
	Month 27[$$]	Day 822	777 -	867[#]
	Month 30[$$]	Day 913	868 -	959[#]
	Month 33[$$]	Day 1004	960 -	1050[#]
	Month 36[$$]	Day 1096	1051 -	1141[#]
Re-treatment phase	Day 1	Day 1***	1 -	21
	Week 6	Day 42	22 -	67
	Month 3	Day 91	68 -	137
	Month 6	Day 183	138 -	228
	Month 9	Day 274	229 -	320
	Month 12	Day 365	321 -	411
	Month 15	Day 457	412 -	502
	Month 18	Day 548	503 -	594
	Month 21	Day 639	595 -	685
	Month 24	Day 731	686 -	776
	Month 27[$$]	Day 822	777 -	867
	Month 30[$$]	Day 913	868 -	959
	Month 33[$$]	Day 1004	960 -	1050
	Month 36[$$]	Day 1096	1051 -	1141

* Reference start day is the first date of study drug exposure.

** Reference start day is the first day of TFR phase

*** Reference start day is the first day of re-treatment phase (i.e. + 1 day after study drug intake when patient re-starts study drug).

The presence and number of LSC and their progenitors in the bone marrow will be summarized for all enrolled patients participating in this sub-study before and after completing induction and the first year of the consolidation phase (at Visit 8 - Month 24), at the end of the second year of the consolidation phase (at Visit 204 - Month 36 for Arm 2).

Table 2 Definition of time-windows for LSC assessments

	Text used in TLF	Planned visit	Study Day	Time-window
Screening (Re-screening)	Baseline	Day 0	Day 0	<=1
12th month of consolidation phase	Month 24	V8-Month 24	Day 731	685 -776 ^
24th month of consolidation phase Arm 2	Month 36	V202- Month 36[$]	Day 1096	1051 -1141 [@]

^Randomization date or V400 for Not Randomized patients

[@] Last day of study treatment (12 months after randomization date +1 day).

$ for patients in Arm 2 only.

or last day before study drug re-start

Time window will be used, considering no gap should be allowed compared to the planned visit. It will permit to exclude visits performed long after the planned visit date.

Time-windows presented in Table 3 below are calculated using the following formula:

- Assessments are planned every 3 months: Day ([xx-1.5]*30.4375 + 1) – Day ([xx+1.5]*30.4375) where xx is the month of the visit

Table 3 Definition of time-windows for Survival follow-up

	Planned visit	Study Day	Time-window
Survival follow-up	Month 3	Day 91	2 - 136
	Month 6	Day 183	137 - 228
	Month 9	Day 274	229 - 319
	Month 12	Day 365	320 - 410
	Month 15	Day 457	411 - 502
	Month 18	Day 548	503 - 593
	Month 21	Day 639	594 - 684
	Month 24	Day 731	685 - 776
	Month 27	Day 822	777 - 867
	Month 30	Day 913	868 - 959
	Month 33	Day 1004	960 - 1050
	Month 36	Day 1096	1051 - 1141
	Month 39	Day 1187	1142 - 1233
	Month 42	Day 1278	1234 - 1325
	Month 45	Day 1370	1326 - 1415
	Month 48	Day 1461	1416 - 1507
	Month 51	Day 1552	1508 - 1598
	Month 54	Day 1644	1599 - 1690
	Month 57	Day 1735	1691 - 1781
	Month 60	Day 1826	1782 - 1873

* Reference start day is the first day of survival follow-up.

2.4.2 Assessment windows

Safety assessments will be performed at the following time-points:

- Screening (D-28 to D0)
- Baseline (D1)
- Every 3 months during the induction/consolidation phase
- End of Phase (EOP) visit

At each of the visit times stated above, peripheral blood will be taken for BCR-ABL RQ-PCR assessment (performed in EUTOS standardized laboratory) and hematological assessments.

Details on safety and efficacy assessments are reported in section 7 of the protocol.
For analysis purposes time-windows will be defined for the RQ-PCR, bone marrow, FISH test and biological assessments over the induction/consolidation phase.
The time-windows are defined so that there are no gaps between the planned assessments, i.e. every assessment, including additional unscheduled assessments, would be assigned to one specific time-point. If there is more than one assessment within the time-window, the last available assessment in that time-window will be used. For all time-windows after baseline, only values after first dose of study drug will be used. Time-windows are defined based on first study drug intake date (study day 1).

The following table shows the time-windows for the analyses of molecular response based on the planned assessment schedule.

Table 2 Time-window for analyses of RQ-PCR, bone marrow, FISH test and biological assessments

Planned Assessment	**Time-window**
Baseline	see definition in 2.5.2
Month 3 – Day 91	Day 2 – Day 136
Month 6 – Day 182	Day 137 – Day 228
Month 9 – Day 273	Day 229 – Day 319
Month xx – Day (xx*30.4375)	Day ([xx-1.5]*30.4375 + 1) – Day ([xx+1.5]*30.4375)

xx = Every 3 months until 24 months for Arm 1 and until 36 months for Arm 2.

2.4.3 Baseline and post-baseline definitions

For all safety and efficacy evaluations the last available assessment before or on the date of start of study treatment is taken as the "baseline" assessment. If patients have no value as defined below, the baseline result will be missing. The study baseline is the same baseline as defined for the induction/consolidation phase. Except if it is specified differently, the term baseline will always refer to study baseline. The first day of start of study treatment is taken as "Day 1".

Pre randomization Induction/consolidation phase:
The last available assessment before or on the first day of nilotinib intake during induction/consolidation phase will be defined as the "baseline" assessment of the induction/consolidation phase.
The first day of start of study treatment is taken as "Day 1".
For adverse event, the day 1 will be considered as part of the post-baseline in the induction/consolidation phase.

Induction/consolidation phase end date corresponds to the last study drug administration date occurring before randomization/eligibility visit, or on the maximum date between:

- Randomization visit (date of visit 9) for Arm 1, visit 205 for Arm 2, and the
- End of induction/consolidation date (i.e. V400-EOP-ind/con date) for Not Randomized.

Pre-randomization induction/consolidation phase (CONS1) will be used for summary of AE. It corresponds to the 24 months of induction/consolidation phase (i.e. up to randomization) for arm 1 and arm 2.

Post-randomization consolidation for arm 2 (CONS2):
The randomization date + 1 day will correspond to the day 1 of this Post randomization consolidation phase. This sub-phase ends as defined for the end of induction/consolidation phase for arm 2.

Treatment-free remission phase:
The last available assessment before the first day of TFR phase (i.e. last day of nilotinib intake + 1 day) will be defined as the "baseline" assessment of the TFR phase.
The end date of TFR phase corresponds to the day of the first administration of re-treatment phase, defined as first study drug administration occurring after or on the maximum date between the end of TFR phase and the 1st visit from re treatment visit 301-RT day 1 date.
Any assessment occurring between the end date of induction/consolidation phase + 1 day and the end date of TFR will be considered as part of post-baseline in TFR phase.

Re-treatment phase:
The last available assessment before or on the end date of TFR phase (i.e. 1st day of re-treatment planned at visit V401-EOP-TFR) will be defined as the "baseline" assessment of the re-treatment phase.
Start date of re-treatment phase corresponds to the end date of TFR phase + 1 day.
For the purpose of biochemistry/hematology shift tables, a "baseline" assessment will be used as mentioned above. If patients have no value as defined above, the baseline assessments will be missing.
For adverse event, the Day -1 of re-treatment phase (i.e. Day 1 of restart of nilotinib) will be considered as part of the post-baseline re-treatment phase.

Four study days will respectively be defined based on the reference start dates mentioned below:

1. Start of study drug exposure
2. Randomization date
3. Start of TFR phase date
4. Start of re-treatment phase date

Study days will be calculated from the reference start dates as follows:

- If the date of the event is on or after the reference date then:
  Study Day = (date of event – reference date) + 1.

- If the date of the event is prior to the reference date then:
  Study Day = (date of event – reference date).

Study days will be used to show start/stop day of assessments and events in each phase as applicable.

2.4.4 Last contact date

The last contact date will be derived as the maximum date when the patient is known to be alive. All dates from the databases will be checked (e.g. actual date of visit, laboratory assessment, AE, date of discontinuation, etc.) to determine the last contact date.

2.4.5 Cut-off date

Cut-off date will be Last Patient Last Visit (LPLV) is scheduled.

2.4.6 End of Study (EoS) visit

End of study (EoS) visit where safety assessments if any will be collected, is planned when 5-years of study is completed. In case patient discontinued the study, EoS visit should be done immediately. When patient will complete the five years of study EoS visit will be performed without any time window.

2.5 Missing data handling

Throughout the study reasonable attempts will be made to limit the amount of missing data. However missing data will not be imputed, unless imputation is needed to perform specific analyses (e.g., for a dose administration record (DAR) with missing end date or end date after the cut-off date, the cut-off last contact date needs to be imputed as an end date to allow for calculation of treatment exposure duration and dose intensity). If it is required to impute an end date, the imputed date will be displayed and flagged in the appropriate listing, if produced. Imputation rules for missing dates (if applied) will be defined in the RAP Module 8 before the soft database lock.

The default rule for missing date imputation is the following:

- Day missing will be replaced by 15;
- Day & month missing will be replaced by 1July;
- No imputation if day, month and year are missing.

Imputed dates will not be displayed in listings except when required.
In the situation where the event date is partial or missing, the date will appear partial or missing in the listings, and study day, and any corresponding durations will be presented based on the imputations specified in the following paragraphs of this section.

For the analysis of PFS, time-to-first specific AE, overall survival (OS) and any time-to-first event, patients not meeting the event will be censored at the first date occurring between:

- the last contact date;

- the end of the applicable phase (if the event is specific to one phase);

- the cut-off date;
- date of death;

In case of missing PCR assessment, molecular response criteria will be imputed as follows: if no value exists in a time-window then the missing value will be imputed as a response if a response is observed on the last non-missing previous assessment and on the first next non-missing assessment (e.g. at Month 4, if a response is observed at the last previous assessment (i.e. Month 3) and at the next assessment (Month 5) then a response will be assumed at Month 4). If assessments are missing on two consecutive time-points, no imputation will be performed.

For the time-to-first specific AE analysis, patients not meeting the endpoint (=first occurrence of CVE) will be censored at the first date occurring between the (last treatment date + 30 days), the cut-off date and the date of death.

2.6 Analysis proportions

2.6.1 Analysis of Molecular response proportions

The proportion of successful TFR at 12 months, molecular responses or any other proportions will be calculated as the number of patients meeting the considered criterion divided by the number of patients in the analysis population (analysis populations will be specified in each section of this document).
Simple rates will be calculated by time window looking at all event between the start day and the end day of each time window. The number of patients at risk at the start point of time window will be used as denominator to compute the percentage of event in each time window.
Raw cumulative rates will be presented for each of the following phase:

- Post-randomization consolidation phase for arm 2 using 1st study drug exposure date as starting point and each post-randomization timepoint after as stopping point: Day 822 (month 27), Day 913 (month 30), Day 1004 (month 33), Day 1096 (month 36), checking these stopping timepoint occurred before the start of the TFR phase.
- TFR phase using the start of TFR phase date as starting point and timepoint defined after: Day 30 (1 month), etc… repeat at each-time point every month, Day 183(month 6), etc… repeat at each-time point every two months, Day 365 (month 12), etc… repeat at each-time point every three months up to 36 month (Day 1096) for Arm 1 or up to 24 months (Day 721) for Arm 2 checking these stopping timepoint occurred before the start of re-treatment phase.
- Re-treatment phase using the start of re-treatment phase date as starting point and each timepoint after as stopping point: Day 42 (6 weeks), Day 91 (3 months), etc… repeat at each-time point every three months up to 36 months (Day 1096) for Arm 1 or up to 24 months (Day 721) for Arm 2.

The denominator to compute the cumulative rate in each phase above will be the number of patients in FAS with non missing start date of the phase.

2.6.2 Analysis of time-to-event endpoints

Time-to-event endpoints will be expressed in months. They will be analyzed using Kaplan-Meier estimates (product-limit estimates) that will be presented by treatment arm, together with a summary of the number (%) of events and censored patients. The associated statistics of the time-to-event endpoint will include median, first and third quartiles, and the corresponding two-sided 95% confidence intervals. Reference time point will be the randomization date + 1 day, or the date of entering in TFR phase, or date of entering in re-treatment phase, depending on the endpoint of interest. Censoring rules are provided in section 2.5 .

2.6.3 Adjustment for covariates

No covariates are defined in the study protocol.

2.7 Other definitions

2.7.1 Treatment periods and treatment emergent periods

Per study design, patients are treated during the induction/consolidation phase (up to 24 months or 36 months depending on the randomization arm) and may also be treated again during the re-treatment phase (up to 36 months).

On-treatment period is defined from the first nilotinib dose intake up to the last intake of the considered phase.

Consequently, two treatment periods will be defined depending on the phase of the study.

Regarding treatment emergent abnormality or treatment emergent adverse event analysis, the treatment emergent period will be defined depending on the phase of the study:

- The treatment emergent period during pre-randomization induction/consolidation phase (for Arms 1 and 2) is defined as any event occurring between the first study drug dose intake, and the minimum date between last study drug dose intake + 30 days and the randomization date.
- The treatment emergent period during post-randomization consolidation phase (for Arm 2) is defined as any event occurring between the randomization date + 1 day and the minimum date between last nilotinib dose intake + 30 days and the start of TFR phase date.
- The treatment emergent period during re-treatment phase is defined as any event occurring between the start date of re-treatment phase and the last study drug dose intake during the re-treatment phase + 30 days.

2.7.2 TFR phase and emergent adverse events

The emergent period during TFR phase is defined as the time between last study drug intake from (induction/consolidation phase for treatment Arm 1 or last study drug intake from post-randomization consolidation phase for treatment Arm 2, as described in section 2.8.4) + 1 day and end of trial / start of re-treatment.

All adverse events occurring during the TFR phase will be presented similar to the AEs occurring during post-randomization consolidation phase (Arm 2) or re-treatment phase (both treatment Arms). Since AEs occurring during TFR phase (i.e. not during treatment), they cannot be considered as TEAEs.
For example, TKI withdrawal syndrome" (e.g. muscle pain) may occur for the first period after the treatment discontinuation (i.e. during TFR). Although this Adverse Event technically can be considered as "treatment emergent AE", officially it is not, because the drug is no longer taken, so it will be included as an AE of Special Interest during TFR phase.

2.7.3 Cardiovascular risk factors

Patients will be classified into 4 categories of cardiovascular (CV) risk factors at baseline according to the SCORE chart as described below:

1. **Very high risk:**

Patients with any of the following criteria:

- At least one documented CV event (CVE) in their medical history as defined with the SMQ (Standardized MedDRA Query) and Preferred Term (PT) based on the last version of MedDRA associated to the following group of CVEs: CVEs (Ischemic heart disease (IHD)), CVEs (Peripheral arterial occlusive disease (PAOD)), CVEs (Ischemic cerebrovascular events (ICE)) and others CVEs. These groups will be defined based on a Novartis project-related document, the "Compound Case Retrieval Strategy" stored in CREDI under path: "Cabinets / CREDI Projects / A / AMN107A / Integrated Medical Safety". The updated version of this document effective at the time of the analysis will be used.
- Diabetes mellitus (type 1 or 2) history, as defined by LLTs based on the last version of MedDRA with one or more of the following CV risk factors: smoking history (current or ex-smoker), obesity (BMI at baseline>30 kg/m²), hypertension (severe or not) or dyslipidemia history (familial or not) as defined by PTs based on the last version of MedDRA, micro-albuminuria at baseline (20-200 mg/l)
- Severe chronic kidney disease, defined as a Glomerular Filtration Rate (GFR) <30 ml/min/1.73m² at baseline. GFR is measured by Cockcroft-Gault Creatinine Clearance rate as defined below:

  GFR = [(140-age)*weight (kg)*0.85 (for women)] / [Cr (umol/l)*0.814]
- A calculated HeartScore >=10% at baseline as defined by the European Guidelines on cardiovascular disease prevention in clinical practice (version 2012) and based on age, gender, smoking status, systolic blood pressure, total cholesterol and country.

2. **High risk:**

Patients who did not meet any of the "Very high risk" criteria, and with any of the following criteria:

- Medical history of familial dyslipidemia or severe hypertension as defined by PTs based on the last version of MedDRA

- Diabetes mellitus (type 1 or 2) history as defined by LLTs, with no CV risk factor: non-smoker, BMI at baseline <=30 kg/m², no history of hypertension, no history of dyslipidemia, no micro-albuminuria (for diabetes mellitus patients with a missing BMI, missing smoker status or missing micro-albuminuria, the "Very high risk" category will be assumed)
- Moderate chronic kidney disease defined as GFR>=30 ml/min/1.73m² and <=59 ml/min/1.73m²)
- A calculated HeartScore >=5% and <10%

3. Moderate risk:

Patients who did not meet any of the "Very high risk" or "High risk" criteria, and with a calculated HeartScore >=1% and <5%.

4. Low risk:

Patients who did not meet any of the "Very high risk", "High risk" or "Moderate risk" criteria, and with a calculated HeartScore <1%.

If the HeartScore cannot be computed due to missing smoking history, age at baseline, gender, country, systolic blood pressure at baseline or total cholesterol at baseline then the CV category will be missing, except if other non-missing data classify the patient in the "Very high risk" category (i.e. document CVE, diabetes mellitus history with CV risk factor, GFR<30 ml/min/1.73m²).

If the GFR cannot be computed due to missing age at baseline, weight at baseline or creatinine at baseline then the CV category will be missing, except if other non-missing data classify the patient in the "Very high risk" category (i.e. document CVE, diabetes mellitus history with CV risk factor, HeartScore>=10%).

2.7.4 Study medication

The investigational study drug used during the course of this trial is Nilotinib 300mg BID and will be supplied by Novartis for the duration of the trial.

Dosages may be adjusted for a number of reasons, see the protocol for details.

The number of patients who have dose reductions or interruptions, the number of dose reductions or interruptions, as well as their reasons, will be summarized. This will be done for all reductions or interruptions together and then summarized separately for reductions and for interruptions

2.7.5 Duration of exposure

The following algorithm will be used to calculate the duration of nilotinib exposure per study phase:

- Duration of exposure (months) = (date of last study drug administration – date of first study drug administration + 1) / 30.4375

The duration includes the periods of temporary interruption.

The first administration for the exposure in the induction/consolidation phase is the first study drug administration taken from Drug Administration Recorded page of the CRF where daily dose administrated is not null/missing.

The last date of exposure in the induction/consolidation phase is defined as date of last study drug administration occurring before or on the maximum between:

- the date of Randomization for Arm1 (date of visit 9), visit 205 for Arm2)

And

- the end of induction/consolidation date (i.e. V400-EOP-ind/con date), including subjects Not Randomized.

The first administration of re-treatment phase is defined as first study drug administration occurring after or on the maximum date between the end of TFR phase and the 1st visit from re-treatment visit 301-RT day 1 date.

First study drug administration for Arm 2 post-randomization consolidation phase starts at randomization date and ends at the last study drug administration date occurring before or on the TFR phase eligibility (i.e. date of visit 205 where eligibility is yes)

These dates of nilotinib administration are taken from Drug Administration Recorded page of the CRF where daily dose administrated is not null/missing.

The last date of exposure in the re-treatment phase is the last nilotinib administration of the study taken from Drug Administration Recorded (DAR) page of the CRF where daily dose administrated is not null/missing.

Duration of exposure will be analyzed separately for Pre-randomization induction/consolidation period, post-randomization consolidation period (ARM2) and re-treatment period.

2.7.6 Relative dose intensity

Relative dose intensity (RDI) is defined as follows: RDI = 100 * DI (mg/day) / PDI (mg/day).

Planned dose intensity (PDI) is the assigned dose by unit of time planned to be given to patients as per protocol and is equal to 600 mg/day for nilotinib.

Dose intensity (DI) is defined as follows:

- DI (mg/day) = Cumulative dose (mg) / Duration of exposure (day).
- For patients who did not take any drug the DI is by definition equal to zero.

Cumulative dose is defined as the total dose taken by the patient during the study treatment exposure:

- Cumulative dose (mg) = sum of all rows on the dosage administration record of (actual dose * (date of end of medication – date of start of medication + 1) (only '+1' if end date not the same as the start date of the next dose)).

Descriptive statistics of RDI as well as RDI by category will be presented. The categories of RDI presented will be $0 < 70\%$, $\geq 70 < 90\%$, $\geq 90 < 100\%$ and $\geq 100\%$.

The average daily dose will also be displayed, is defined as the DI: Cumulative dose (mg) / (date of end of medication – date of start of medication + 1) (day).

Note that drug free days are included in the duration of exposure.

Listing for patients with dose administration records including start/stop dates, total dose and frequency, relative dose intensity and Discontinuation/Interruption along with the respective reason, will be presented.

2.7.7 Molecular responses

- Molecular response 4.5 ($MR^{4.5}$), defined as either detectable disease ≤0.0032% BCR to ABL(IS) ratio or undetectable disease in cDNA with ≥32,000 ABL transcripts. In case of undetectable disease, samples with a total of <32,000 ABL transcripts should be considered as not evaluable for $MR^{4.5}$. Not evaluable samples will be classified as non-responder.
- Molecular response 4.0 ($MR^{4.0}$), defined as either detectable disease ≤ 0.01% BCR to ABL(IS) ratio or undetectable disease in cDNA with ≥10,000 ABL transcripts. In case of undetectable disease, samples with a total of <10,000 ABL transcripts should be considered as not evaluable for $MR^{4.0}$. Not evaluable samples will be classified as non-responder.
- Major molecular response (MMR), defined as a ≥ 3.0 log reduction in BCR-ABL transcripts compared to the standardized baseline or ≤ 0.1% BCR-ABL according to the international scale as measured by RQ-PCR.
- Relapse during TFR phase

As per protocol, relapse is defined as the loss of MMR, or the confirmed loss of MR4.0 (defined by three consecutive tests less than MR4.0 assessed at three consecutive visits according to the visit schedule of the TFR phase). If during the three consecutive tests, one of the tests shows loss of MMR, this patient will be declared as relapsing and will start the nilotinib re-treatment phase immediately even if the definition of confirmed loss of MR4.0 is not yet fulfilled. Molecular responses at specific time-windows will be used to define relapse, i.e. the last assessment of each time-window will be taken into account (see section **Error! Reference source not found.**). In case of missing data, imputation of PCR assessment will be used as described in section 2.5.

2.7.8 Progression-free survival

As per protocol, the progression of disease is defined as follows:

- Progression to accelerated phase (AP):
  - ≥ 15% blasts in peripheral blood or bone marrow aspirate, but <30% blasts in both peripheral blood and bone marrow aspirate
  - ≥ 30% blasts plus promyelocytes in peripheral blood or bone marrow aspirate
  - ≥ 20% basophils in peripheral blood
  - Thrombocytopenia (<100 x 10^9/L) that is unrelated to therapy

- Progression to blast crisis (BC):
  - ≥ 30% blasts in peripheral blood or bone marrow aspirate
  - Appearance of extramedullary involvement other than hepato and/or splenomegaly proven by biopsy (i.e. chloroma)

For the purpose of analysis, failure of progression-free survival (PFS) will be defined as the earliest occurrence of progression to AP/BC (eCRF captured variable), or death for any cause after entering the TFR phase. The date of progression will be defined using the earliest assessment date among all criteria. In case of missing assessment date, the End of TFR phase visit date will be used.

If progression to AP/BC (eCRF captured variable) is not observed for the patient, patient will be censored as described in section 2.6.

2.7.9 Treatment-free survival

According to the protocol for the purpose of the analysis, failure of treatment free survival (TFS), will be defined as the earliest occurrence of progression to AP/BC ((eCRF captured variable)), or loss of MMR, or confirmed loss of MR4.0, or re-start of nilotinib treatment for any reason, or death for any cause after entering the TFR phase. The date of failure will be defined using the earliest assessment date among all criteria. In case of missing assessment date, the End of TFR phase visit date will be used.

If failure of TFS is not observed for the patient, patient will be censored as described in section 2.6.

2.7.10 Overall survival

As stated in the Protocol, one of the objectives of the CSR analysis is Overall survival, defined as the time from randomization to the time of death due to any cause after the date of Randomization. For randomized patients not known to have died on or before the cut-off date, survival time will be censored, at the date of last contact.

2.7.11 LSC detected cases

LSC detected cases defined for Baseline, as the latest available valid evaluation between Screening and Re-screening), derived as follows:

- "LSC detected" when Ph+ for HIS, or PCR, or both regarding:
  CD34/38 +, or CD34/CD38 –, or Immunophenotypically aberrant CD34+ cells, or Immunophenotypically aberrant CD34 negative cells.
- "LSC not detected" in all other cases excluding missing and not evaluable observations.

In general:

- If any of the 8 evaluations is Positive then LSC detected: **Yes**
- If there is NO Positive evaluation and at least one evaluation is Negative then LSC detected: **No**

If ALL 8 evaluations are Missing or Not Evaluable then **EXCLUDE.**

Table 4 Table Example of LSC detection categories based on HIS and PCR results:

	PH+ by HIS				*PH+ by PCR*				*LSC detected*
Subject	*CD34+/ CD38+*	*CD34+/ CD38-*	*Immuno-phenotypically aberrant CD34+ cells*	*Immuno-phenotypically aberrant CD34- cells*	*CD34+/ CD38+*	*CD34+/ CD38-*	*Immuno-phenotypically aberrant CD34+ cells*	*Immuno-phenotypically aberrant CD34- cells*	
1	***Positive***	***Positive***	*Not Evaluable*	*Not Evaluable*	***Positive***	***Positive***	*Negative*	*Negative*	***Yes***
2	***Positive***	***Positive***	*Missing*	*Negative*	***Positive***	*Negative*	*Missing*	*Negative*	***Yes***
3	*Negative*	***Positive***	*Negative*	*Missing*	*Negative*	*Negative*	*Not Evaluable*	*Missing*	***Yes***
4	*Negative*	*Negative*	*Negative*	*Missing*	***Positive***	*Missing*	*Negative*	*Not Evaluable*	***Yes***
5	***Positive***	*Negative*	*Negative*	*Negative*	*Negative*	*Not Evaluable*	*Missing*	*Negative*	***Yes***
6	*Negative*	*Negative*	*Positive*	*Negative*	*Negative*	*Negative*	*Not Evaluable*	***Positive***	*Yes*
7	*Negative*	*Negative*	*Negative*	*Negative*	*Negative*	*Negative*	***Positive***	*Negative*	*Yes*
8	*Negative*	*Negative*	*Negative*	*Missing*	*Negative*	*Negative*	*Negative*	*Not Evaluable*	*No*
9	*Negative*	*Negative*	*Negative*	*Missing*	*Missing*	*Negative*	*Missing*	*Negative*	*No*
10	*Negative*	*Negative*	*Negative*	*Negative*	*Missing*	*Not Evaluable*	*Negative*	*Missing*	*No*
11	*Missing*	*Missing*	*Not Evaluable*	*Missing*	*Missing*	*Missing*	*Missing*	*Missing*	*Excluded*
12	*Not Evaluable*	*Not Evaluable*	*Missing*	*Not Evaluable*	*Not Evaluable*	*Not Evaluable*	*Not Evaluable*	*Not Evaluable*	*Excluded*

3 Subjects and treatments

3.1 Definition of analysis sets

Enrolled population: All enrolled subjects.

Randomized Set: All randomized patients. This analysis set will only be used for major protocol deviation listing and overall survival after randomization.

Full Analysis Set
The Full Analysis Set (FAS) will include all enrolled subjects, excluding patients with PD severity codes (0, 8).

Safety population (SAF): The safety population consists of all subjects in the FAS who receive at least one dose of study medication, excluding patients with PD severity code 5. This set will be named "all treated patients" for the purpose of efficacy and safety analysis
Survival Follow-up: All enrolled subjects who were followed for progression and/or survival after premature withdrawal from any phase.

Per-Protocol Set (PPS): The PPS consists of a subset of the patients in the FAS who are compliant with requirements of the clinical study protocol. Compliant with requirements of the clinical study protocol includes patients without major PD with severity code 1.

LSC sub-study Full Analysis Set (LSC FAS): The LSC FAS consists of a subset of the patients in the FAS who are also part of PPS and SAF, i.e. excluding patients with PD severity codes (0, 1, 5, 8).

Protocol deviations (PD), will be specified prior to database lock.

Criteria defining PD and their corresponding severity codes are provided in the Module 3 of the Validation and planning document (VAP version 8).

Major protocol deviations defined for CSR are described as below:

Table 3 Protocol Deviations

Analysis Set	Severity Code	PD severity codes leading to exclusion from analysis set
FAS, PPS	0	Exclude from all efficacy analysis
SAF	5	Exclude from all safety analysis
FAS, SAF, PPS	8	Exclude from all analysis
PPS	1	Exclude from Per-Protocol analysis

For CSR analysis, all subjects from FAS will be included in the analyses. The primary analysis will be repeated on the PPS.

3.2 Patient disposition and characteristics at screening

3.2.1 Patient disposition

The number of patients treated in induction/consolidation phase will be summarized as applicable during the study progress, as well as the number of patients who discontinued the induction/consolidation phase, along with the primary reason for discontinuation.

The summary of patients' disposition will be presented overall and also by year-phase combination: Induction-Consolidation 1st year, Induction-Consolidation 2nd year (pre-randomization consolidation) and 3rd year of treatment (post-randomization consolidation) for ARM 2 patients only.
Number of patients not randomized, along with the respective reason, based on Molecular response criteria will be summarized. Considering that the standard criterion was defined as having 4 out of 5 quarterly assessments of ≥MR4.0 by a (EUTOS) standardized laboratory over the last 12 months AND the last assessment before randomization is at least MR4.0, the following categories for Not Randomized patients will be presented:

- Patient with last assessment < MR4.0
- Patient with <4 times, out of 5 MR4.0
  - Patient with 0 out of 5 times MR4.0
  - Patient with 1 out of 5 times MR4.0
  - Patient with 2 out of 5 times MR4.0
  - Patient with 3 out of 5 times MR4.0
- Patient with 4 out of 5 times MR4.0 but last assessment < MR4.0
- Patient with <4 times, out of 5 MR4.0 and last assessment MR4.0
- Other reason not related to Molecular response, including: AE, ICF withdrew, PD, lost to follow up, death, etc.

The following information will also be reported:

Number (percentage) of patients who are:

- Randomized
- Arm 1 Nilotinib 24-month treatment / Arm 2 Nilotinib 36-month treatment
  - Patients completed the consolidation phase
  - Patients discontinued before TFR phase
  - Patients entered in the TFR phase
  - Patients who completed the TFR phase *
  - Patients in the TFR phase with 6 months (i.e. 213 days) without relapse
  - Patients in the TFR phase with 12 months (i.e. 411 days) without relapse
    - entering in survival follow-up period
    - completing the survival follow-up and the 5 years study period
    - completing the survival follow-up before the 5 years study period

        - discontinued from the study without survival follow-up
    - Patients discontinued TFR phase without entering re-treatment phase
        - entering in survival follow-up period
        - completing the survival follow-up and the 5 years study period
        - completing the survival follow-up before the 5 years study period
        - discontinued from the study without survival follow-up
    - Patients entered in the re-treatment phase
    - Patients discontinued the re-treatment phase
        - entering in survival follow-up period
        - completing the survival follow-up and the 5 years study period
        - completing the survival follow-up before the 5 years study period
        - discontinued from the study without survival follow-up
    - Patients who completed the re-treatment

**Completion of TFR phase is 36 months for arm 1 and 24 months for arm 2.*

The duration of study will be described as: (date of last contact – date of informed consent + 1)/30.4375.

Percentages will be computed per arm over the number of patients randomized, over the patients entered in TFR phase, over the patient discontinued TFR, over the patient entered in re-treatment phase or over the patient discontinued the re-treatment phase as mentioned in the TLF shells.

- Number of patients with no major deviation from protocol, due to which patients are excluded from safety or efficacy analysis (for analysis using Per Protocol Set).

Note that for Arm 1 TFR phase can be up to 36 months and re-treatment phase can be up 36 months, while for Arm 2 TFR phase can be up to 24 months and re-treatment phase can be up 24 months.

The number of patients in TFR phase at each month before Month 6, at every 2 months from Month 6 until Month 12 and every 3 months after Month 12, will be summarized. The number of patients in re-treatment phase will also be summarized at Week 6, Month 3 and every 3 months after.

A listing of all patients will be provided including the date of enrolment, the date of first and last study medication, the date of last contact, did the subject completed the study, discontinued the study and reason for discontinuation.

A listing will include details on subjects' last known date of study medication intake and whether the patient is followed up for survival, stem cell transplantation and disease progression to AP/BP from study entry and death date if applicable.

In addition, for patients participating in the LSC sub-study the following information will also be reported:

- Number of enrolled patients in the LSC sub-study (signed ICF for LSC sub-study).
- Number of enrolled patients in the LSC sub-study who received at least one dose of nilotinib
- Number of randomized patients per center and per country

  Percentages will be computed over the number of patients enrolled in the in the LSC sub-study
- Number of randomized patients:
  - In Arm 1: Percentages will be computed over the number of patients randomized in Arm1, as mentioned in the TLF shells.
  - In Arm 2: Percentages will be computed over the number of patients randomized in Arm 2 as mentioned in the TLF shells. Number of patients with no major deviation from protocol, due to which patients are excluded from safety or efficacy analysis.

3.2.2 Screen Failures

Patients not fulfilling inclusion/ exclusion criteria at Baseline (Latest visit between Screening and Re-Screening), a table presenting the Reason of Screen failure as specific text presenting Inclusion- Exclusion Criteria depending on Protocol version will be created.

A listing presenting all Screen Failures including number and specific text on Inclusion/ Exclusion Criteria along with the respective Protocol version number, will be created.

3.2.3 Study discontinuation

The following information will be reported in the FAS per treatment arm and overall:

Number (percentage) of patients discontinued along with primary reason for discontinuation:

- At any time point after randomization
- Before entering TFR
- After entering the TFR phase
- After entering re-treatment phase

A listing of patients who discontinued will be provided per study phase (induction phase, pre-randomization consolidation phase, post-randomization consolidation phase (arm 2), TFR phase and re-treatment phase), including the reason for discontinuation, the date of end of phase, the last known date the patient took the treatment, and whether the patient continues to be followed for survival.

A listing of patients relapsing during TFR phase, but not entered immediately or never entered re-treatment phase, will be provided.

Study discontinuation and Protocol Deviation Listings will be created.

3.2.4 Demographics and baseline characteristics variables

Demographics and baseline characteristics will be summarized using the FAS per treatment arm, per randomization status (Randomized vs Not Randomized) and overall:

- Age at baseline visit in years, both numeric and categorical (<65 & ≥65)
- Gender (male, female)
    - If female, child bearing potential (able to bear children, premenarche, post menopausal, sterile – of child bearing age)
- Race (Caucasian, Black, Asian, Native American, North African descent, unknown, other)
- Eastern Cooperative Oncology Group (ECOG) performance status (World Health Organization (WHO))
- BMI (kg/m²) both numeric and categorical (very severely underweight (less than 15.0), severely underweight (≥15.0 - <16.0), underweight (≥16.0 - <18.5), normal (≥18.5 - <25.0), overweight (≥25.0 - <30.0), obese class I (≥30.0 - <35.0), obese class II (≥35.0 - <40.0) and obese class III (≥40.0))
- Smoking history (no, yes, ex-smoker)
    - If ex-smoker: duration (months) since stopped smoking, calculated as (date of screening visit – date stopped smoking + 1) / 30.4375. Imputation of missing or partial dates will be handled as described in section 2.5.
    - If yes or ex-smoker, use of tobacco products in the past 1 month (cigarettes, cigars, tobacco, other)
- Family history: presence of family diabetes, hypertension, dyslipidemia, cardiac events, cerebrovascular events and peripheral arterial disease.

Comparison between Randomized and No Randomized group will be done for Demographics and baseline characteristics, History of prior Imatinib therapy, Cardiovascular risk factors,

using: Pearson's Chi-square test p-value, or Fisher's exact test in case we have one or more frequencies in the cross-tabulation $MR^{4.0}$ Yes/No*Randomized/Not Randomized, less than 5 for categorical variables, to check correlation between $MR^{4.0}$ and Randomization group.

For numeric variables, Independent t-test for mean (using "Equal" variances or "Unequal" variances depending on Variance test result) and Median test for median will be used to test for differences between Randomized and Not Randomized group.

- Listings will also be provided to display demographic data, as well as family history (from eCRF page).

****Sample pseudo SAS code for Pearson's and Fisher's Chi-square test for Categorical cross-tabulations***

Pearson chi-square test;
ods trace on/listing;
ods output ChiSq=pchisq;
proc freq data=DATA;
*tables VAR*trtg/ chisq;*
run;
ods trace off;

**Keep prob where Statistic="Chi-Square";*

Fisher's exact test;
ods trace on/listing;
ods output FishersExact=fishert;
proc freq data=DATA;
*tables VAR*trtg/ fisher;*
run;
ods trace off;

**Keep nValue1 where Name1="XP2_FISH ";*

2 Independent samples t-test ;
ods trace on/listing;
ods output TTests=ttest;
Equality=eqv;proc ttest data=data;
class `trtg`*;*
var age;
run;
ods trace off;

In probf >=0.05 in EQV dataset then in the ttest keep probt for Variances='Equal';
In probf <0.05 in EQV dataset then in the ttest keep probt for Variances='Unequal';

Median test ;
ods trace on/listing;
ods output MedianTest=medt;
proc npar1way data= data;
class trtg;
var var;
run;
ods trace off;

**nValue1 where Name1='P2_MED';*

3.2.5 Disease history

Disease History will be described in the FAS per treatment arm and overall as follows:

- Time since initial diagnosis (months) calculated as (date of the screening visit – date of initial diagnosis) / 30.4375. Imputation of missing or partial dates will be handled as described in section 2.6.
- Peripheral blood blasts % at diagnosis
- PB eosinophils % at diagnosis
- PB basophils % at diagnosis
- Platelets at diagnosis (10^9L)
- Spleen size at diagnosis (cm)
- Extramedullary involvement other than hepato and/or splenomegaly (yes, no)
- Sokal score at diagnosis, both continuous and categorical (low risk (<0.8), intermediate risk (≥0.8-≤1.2) and high risk (>1.2))
- Euro (Hasford) score at diagnosis, both continuous and categorical (low risk (≤780), intermediate risk (>780-≤ 1480) and high risk (>1480))
- EUTOS score at diagnosis, both continuous and categorical (high risk (>87) and low risk (≤87))
- Previous progression to AP/BP (yes, no)
- Attempt to stop treatment with Imatinib (yes, no)
- Molecular response at screening (BCR-ABL^{IS} > 1%, BCR-ABL^{IS} > 0.1 - ≤ 1%, > 1%, BCR ABL^{IS} > 0.01 - ≤ 0.1%, BCR-ABL^{IS} ≤ 0.01%, Undetectable BCR-ABL)

A listing will also be provided to display disease history.

3.2.6 Medical history/current medical condition

Medical history/current medical condition will be summarized in the FAS per treatment arm and overall by MedDRA System Organ Class (SOC) and Preferred Term (PT). A patient will be counted only once within a given SOC and within a given PT, even if he had several records.

A listing will also be provided, including MedDRA SOC and PT, verbatim, date of diagnosis/surgery, and whether the condition is still ongoing.

3.2.7 Cardiovascular risk factors

Cardiovascular risk factors will be described with the following categories: very high risk, high risk, moderate risk and low risk, per treatment arm and overall.

Also, based on their medical history, the number and percentage of patients showing the following CV risk factors will be described:

- CVEs (IHD: Ischemic heart disease)

- CVEs (PAOD: Peripheral arterial occlusive disease),
- CVEs (ICE: Ischemic cerebrovascular events)
- CVEs (Others)
- Hypercholesterolemia
- Hypertension
- Diabetes
- At least one CV medical history

In addition, the number and percentage of patients meeting the following criteria based on laboratory parameters and vital signs at baseline will be described:

- Fasting glucose at baseline:
  - 5.6 – 6.9 mmol/L
  - >6.9 mmol/L
- Total cholesterol at baseline (> 5.2 mmol/L)
- LDL cholesterol at baseline (> 3.3 mmol/L)
- HDL cholesterol at baseline (< 1.3 mmol/L)
- Triglycerides at baseline (> 1.7 mmol/L)
- At least one risk factor between high total cholesterol, high LDL, low HDL, and high triglycerides
- Blood pressure at baseline (systolic blood pressure > 140mmHg or diastolic blood pressure > 90 mmHg) by treatment Arm and treatment phase:
  - Arm1
    - TFR
    - Re-treatment phase
  - Arm2
    - Post-randomization consolidation phase
    - TFR
    - Re-treatment phase

Listing will be provided to display CV risk factors with medical history, laboratory parameters and vital signs at baseline.

3.3 Prior and concomitant medications/non-drug therapies

Prior medications are defined as medications which started and stopped before the date of first nilotinib intake. Medications ongoing at the date of first nilotinib intake, as well as medications started after the date of first nilotinib intake, are defined as concomitant medications. In addition, concomitant medications will be classified by study phase (induction/consolidation, TFR, re-treatment phases) depending on whether their start dates is before or after the reference start dates defined in section 2.5.

- Prior medication: start date of medication before the date of first nilotinib intake.
- Concomitant medication during induction/consolidation phase: start date of concomitant medication equal or after the date of first nilotinib intake, and before the first day of TFR phase.
- Concomitant medication during TFR phase: start date of concomitant medication equal or after the first day of TFR phase and before the end date of TFR phase.
- Concomitant medication during re-treatment phase: start date of concomitant medication equal or after the end date of TFR phase (first day of nilotinib administration in re-treatment phase).

In order to define prior/concomitant medications, missing or partial start and stop dates will be imputed as described in section 2.5.

A focus will be given on prior Imatinib, with the history of prior exposure summarized by both summary statistics and categorical frequencies (< 2 years, ≥ 2 years - < 5 years, ≥ 5 years). Duration of prior Imatinib exposure (months) will be calculated as (end date of prior imatinib intake – start date of prior imatinib intake + 1) / 30.4375.

Concomitant medications will be described per treatment arm and overall by therapeutic class and PT during induction/consolidation and TFR phase, and during the re-treatment phase in the subset of patients entering the re-treatment phase.

Listings of prior and concomitant medications will be provided, including ATC level 2, PT, verbatim, indication, start and stop dates, dose, frequency and route of administration. A specific listing will be provided for prior antineoplastic therapies, also including the therapy type and reason for discontination of therapy.

Prohibited medication will be presented in Listings for Full Analysis Set patients, including all necessary basci information (Country/Center/ patient number, age/sec/race) and Preferred term, ATC level 2 code, Indication, Start/End dates, phase of administratin, route of administration along with Dose and Frequency.

3.3.1 Description of CV risk factors based on medical history, laboratory parameters and vital signs at baseline

Based on their medical history, the number and percentage of patients showing the following CV risk factors will be described per treatment arm and overall:

- CVEs (IHD: Ischemic heart disease)

- CVEs (PAOD: Peripheral arterial occlusive disease),
- CVEs (ICE: Ischemic cerebrovascular events)
- CVEs (Others)
- Hypercholesterolemia
- Hypertension
- Diabetes
- At least one CV medical history

In addition, the number and percentage of patients meeting the following criteria based on laboratory parameters and vital signs at baseline will be described:

- Fasting glucose at baseline:
    - 5.6 – 6.9 mmol/L
    - 6.9 mmol/L
- Total cholesterol at baseline (> 5.2 mmol/L)
- LDL cholesterol at baseline (> 3.3 mmol/L)
- HDL cholesterol at baseline (<1.3 mmol/L)
- Triglycerides at baseline (> 1.7 mmol/L)
- At least one risk factor between high total cholesterol, high LDL, low HDL, and high triglycerides
- Blood pressure at baseline (systolic blood pressure > 140mmHg or diastolic blood pressure >90 mmHg)

Listing will be provided to display CV risk factors with medical history, laboratory parameters and vital signs at baseline.

3.4 Study medication

During pre-randomization induction/consolidation phase, both treatment arm patients will receive nilotinib for 24 months.

After randomization, there are two phases of the study when patients will take nilotinib:

- During the consolidation phase for Arm 2 (12 additional months of treatment before entering TFR phase)
- During the re-treatment phase in case of relapse during TFR phase (up to 24 or 36 months of treatment depending on the randomization arm)

The exposure to study medication will be described separately for the 2 above phases by treatment arm.

3.4.1 Duration of exposure

The duration of exposure in months, will be described as a continuous variable and per category (< 6, >=6 - <12, >=12 - <18, >=18 - <24, >=24 - <30, >=30 - <36, >=36), by treatment arm and phase of study: pre-randomization induction/consolidation phase, consolidation (for Arm 2) and re-treatment phase.

3.4.2 Relative dose intensity

Descriptive statistics of RDI will be presented, as well as RDI categories: $0 < 70\%$, $\geq 70 < 90\%$, $\geq 90 < 100\%$ and $\geq 100\%$.

The average daily dose will also be displayed, and is defined as the DI:

DI = Cumulative dose (mg) / (date of end of medication – date of start of medication + 1) (day).

Drug free days will be included in the duration of exposure.

3.4.3 Dose reduction and interruption

The number of dose reductions or interruptions per patient will be summarized using the following categories: 0, 1, 2-3, more than 3 reductions/interruptions.

The number of patients with at least one dose reduction/interruption will be summarized, as well as the reason for reduction/interruption.

3.4.4 Dosage administration record

A listing of the dosage administration records in induction/consolidation phase and in re-treatment phase will be provided, including the dose administered, frequency, start and stop dates, whether the dose was changed/interrupted/permanently discontinued and the reason.

3.5 Protocol deviations

The number of patients with any protocol deviations due to which patients are excluded from safety or efficacy analysis will be described in a frequency table based on the Enrolled patients. A listing describing the patients with any major protocol deviations due to which patients are excluded from safety or efficacy analysis will be provided.

4 Efficacy evaluation

All efficacy analyses will be performed on the set of Full Analysis Set, per treatment arm (including Not Randomized patients (as applicable) and Randomized as separate columns) and overall.

4.1 Molecular response

Primary endpoint defined as $MR^{4.0}$ at 12 months of TFR, will be presented and compared for Arm1 vs Arm2, using Pearson's Chi-square test p-value, or Fisher's exact test in case we have one or more frequencies in the cross-tabulation $MR^{4.0}$ Yes/No*Randomized/Not Randomized, less than 5 for subset of FAS entering the TFR phase, PPS, FAS and PPS.

The cumulative incidence of patients achieving MMR, $MR^{4.0}$ or $MR^{4.5}$ at selected time points of post-randomization (ARM2 patients) and re-treatment phase, as well as cumulative incidence of patients' loss of MMR, $MR^{4.0}$ or $MR^{4.5}$ during TFR phase as described in section 2.7.1 will be reported.

Note that for loss of MR4.5 population will be restricted to patients achieving MR4.5 as only MMR and MR4.0 are expected to be achieved for all patients eligible for TFR phase.

In addition, the proportions of MMR, $MR^{4.0}$ and $MR^{4.5}$ will be described based on time-windows described in section 2.4 (i.e. the last value of the time-window will be displayed).

The raw cumulative incidence of response will also be graphically displayed over time.

Listings presenting the BCR-ABL(IS) ratio, the total number of ABL copies, and the molecular response(s) for each phase will be provided.

4.2 Subgroup definition

BCR-ABL (IS) ratio at baseline

The following subgroups will be defined based on the BCR-ABL (IS) levels at Baseline:

- BCR-ABL(IS) ratio >1%
- BCR-ABL(IS) ratio >0.1% - ≤1%
- BCR-ABL(IS) ratio >0.01% - ≤0.1%
- BCR-ABL(IS) ratio ≤0.01% (0% excluded)
- Undetectable BCR-ABL (when BCR-ABL(IS) ratio = 0 and the total number of ABL copies>10,000)

BCR-ABL (IS) ratio at Month 3

The following subgroups will be defined based on the BCR-ABL (IS) levels at Month 3 (i.e. last non missing assessment of the corresponding time-window):

- BCR-ABL (IS) ratio at Month 3 <= 0.005% (non missing value lower or equal to 0.005)
- BCR-ABL (IS) ratio at Month 3 > 0.005%

Molecular response up to Month 3 (suggested by SSMC members)

The following subgroups will be defined based on the derived molecular response up to

Month 3:

- Molecular response 4.0 up to Month 3
- Molecular response 4.5 up to Month 3

Halving time of BCR-ABL (IS) ratio

The following subgroups will be defined based on the halving time, i.e. the time to reach a decrease in BCR-ABL (IS) ratio levels of at least 50% from baseline:

- Halving time <= 3 months (91 Days)
- Halving time > 3 months (91 Days)

The halving time will be computed as follows:

- Halving time = -d * log(2)/[log(b)-log(a)]

where:

a, is the Baseline BCR-ABL (IS) ratio value

b, is the last Month 3 BCR-ABL (IS) ratio value

d, is the actual treatment time in days over the two measurements

Suboptimal response

Suboptimal response for patients who prematurely discontinued induction/consolidation phase using the following criteria:

- loss of CHR - n (%)
- loss of CCyR - n (%)
- loss of MMR - n (%)
- no MMR up to Month 24 - n (%)

Will be summarized in tables for Pre-randomization and Post-randomization (ARM2) phase.

Time since initial diagnosis of CML

The following subgroups will be defined based on Time since initial diagnosis of CML:

- <2 years
- 2 to 4 years
- 4 to 6 years
- 6 to 8 years
- 8 to 10 years
- 10 to 12 years
- >= 12 years

Sokal risk group

The following subgroups will be defined based on Sokal risk category:

- Low risk (<0.8)
- Intermediate risk (>=0.8 - <=1.2)
- High risk (>1.2)

4.3 Kinetics of BCR-ABL(IS) transcript levels

Descriptive statistics of BCR-ABL (IS) ratio will be provided at selected time points based on time-windows described in section **Error! Reference source not found.** (i.e. the last value of the time-window will be displayed):

- For Pre-randomization phase (Arm1, Arm2): Baseline (Month 0) and every 3 months until Month 24.
- For treatment phase (Arm 2): Month 24 (Randomization), and every 3 months until Month 36.
- For TFR phase: every month until Month 6, every 2 months until Month 12, and every 3 months until Month 24 or 36 depending on the randomization arm. This will be described per treatment arm and overall.
- For re-treatment phase: Day 1, Week 6, Month 3 and every 3 months until Month 36. This will be described in the subset of patients entering the re-treatment phase.

Listings presenting the BCR-ABL(IS) ratio, the total number of ABL copies, and the molecular response(s) will be provided for all patients at each phase.

4.4 Progression free survival after entering the TFR phase

The evaluation of PFS after entering the TFR phase will be estimated in the two treatment arms of the FAS population sub-set entering the TFR phase, using Kaplan-Meier analysis. Summary statistics from the Kaplan-Meier distributions will be determined, as well as the proportions of patients remaining progression-free at 6, 12, 18, 24, 30 and 36 months after entered the TFR phase. The incidence of event will be graphically displayed.

A listing of the assessment of PFS will be provided.

4.5 Treatment free survival after entering the TFR phase

The evaluation of TFS after entering the TFR phase will be estimated in the two treatment arms of the FAS population sub-set entering the TFR phase, using Kaplan-Meier analysis. Summary statistics from the Kaplan-Meier distributions will be determined, as well as the proportions of patients remaining treatment-free at 6, 12, 18, 24, 30 and 36 months after entered the TFR phase. The incidence of event will be graphically displayed.

A listing of the assessment of TFS will be provided.

4.6 Overall survival after Randomization

The evaluation of OS after Randomization will be estimated in the two treatment arms of the FAS population sub-set Randomized, using Kaplan-Meier analysis. Summary statistics from the Kaplan-Meier distributions will be determined, as well as the proportions of patients survived at 6, 12, 18, 24, 30 and 36 months after entered the Randomization. The incidence of event will be graphically displayed.

A listing of the assessment of OS will be provided.

***Sample pseudo SAS code for Kaplan Meier time to Event analysis;**

```
ods listing close;
ods trace on/listing;

ods output  ProductLimitEstimates= timelist1  ;
ods output quartiles=quart;
ods output CensoredSummary=summar;

proc lifetest data=dat method=km ATRISK method=km  outsurv=surv1
timelist=X1 X2 X3 …  alpha=0.05;
  time timev*cens(1) ;
  strata strata/ notest;
run;

ods trace off;

**********;
```

***Sample SAS code for Primary Efficacy;**

Please check Pearson's and Fisher's exact test in section 3.2.4

4.7 Other efficacy assessments

Listings of bone marrow analysis, mutational analysis and extramedullary involvement will be provided for patients who underwent these assessments during the course of the study.

Listings presenting the Bone Marrow efficacy related data: Type of bone marrow sample, cellularity, and percent of Blasts, Promyelocytes, Basophilis and Eosinophilis, Number of metaphases and additional aberrations for Ph+ and Ph-, for each treatment arm, including Not evaluable or Not Done assessments, will be provided.

4.8 SDV sensitivity analysis

In order to assess the impact of patient records-visits with SDV (Source Data Verification) issues, we have performed a sensitivity analysis, excluding specific records involved in SDV issues, for key efficacy and safety outputs. There were 13 patients involved in SDV issues, with 34 visit-records excluded in total.

The following Safety-Efficacy results were repeated:

Study completion-discontinuation, summary of TFR and Re-treatment phase, Molecular response by visit-time window and cumulatively.

Hematology and biochemistry, ECG and Echocardiography summaries. Fasting glucose and Total cholesterol, Vital signs summaries.

Survival and Safety follow-up summaries and Listing of Deaths.

5 Pharmacokinetic evaluations

Not applicable.

6 Safety evaluation

Descriptive statistics on AE, laboratory abnormalities, clinically notable ECG, and other safety parameters will be presented as separate outputs. The safety summary tables will include only assessments collected no later than 30 days after study treatment discontinuation.

Safety analysis will be presented per treatment arm and overall during induction/consolidation (between baseline and Month 24 for all patients and between Month 27 and Month 36 for patients randomized in Arm 2). Safety analysis will also be presented per treatment arm and overall during TFR in the subset of patients entering TFR phase and re-treatment phase in the subset of patients entering re-treatment phase.

The safety summary tables will only include events occurring during the treatment periods (see section 2.7.1), while listings will present all assessments (including those occurring during the TFR phase).

6.1 Adverse events

Summary tables will include only TEAEs, i.e. AEs starting or worsening during treatment emergent periods and collected no later than 30 days after study treatment discontinuation. AEs will be coded using the most recent version of the medical dictionary for regulatory activities (MedDRA).

Frequent TEAEs for pre-randomization period, post Randomization (ARM2) and Re-treatment period as well as AEs for TFR period will be summarized in tables. TEAEs, AEs present at 5% or more of the Total group of patients will be classified as Frequent.

The incidence and occurrence of TEAEs (all grades and grades 3 or 4) will be summarized by SOC and PT, as well as the incidence and occurrence of serious TEAEs regardless of their study drug relationship, serious TEAEs suspected to be study drug related, TEAEs leading to study drug discontinuation (only for re-treatment phase), and TEAEs requiring dosage adjustment or temporarily interruption.

Frequent TEAEs and AEs (during TFR), considering events with frequency >=5% for one or more of the treatment Arms, will be presented for pre-randomization induction/consolidation, post randomization consolidation (ARM2), TFR and Re-treatment period. Specifically tables will be created presenting: Overall summary, TEAEs/ AEs by system organ class and preferred term - overall and maximum grade ¾, Serious Treatment Emergent adverse events regardless of study drug relationship by system organ class and preferred term - overall and maximum grade ¾. Specific groups of AE of interest will be considered. These are groups of AEs for which there is a specific clinical interest in connection with nilotinib treatment and will be defined through the use of SMQ and PT based on the last version of MedDRA at the time of the analysis. The specific groups to display will be the 4 cardiovascular events (CVEs): CVEs (IHD: Ischemic heart disease), CVEs (PAOD: Peripheral arterial occlusive disease), CVEs (ICE: Ischemic cerebrovascular events) and CVEs (Others). These groups will be defined based on a Novartis project-related document, the "Compound Case Retrieval Strategy" stored in CREDI under path: "Cabinets / CREDI Projects / A / AMN107A / Integrated Medical Safety". The updated version of this document effective at the time of the analysis will be used.

The incidence and occurrence of all grades and grades 3 or 4 of specific TEAEs regardless study drug relationship will be summarized by specific group and PT. These tables on specific AEs will be displayed for the overall FAS, as well as for the 2 following groups of CV risk factors: Very high/High risk; Moderate/Low risk, as well as for each of the CV risk factors separately.

In addition, the time-to-first specific AE (i.e. first occurrence of any of the 4 CVEs defined) will be summarized using Kaplan-Meier estimates and Kaplan-Meier plots will be provided.

Deaths occurring during the treatment emergent period will also be tabulated using SOC and PT (only for re-treatment phase).

All summary tables will be presented separately for pre-randomization induction/consolidation phase (between baseline and Month 24 for all patients), for post-randomization consolidation phase (between Month 27 and Month 36 for patients randomized in Arm 2), and for re-treatment phase. In all incidence summaries, at each level of summarization (specific groups, SOC, and PT), patients will only be counted once regardless of how many times the AE occurred, while in all occurrence summaries, the number of events will be counted.

All AE will also be listed, including those collected during the pre-treatment and post-treatment period (i.e. later than 30 days after study treatment discontinuation). AE occurring outside of the treatment emergent period (during TFR phase) will be flagged and presented separately, since they will not be considered as Treatment Emergent Adverse Events. Listings will detail the verbatim given by the investigator, PT, abbreviated SOC, start date, end date, duration, severity (CTCAE grade), relationship to study drug (not suspected or suspected) and action taken (none, dose adjusted, temporarily interrupted, permanently discontinued, concomitant medication taken, non-drug therapy given, hospitalization/prolonged hospitalization). The AE onset will also be displayed relative (in number of days) to the day of the first dose of study medication. This listing will be repeated for the subsets of serious AEs, AESI and AEs leading to study drug discontinuation.

"TKI withdrawal syndrome" (muscle pain) will be included in the AESI during TFR phase since although related to treatment occurs some days after treatment so it cannot be considered as TEAE.

All deaths will be listed detailing principal cause given by the investigator, PT, date of last dose and date of death. Deaths occurring outside the treatment emergent period will be flagged. The day of last dose and day of death will also be displayed relative to the day of the first dose of study medication. The number of days since last dose (calculated as death day – day of last dose + 1) will also be presented. Also, listing of adverse events leading to study drug discontinuation during re-treatment phase for the subset of FAS entering the re-treatment period will be presented (suggested by SSMC members).

6.2 Laboratory abnormalities

For laboratory tests covered by the CTCAE version 4.03, the laboratory data will be graded accordingly. A Grade 0 will be assigned for all non-missing values not graded as 1 or higher. Grade 5 will not be used.

The following hematological parameters will be graded according to the CTCAE criteria: WBCs, absolute lymphocytes, absolute neutrophils, hemoglobin and platelets.

The following hematological parameters will be classified using normal range: eosinophils, basophils, monocytes, promyelocytes, myelocytes, metamyelocytes and blast.

The following biochemical parameters will be graded according to the CTCAE criteria: bilirubin (total, indirect and direct), aspartate aminotransferase (AST), alanine aminotransferase (ALT), sodium (hyper & hypo), potassium (hyper & hypo), calcium (hyper & hypo), magnesium (hyper & hypo), glucose (hyper & hypo), creatinine, phosphate (or serum phosphorus), lipase, amylase, total cholesterol, triglycerides, alkaline phosphatase (hyper) and albumin (hypo).

The following biochemical parameters will be classified using normal range: HDL, LDL, LDH and HbA1c.

For bi-directional criteria (calcium, glucose, magnesium, potassium and sodium), hyper and hypo abnormalities will be described separately and the value graded in the other direction (e.g. hyper if the parameter of interest is hypo) will be counted as a grade 0.

The following rules will be applied to derive the WBC differential counts when only percentages are available (this is important for neutrophils and lymphocytes, as the CTC grading is based on the absolute counts).

The method to convert the value is as follows: for each patient, the original laboratory value (%) is divided by 100 and multiplied by the WBC count, e.g. for neutrophils (NEU):

NEU count = (WBC count) * (NEU %value / 100)

In order to derive the corresponding absolute normal range, the rule to be applied depends on the availability of the % range and the absolute range for the differential:

- If the % range is missing and the absolute range is missing, then the pre-defined normal range as reported in the Merck manual (see Novartis business guidance FRM-0015557 - Laboratory value references) will be used.

- If the absolute range is NOT missing (% range is or isn't missing), then the absolute range provided by the site will be used.
- If the % range is NOT missing and the absolute range is missing, then the % normal limits (i.e. lower limit normal (LLN) and upper limit normal (ULN)) are divided by 100 and multiplied by the corresponding normal limits of WBC count, e.g. for NEU:
    - LLN for NEU count = (LLN for WBC count) * (LLN for NEU % value/ 100)
    - ULN for NEU count = (ULN for WBC count) * (ULN for NEU % value/ 100)

Shift tables using CTCAE grades will be produced for hematology and biochemistry separately to compare:

- baseline (of induction/consolidation phase) and the worst on-treatment value during post-randomization consolidation phase (see baseline definitions in section 2.4)
- baseline RT and the worst on-treatment value during re-treatment phase (see baseline definitions in section 2.5.3).

Percentages will be calculated using the number of available patients at baseline/baseline RT with corresponding grade and at least one non-missing on-treatment value as the denominator.

Additionally, shift tables between baseline (of induction/consolidation phase) and the worst value during the whole study period (including TFR phase) will be presented.

For laboratory tests where CTCAE grades are not defined, shift tables using the low/normal/high/(low and high) classification will be produced to compare baseline/baseline RT to the worst on-treatment value during respectively induction/consolidation phase and re-treatment phase. Percentages will be calculated using the number of available patients at baseline/baseline RT with corresponding classification and at least one non-missing on-treatment value as the denominator.

In addition, descriptive statistics will be provided for all laboratory parameters at each planned visit of the induction/consolidation phase, per treatment arm and overall, and at each planned visit of the re-treatment phase in the subset of FAS entering re-treatment phase.

Listings of hematology and biochemistry laboratory values and normal ranges will be provided, including the sample date/study day, test, SI unit (unit as reported by the site), value, low/high ranges. Grades will also be listed when CTCAE grades are defined.

6.3 Vital signs

Vital signs including Height and Weight for Baseline, Body temperature, Sitting pulse and Sitting BP Systolic/Diastolic by visit, will be summarized in tables and will be presented in detailed Listing.

6.4 Electrocardiograms (ECGs)

Overall ECG interpretation and details of abnormalities are collected at Screening and selected visits. The ECG QTcF result (msec) at each visit will be categorized (≤450, >450 -≤480, >480 – ≤500, >500 and missing). Shift tables will display the categorized ECG QTcF result at baseline/baseline RT compared to the worst on-treatment value during respectively induction/consolidation phase and re-treatment phase.

A shift table displaying the baseline categorized ECG QTcF result compared with the worst post-baseline categorized result will be produced. Percentages will be calculated using the number of patients with that categorized result at baseline as the denominator.

The number of patients recording notable ECG QTcF increases (Increase from baseline > 30/ Increase from baseline > 60) from baseline/baseline RT at least once during the trial will also be presented. Percentages will be calculated using the number of patients with both baseline/baseline RT and post baseline/baseline RT evaluations.

A listing will be provided including the date of ECG, QTcF interval, and whether there is a clinically significant abnormality

6.5 Echocardiography (cardiac imaging)

As per protocol, echocardiography is performed at screening and may be repeated at the investigator's discretion if there are signs or symptoms of cardiotoxicity.

Baseline LVEF data will be descriptively analyzed, together with the overall interpretation (normal, clinically insignificant abnormality, clinically significant abnormality). A shift table displaying the baseline overall interpretation compared with the worst post-baseline overall interpretation will be produced. Percentages will be calculated using the number of patients with that overall interpretation at baseline as the denominator.

6.6 Survival Follow-up

Survival follow-up records will be summarized in a table by FU visit, presenting frequency as number and percentage of alive patients, Cases of stem cell transplantation, Progression of disease to AP/BP, administration of TKI treatment and drug category (Nilotinib, Imatinib, Other) if yes.

Time window for Survival follow-up defined in section 2.5.1.

A listing will be provided presenting for each visit: subject status (alive yes /no), if no date of death and principal cause of death along with specific details in case of other cause. If subject alive or lost to follow-up last date of contact will be presented. Information regarding stem cell transplantation, Progression of disease to AP/BP, administration of TKI treatment and drug category (Nilotinib, Imatinib, Other) if yes, along with specific details for treatment in case of other than standard categories.

6.7 Safety Follow-up

Safety follow-up information will be summarized in a table of frequency as number and percentage, including: type of follow-up (clinical visit, telephone call), as well as if Medical intervention was considered necessary.

A listing will be provided including all relevant information collected in the CRF:

If follow-up happened, if no reason for no safety follow-up, if yes, type of follow-up (clinical visit, telephone call), along with the respective date. If Medical intervention was considered necessary and date of Medical intervention.

6.8 LSC sub-study analysis

Apart from selected parts of the main study analysis that will be repeated for patients participating in the LSC sub-study in addition will be presented:

Descriptive Statistics for Baseline, Months 24, 36, EOP TFR as well as for change from baseline for:

- CD34 cells as Total percentage.
- CD34+/CD38+ cells Percentage from total CD34+ cells.
- Descriptive Statistics for number of events sorted in CD34+/CD38+ cells

Then proportion and descriptive statistics tables for patients with presence of Ph+ LSC in bone marrow, in terms of in CD34+/CD38+, CD34+/CD38-, Immunophenotypically aberrant CD34+ and Immunophenotypically aberrant CD34 negative cells as:

- Ph+ by HIS status,
- Descriptive statistics of Ph+ in CD34+/CD38+ cells
- BCR-ABL by RT-PCR status, in CD34+/CD38+ cells

Specifically:

- Percentage from total CD34+ cells, CD34+/CD38+ cells.
- Percentage from total CD34+ cells, CD34+/CD38- cells.
- Percentage from total CD34+ cells.
- Percentage from total CD34+ cells.

- Percentage of Ph+ cells, CD34+/CD38+ cells.
- Percentage of Ph+ cells, CD34+/CD38- cells.
- Percentage of Ph+ cells, Immunophenotypically aberrant CD34+ cells.
- Percentage of Ph+ cells, Immunophenotypically aberrant CD34 negative cells.

- Total Percentage of CD34+ cells.

Frequency and descriptive statistics tables will be created for the above endpoints, along with Listings presenting individual data.

For the 24/36 month data analysis for the Leukemic Stem Cell sub-study of the CAMN107AIC05 clinical trial, additional analysis will be performed for publication purposes. Prior Imatinib exposure before screening (<5 vs >=5 years), Major Molecular Response (MMR Yes vs No), Age (<65 vs >=60 years) and Sokal score (Low, Intermediate, High risk) by LSC category at Baseline, will be presented for Not Randomized and Randomized patients in a summary table.
Tables summarizing descriptive statistics of LSC cells for Baseline, Month 24 as well as the change from Baseline to Month 24, will be presented for Arm1, Arm2, Not Randomized, Randomized (Arm1 and Arm2) and Total (Randomized and Not Randomized), for LSC detected subjects.
A table presenting number and percentage of subjects using separate columns for Arm1, Arm2, Not Randomized, Randomized (Arm1 and Arm2) and Total (Randomized and Not Randomized), at Baseline, Month 24, Month 36 (for Arm 2 subjects only) and EOP TFR will be created.
In addition, individual figures for HIS and PCR detected patients, presenting number of sorted events for each patient by visit (Baseline, Month 24, Month 36 for ARM2 patients only and EOP TFR), will be provided. Separate figures for each one of the 4 basic cell categories will be presented:

- CD34+ / CD38 +
- CD34+ / CD38-
- Immunophenotypically aberrant CD34+
- Immunophenotypically aberrant CD34-

Summary figures will be created, presenting number and percentage of patients with positive result by HIS and PCR by visit (Baseline, Month 24, Month 36 for ARM2 patients only and EOP TFR) for :

- CD34+ / CD38 +
- CD34+ / CD38-
- Immunophenotypically aberrant CD34+
- Immunophenotypically aberrant CD34-

Number of patients with detectable LSC – LSC sub study for LSCFAS will be presented by bar diagram for publication purpose.

7 Other topics

No other topics will be studied.

8 Sample size calculation

According to the protocol amendment 2, it is expected that approximately 565 patients from approximately 300 centers will be recruited into this study.

This sample size calculation has been based on an estimation of the difference in the percentage of patients relapsing during the 12-month TFR phase of the study between the two treatment arms. Further details are given in the study protocol.

9 References

Protocol AMN107AIC05, version 04 (including Amendment 4); 01 Jun 2016.

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http://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_5x7.pdf

Merck Manual of Therapeutics, Normal Laboratory Values; FRM-0015557 v 3.0.

European Guidelines on cardiovascular disease prevention in clinical practice (version 2012). European Heart Journal (2012) 33, 1635–1701

NOVARTIS

Clinical Development & Medical Affairs

AMN107 (Nilotinib, Tasigna®)

Study Number: CAMN107AIC05/NCT01743989

A prospective, randomized, open-label, two-arm Phase III study to evaluate treatment-free remission (TFR) rate in patients with Philadelphia chromosome-positive CML after two different durations of consolidation treatment with nilotinib 300 mg BID

RAP Module 7.1– CSR deliverables

Authors: [redacted], [redacted] Statistician

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Document History – Changes compared to previous version of RAP module 7.1

Version	Date	Changes
1.0	08-Jan-2020	First Draft
1.1	10-Feb-2020	Updated version, added LSC substudy ouputs
1.2	05-Mar-2020	Revised version
1.3	20-Mar-2020	Updated version after tema review
1.4	23-Apr-2020	Updated tables with PPS outputs, added LSC extra analysis
1.5	17-Jun-2020	Updated according to DR1 findings
1.6	31-Aug-2020	Updated according to DR2 findings
1.7	22-Sep-2020	Updated according to Final Run requirements
1.8	06-Oct-2020	Added SSMC requested outputs
Pre-Final	07-Oct-2020	Finalize document
Final	09-Oct-2020	Minor cosmetics update and final version for CSR
Addendum	18-Jan-2021	Sensitivity analysis, repeat key outputs excluding SDV(not done) involved visits , footnotes updated for populations as per module 3, Updated KM TLFs for progression to AP/BC (eCRF captured variable) for PFS and TFS. In text tables footnotes are shortned in outputs.Table numbers are updated for following : T14.2-4.2.1.1 to T14.2-4.2.11, T14.3-1.1.2.1 to T14.3-1.1.21, T14.3-1.1.2.2 to T14.3-1.1.22, Figure numbers are updated for following: F14.2-2.3.1.1 to F14.2-2.3.11, F14.2-2.5.1.1 to F14.2-2.5.11 Cut off date in TLFs footnotes replaced by DBL date Minor updates in title and footnote as per CSR final run review comments.
Addendum V1.1	29-Jan-2021	Excluding Safety SDV analysis outputs as they were not affected by the SDV record exclusion of specific visits, since they are based on Start and Stop dates independently of standard study visits. Tables 14.3-1.1.4 and 14.3-2.4, 14.3-3.4, 14.3-4.5 and 14.3-4.6 for Duration of exposure, Relative dose intension, Dose reduction, Concomitant medication during TFR and Re-treatment. Tables 14.3.1-1.5, 14.3.1- 3.3.3, 14.3.1-4.3.3, 14.3.1-4.4.3 14.3.1-4.8.3, 14.3.1-5.3.3, 14.3.1-6.3.3, 14.3.1-6.6.3, 14.3.1-6.7.3, 14.3.1-7.3.3, 14.3.1-7.4.3, 14.3.1-7.7.3, 14.3.1-7.8.3 for AEs and TEAEs. Table 14.3.1-9.4 for On treatment deaths. Tables 14.3.1-10.3.3, 14.3.1-10.4.3, 14.3.1-10.7, 14.3.1-10.8 and 14.3.1-11.3 for CVEs. Table 14.3.1-12.2 for Medical History. Figures 14.3.1-1.5 and 1.6 for Time to CVE.
Addendum V1.2	09-Mar-2021	Adding footnote for patient #[redacted] in Tables: 10-2,14.1-2.1, 14.1-2.5, 14.1-2.6, 14.1-2.6.1, 12-1, 14.3.1-1.1,14.3.1-2.1, 14.3.1-3.1.1, 14.3.1-3.1.2,14.3.1-3.5.1, 14.3.1-4.1.1, 14.3.1-4.1.2, 14.3.1-4.6.1, 14.3.1.-4.6.2 12-17, 14.3.1-5.1.1, 14.3.1-5.1.2, 14.3.1-6.1.1, 14.3.1-6.1.2 Listings: 14.3.2-2.2, 16.2.7-1.1, 16.2.7-2.2, 16.2.1-1.1, 16.2.1-1.2, 16.2.5-1.1

Version	Date	Changes
		Adding footnote for patient [redacted] in tables: 12-1, 12-9 14.3.1-1.1, 14.3.1-1.2, 14.3.1-2.1, 14.3.1-3.1.1, 14.3.1-3.1.2, 14.3.1-4.1.1, 14.3.1-4.1.2, 14.3.1-4.6.1, 14.3.1-4.6.2, 14.3.1-6.1.1, 14.3.1-6.1.2 Listings: 16.2.7-1.1, 16.2.7-2.1
Addendum V1.3	20-Apr-2021	Adding footnote for patient # [redacted] in tables: 12-1, 12-9, 12-17 14.3.1-1.1, 14.3.1-1.2, 14.3.1-2.1, 14.3.1-3.1.1, 14.3.1-3.1.2, 14.3.1-4.1.1, 14.3.1-4.1.2, 14.3.1-4.6.1, 14.3.1-4.6.2, 14.3.1-5.1.1, 14.3.1-5.1.2,14.3.1-6.1.1, 14.3.1-6.1.2 Listings: 14.3.2-2.2, 16.2.7-1.1, 16.2.7-2.1, 16.2.7-2.2 Adding footnote for patient # [redacted] in tables: 14.1-2.2, 14.1-2.5, 14.1-2.6 and 14.1-2.6.1
Addendum V1.4	06-May-2021	Adding Listing 16.1.7-1.1 Randomization schemes on Randomized patients
Addendum 2	06-May-2021	Final version

Table of contents

1. General guidance

1.1 Document headers

The following header will be used for all tables, listings and figures in sections 14 and 16 outlined in this document: CAMN107AIC05.

1.2 Rules of presentation

Programming rules for tables and listings are described as follows.

- Add one space between a number and before the opening parenthesis and no spaces within the parenthesis e.g. 'xx (xx.x)' not 'xx(xx.x)'.
- There should be no spaces between a symbol and a number e.g. '<XX' and not '< XX'. A space is recommended between a special character and a number in order for a printout to print correctly, e.g. '≥ XX' instead of '≥XX'.
- There should be no '%' sign after a result in any data cell. The 'n (%)' should appear once in the column header or in the first column next to the variable name. If result = 0, then there should be no parenthesis with zero percentage only a zero e.g. '0' and not '0 (0.0)'. The same holds for estimates and their CIs when they are not estimable (NE), they should be presented as 'NE' and not 'NE (NE, NE)'.
- Confidence intervals (CI) are provided in parenthesis, separated by a coma and a space after e.g. '(xx.x, xx.x)'.
- All categorical data will be summarized by frequencies and percentages. Where categorical data is missing, a 'Missing' row will be included at the bottom with frequencies also presented.
- Decimal places will be as follows:
    - 3 decimal places for p-values; if p-value is less than 0.001, it will be displayed as <0.001.
    - 1 decimal place more than the original data is recorded to for means, medians and percentiles.
    - Two decimal places more for standard errors and standard deviations.
    - The same precision for minimums and maximums.
    - Frequency distribution: % has 1 decimal place.
    - Confidence intervals are given with the same number of decimal places as for the associated estimate.
    - If percentage = 100, no decimal is required and no percentage will be displayed if the frequency count is zero.
- Default summary statistics for a continuous variable include n, mean, median, standard deviation, 25th and 75th percentiles. For CSR outputs min and max are optional and have only been displayed if needed.
- For all laboratory parameters, 'SI' unit is used.
- For AE tables, the preferred term will be sorted by descending frequency, unless indicated otherwise.
- All listings will be sorted by country, center, patient number and visit/ event date.

- Partial dates (day and/or month missing) will be listed as partial (not missing), unless the date has been imputed, in which case then the imputed date will be listed and flagged.
- AE listings: when AE end date is missing, i.e., AE continued at final examination, "continuing" should be listed as the AE end date in the listings.
- Day is relative to 'day 1' (defined above) and is calculated as: date of interest – 'Day 1' date + 1. For visits/events occurring prior to Day 1 the '+1' will be excluded, so the day before Day 1 is Day -1.
- Variables in days will be converted to different time unit if necessary, using following conversion rule.
  - 1 month = 30.4375 days
  - year = 365.25 days

1.3 Document headers

The following header will be considered as standard for all CSR tables, listings and figures outlined in this document:

```
CAMN107AIC05 – UNBLINDED – ANALYSIS CUT-OFF/ DBL DATE: DDMMMYYYY
       DRAFT/FINAL
…
Location/Program name – rundate
```

As the study is an open-label trial only one version of the tables, listings and figures will be produced.

1.4 Presentation of table numbering and titles within this document

In order to facilitate the inclusion of a table of contents for all output, the format of the number and title for each layout should be in the Novstyle format "Non-TOC Heading" and therefore does not exactly match the layout that is intended for the final deliverable.

In practice, the numbering and title for all outputs defined in this document will be of the following formats respectively:

```
     Table XX.X-X.X
Title Title Title Title Title Title
            Population

          Listing XX.X-X.X
Title Title Title Title Title Title
            Population
```

1.5 Treatment group labels and ordering

The following treatment labels will be used for all tables, listings and figures in the order provided here:

- ARM 1: the nilotinib 24 months treatment arm
- ARM 2: the nilotinib 36 months treatment arm
- Randomized (ARM 1 + ARM 2)
- Not Randomized

1.6 Distribution logistics

- in-text tables/figures
- Post-text tables/figures/listings
- Appendix tables/figures/listings

2. Overall table of contents for statistics and programming output Tables, Listing Figures

3. Shells and specification for CSR

3.1 Shells and specifications for sections 10 of the CSR (In-textText tables, listings and figures)

Document History – Changes compared to previous version of RAP module 7.1

1. General guidance
   - 1.1 Document headers
   - 1.2 Rules of presentation
   - 1.3 Document headers
   - 1.4 Presentation of table numbering and titles within this document
   - 1.5 Treatment group labels and ordering
   - 1.6 Distribution logistics
2. Overall table of contents for statistics and programming output

Tables, Listing Figures

3. Shells and specification for CSR
   - 3.1 Shells and specifications for sections 10 of the CSR (In-textText tables, listings and figures)

   Section 10

   Table 10-1 Analysis sets – All patients

   Table 10-2 Patient disposition during Induction/Consolidation phase and post-Randomization Consolidation phase -Enrolled patients

   Table 10-3 Demographic and characteristics at baseline – Full Analysis Set

   Table 10-4 Disease history – Full Analysis Set

   Table 10-5 Duration of exposure to study treatment during pre-randomization Induction/Consolidation Safety Set

   Table 10-6 Duration of exposure to study treatment during post-randomization Consolidation phase (ARM 2) - Subset of Safety Set randomized to Arm 2

   Table 11-1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase – Full Analysis Set

   Table 11-2 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to Arm 2

   Table 11-3 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase – Full Analysis Set

   Table 11-4 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to Arm 2

   Table 11-5 Primary endpoint, Molecular response MR4.0 at 12 months of TFR phase–Subset of Full Analysis Set entering the TFR phase

   Table 11-6 Secondary endpoint Kaplan-Meier analysis of treatment-free survival during the TFR phase – Subset of Full Analysis Set entering the TFR phase

group and preferred term, and by 4 categories of cardiovascular risk factors– Subset of Full Analysis Set entering the re-treatment phase

Table 14.3.1-7.8.1 Adverse events of interest incidence, regardless of study drug relationship, during TFR phase, by specific group and preferred term, and by 4 categories of cardiovascular risk factors – Subset of Full Analysis Set entering the TFR phase

Table 14.3.1-7.8.2 Adverse events of interest occurrence, regardless of study drug relationship, during TFR phase, by specific group and preferred term, and by 4 categories of cardiovascular risk factors– Subset of Full Analysis Set entering the TFR phase

Table 14.3.1-9.1 On treatment deaths, by system organ class and preferred term during pre-randomization Induction/Consolidation phase - Safety Set

Table 14.3.1-9.2 On treatment deaths, by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – Subset of Safety Set randomized to Arm 2

Table 14.3.1-9.3 On treatment deaths, by system organ class and preferred term during re-treatment phase – Subset of Safety Set entering the re-treatment phase

Table 14.3.1-10.1.1 Cardiac and vascular adverse events of interest, incidence, by treatment arm during the pre-randomization induction/consolidation phase - Full Analysis Set

Table 14.3.1-10.1.2 Cardiac and vascular adverse events of interest, occurence, by treatment arm during the pre-randomization induction/consolidation phase - Full Analysis Set

Table 14.3.1-10.2.1 Cardiac and vascular adverse events of interest incidence, during the post-randomization consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to Arm 2

Table 14.3.1-10.2.2 Cardiac and vascular adverse events of interest occurrence, during the post-randomization consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to Arm 2

Table 14.3.1-10.3.1 Cardiac and vascular adverse events of interest, incidence, by treatment arm during the re-treatment phase – Subset of Full Analysis Set entered re-treatment phase

Table 14.3.1-10.3.2 Cardiac and vascular adverse events of interest, occurence, by treatment arm during the re-treatment phase - Subset of Full Analysis Set entered re-treatment phase

Table 14.3.1-10.4.1 Cardiac and vascular adverse events of interest, incidence, by treatment arm during the TFR phase – Subset of Full Analysis Set entered TFR phase

Table 14.3.1-10.4.2 Cardiac and vascular adverse events of interest, occurence, by treatment arm during the TFR phase - Subset of Full Analysis Set entered TFR phase

Table 14.3.1-10.5 Relationship between cardiac and vascular adverse events of interest with total cholesterol values - Full Analysis Set

Table 14.3.1-10.6 Relationship between cardiac and vascular adverse events of interest with glycemic values - Full Analysis Set

Section 10

Table 10-1 Analysis sets – All patients

Analysis set	All patients N=xx n (%)
Screened patients	xx (xx.x)
Screened successfully	xx (xx.x)
Re-screened	xx (xx.x)
Screen Failures	xx (xx.x)
Enrolled patients	xx (xx.x)
Randomized patients*	xx (xx.x)
Not Randomized patients	xx (xx.x)
Full Analysis Set (FAS)*	xx (xx.x)
Randomized patients*	xx (xx.x)
Not Randomized patients*	xx (xx.x)
Safety Set*	xx (xx.x)
Per Protocol Analysis Set*	xx (xx.x)

- Randomized patients are all patients meeting eligibility criteria for randomization (i.e. achieved a sustained MR4.0 for at least 12 months in the Induction/Consolidation phase of the study).
- Full Analysis Set (FAS) comprises all subjects who are enrolled, excluding patients with PD severity codes: 0, 8.
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes: 0, 5, 8.
- Per Protocol Analysis Set (PPS) comprises all subjects who are enrolled without major protocol deviation (PD severity codes: 0, 1, 5, 8).

* Patients without major PD.

Source: Post-text table 14.1-2.3

Table 10-2 Patient disposition during Induction/Consolidation phase and post-Randomization Consolidation phase -Enrolled patients

Disposition Reason	Arm 1 N=xx	... N=xx	Total N=xx
Patients enrolled	xx (xx.x)	...	xx (xx.x)
Patients not-treated[1]			
Primary reason for study discontinuation			
Adverse event(s)	xx (xx.x)	...	xx (xx.x)
Abnormal laboratory value(s)	xx (xx.x)	...	xx (xx.x)
Abnormal test procedure result(s)	xx (xx.x)	...	xx (xx.x)
Pregnancy	xx (xx.x)	...	xx (xx.x)
Protocol deviation	xx (xx.x)	...	xx (xx.x)
Subject withdrew consent	xx (xx.x)	...	xx (xx.x)
Lost to follow-up	xx (xx.x)	...	xx (xx.x)
Administrative problems	xx (xx.x)	...	xx (xx.x)
Disease progression (CML)	xx (xx.x)	...	xx (xx.x)
Unstable MR4.0	xx (xx.x)	...	xx (xx.x)
New cancer (CML) therapy	xx (xx.x)	...	xx (xx.x)
Relapse loss MMR/MR4	xx (xx.x)	...	xx (xx.x)
Other	xx (xx.x)	...	xx (xx.x)
Death	xx (xx.x)	...	xx (xx.x)
Patients treated [2]			
Patients treated	xx (xx.x)	...	xx (xx.x)
Discontinued from treatment	xx (xx.x)	...	xx (xx.x)
Primary reason for study discontinuation			
Adverse event(s)	xx (xx.x)	...	xx (xx.x)
Abnormal laboratory value(s)	xx (xx.x)	...	xx (xx.x)
...	...	...	...

- Percentage is based on N.
[1] Patients who discontinued study after enrollment without taking study drug.
[2] Patients who discontinued study during Induction/Consolidation phase.
- 15 patients from ARM 2 discontinued during post-Randomization Consolidation phase.
- Patient # [redacted] randomized to Arm 1 at [redacted] and discontinued Ind/cons at the same day for "[redacted]".
Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot. Source: Post-text Table 14.1-2.1

Table 10-3 Demographic and characteristics at baseline – Full Analysis Set

Characteristics at baseline	Arm 1 N=xx	... N=xx	Total N=xx	Comparison$ p-value#
Age at baseline visit(Years) - n (%)	xx (xx.x)	...	xx (xx.x)	0.xxx
< 65	xx (xx.x)		xx (xx.x)	
>= 65	xx		xx	
Missing				
Age at baseline visit (Years)				
n	xxx	...	xxx	0.xxx
Mean	xx.x		xx.x	0.xxx
SD	x.xx		x.xx	
25th Percentile	xx.x		xx.x	
Median	xx.x		xx.x	
75th Percentile	xx.x		xx.x	
Min-Max	xx-xx		xx-xx	
Gender - n (%)		...		
Female	xx (xx.x)		xx (xx.x)	0.xxx
Male	xx (xx.x)		xx (xx.x)	
Missing	xx		xx	
If female, child bearing potential - n (%)	xx (xx.x)	...	xx (xx.x)	0.xxx
Able to bear children	xx (xx.x)		xx (xx.x)	
Premenarche	xx (xx.x)		xx (xx.x)	
Post menopausal	xx (xx.x)		xx (xx.x)	
Sterile – of child bearing age	xx		xx	
Missing				
Race - n (%)				
Caucasian	xx (xx.x)	...	xx (xx.x)	0.xxx
Black	xx (xx.x)		xx (xx.x)	
Asian	xx (xx.x)		xx (xx.x)	
Native American	xx (xx.x)		xx (xx.x)	
North African descent	xx (xx.x)		xx (xx.x)	
Unknown	xx (xx.x)		xx (xx.x)	
Other	xx (xx.x)		xx (xx.x)	
Missing	xx		xx	
Body mass index (kg/m2) - n (%)				
Very severely underweight	xx (xx.x)	...	xx (xx.x)	0.xxx
Severely underweight	xx (xx.x)		xx (xx.x)	
Underweight	xx (xx.x)		xx (xx.x)	
Normal	xx (xx.x)		xx (xx.x)	
Overweight	xx (xx.x)		xx (xx.x)	
Obese class I	xx (xx.x)		xx (xx.x)	
Obese class II	xx (xx.x)		xx (xx.x)	
Obese class III	xx (xx.x)		xx (xx.x)	
Missing	xx		xx	
Body mass index (kg/m2)				
n	xxx	...	xxx	0.xxx
Mean	xx.x		xx.x	0.xxx

Characteristics at baseline	Arm 1 N=xx	... N=xx	Total N=xx	Comparison$ p-value#
SD	x.xx		x.xx	
25th Percentile	xx.x		xx.x	
Median	xx.x		xx.x	
75th Percentile	xx.x		xx.x	
Min-Max	xx-xx		xx-xx	
ECOG performance Status (WHO) - n (%)				
0	xx (xx.x)	...	xx (xx.x)	0.xxx
1	xx (xx.x)		xx (xx.x)	
2	xx (xx.x)		xx (xx.x)	
3	xx (xx.x)		xx (xx.x)	
4	xx (xx.x)		xx (xx.x)	
Missing	xx		xx	
Family history - n (%)				
Diabetes	xx (xx.x)	...	xx (xx.x)	
Hypertension	xx (xx.x)		xx (xx.x)	
Dyslipidemia	xx (xx.x)		xx (xx.x)	
Cardiac events	xx (xx.x)		xx (xx.x)	
Cerebrovascular events	xx (xx.x)		xx (xx.x)	
Peripheral arterial disease	xx (xx.x)		xx (xx.x)	
Missing	xx		xx	
Smoking history - n (%)				
No	xx (xx.x)		xx (xx.x)	0.xxx
Yes	xx (xx.x)		xx (xx.x)	
Ex-smoker	xx (xx.x)	...	xx (xx.x)	
Missing	xx		xx	
If ex-smoker, time since stopped smoking (months)				
n	xxx	...	xxx	0.xxx
Mean	xx.x		xx.x	0.xxx
SD	x.xx		x.xx	
25th Percentile	xx.x		xx.x	
Median	xx.x	...	xx.x	
75th Percentile	xx.x		xx.x	
Min-Max	xx-xx		xx-xx	
If smoker or ex-smoker, use of tobacco product in the past month - n (%)	xx (xx.x)		xx (xx.x)	
Cigarettes (including roll-ups)	xx (xx.x)		xx (xx.x)	
Cigars	xx (xx.x)		xx (xx.x)	
Tobacco (e.g. pipe)	xx		xx	
Others (e.g. nicotine patches, chewing tobacco)				
Missing				

- The last available assessment before or at date of start of study trt is taken as "baseline". BMI (kg/m2): very sev. underweight (< 15.0), sev. underweight (>=15.0-<=16.0), underweight (>16.0-<=18.5), normal (>18.5-<=25.0), overweight (>25.0-<=30.0), obese: class I (>30.0-<=35.0), class II (>35.0-<=40.0) and class III (over 40.0). Time since stopped smoking = (date of screen visit – date stopped smoking + 1) / 30.4375. Perc. based on the number of pat. Incl. in the analysis pop. (N). $ Comparison Rand. vs Not Rand. # P-value: For cat. var. Pearson Chi-square or Fisher's exact test. For numeric var. independent t-test for means, Median test for medians. * p-value<0.05, ** p-value<0.01.

Source: Post-text table: 14.1-3.1

Table 10-4 Disease history – Full Analysis Set

Disease history	Arm 1 N=xx	...	Total N=xx
Time since initial diagnosis (months)	xxx	...	xxx
n	xx.x		xx.x
Mean	x.xx		x.xx
SD	xx.x		xx.x
25th Percentile	xx.x		xx.x
Median	xx.x		xx.x
75th Percentile	xx.x- xx.x		xx.x- xx.x
Min-Max			
Time since initial diagnosis (years)			
- n (%)[1]	n=xx		n=xx
<2 years	xx (xx.x)	...	xx (xx.x)
2 to 4 years	xx (xx.x)		xx (xx.x)
4 to 6 years	xx (xx.x)		xx (xx.x)
6 to 8 years	xx (xx.x)		xx (xx.x)
8 to 10 years	xx (xx.x)		xx (xx.x)
10 to 12 years	xx (xx.x)		xx (xx.x)
>= 12 years	xx (xx.x)		xx (xx.x)
Peripheral blood blasts % at diagnosis	xxx	...	xxx
n	xx.x		xx.x
Mean	x.xx		x.xx
SD	xx.x		xx.x
25th Percentile	xx.x		xx.x
Median	xx.x		xx.x
75th Percentile	xx.x- xx.x		xx.x- xx.x
Min-Max			
PB eosinophils % at diagnosis			
n	xxx	...	xxx
Mean	xx.x		xx.x
SD	x.xx		x.xx
25th Percentile	xx.x		xx.x
Median	xx.x		xx.x
75th Percentile	xx.x		xx.x
Min-Max	xx.x- xx.x		xx.x- xx.x
PB basophils % at diagnosis			
n	xxx	...	xxx
Mean	xx.x		xx.x
SD	x.xx		x.xx
25th Percentile	xx.x		xx.x
Median	xx.x		xx.x
75th Percentile	xx.x		xx.x
Min-Max	xx.x- xx.x		xx.x- xx.x
Platelets at diagnosis (10E9/L)			
n	xxx	...	xxx
Mean	xx.x		xx.x
SD	x.xx		x.xx
25th Percentile	xx.x		xx.x
Median	xx.x		xx.x
75th Percentile	xx.x		xx.x
Min-Max	xx.x- xx.x		xx.x- xx.x
Spleen size at diagnosis (cm under costal margin)	xxx	...	xxx
n	xx.x		xx.x
Mean	x.xx		x.xx
SD	xx.x		xx.x

25th Percentile	xx.x		xx.x
Median	xx.x		xx.x
75th Percentile	xx.x- xx.x		xx.x- xx.x
Min-Max			
Extramedullary involvement other than hepato and/or splenomegaly			
- n (%)[1]	n=xx	...	n=xx
Yes	xx (xx.x)		xx (xx.x)
No	xx (xx.x)		xx (xx.x)
Sokal score			
n	xxx	...	xxx
Mean	xx.x		xx.x
SD	x.xx		x.xx
25th Percentile	xx.x		xx.x
Median	xx.x		xx.x
75th Percentile	xx.x		xx.x
Min-Max	xx.x- xx.x		xx.x- xx.x
- n (%)[1]	n=xx	...	n=xx
Low risk	xx (xx.x)		xx (xx.x)
High risk	xx (xx.x)		xx (xx.x)
			xxx
Euro (Hasford) score			xx.x
n	xxx	...	x.xx
Mean	xx.x		xx.x
SD	x.xx		xx.x
25th Percentile	xx.x		xx.x
Median	xx.x		xx.x- xx.x
75th Percentile	xx.x		
Min-Max	xx.x- xx.x		n=xx
			xx (xx.x)
- n (%)[1]	n=xx	...	xx (xx.x)
Low risk	xx (xx.x)		xx (xx.x)
Intermediate risk	xx (xx.x)		
High risk	xx (xx.x)		
EUTOS score			
n	xxx	...	xxx
Mean	xx.x		xx.x
SD	x.xx		x.xx
25th Percentile	xx.x		xx.x
Median	xx.x		xx.x
75th Percentile	xx.x		xx.x
Min-Max	xx.x- xx.x		xx.x- xx.x
- n (%)[1]	n=xx	...	n=xx
Low risk	xx (xx.x)		xx (xx.x)
High risk	xx (xx.x)		xx (xx.x)
Previous progression to AP/BC			
- n (%)[1]	n=xx	...	n=xx
Yes	xx (xx.x)		xx (xx.x)
No	xx (xx.x)		xx (xx.x)
Attempt to stop treatment with Imatinib	n=xx	...	n=xx
- n (%)[1]	xx (xx.x)		xx (xx.x)
Yes	xx (xx.x)		xx (xx.x)
No			

	n=xx	...	n=xx
BCR-ABL(IS) ratio at screening	xx (xx.x)		xx (xx.x)
- n (%)[1]	xx (xx.x)		xx (xx.x)
BCR-ABL(IS) >1%	xx (xx.x)		xx (xx.x)
BCR-ABL(IS) >0.1% - <= 1%	xx (xx.x)		xx (xx.x)
BCR-ABL(IS) >0.01% - <= 0.1%	xx (xx.x)		xx (xx.x)
BCR-ABL(IS) <=0.01%			
Undetectable BCR-ABL			
BCR-ABL(IS) ratio at Re-screening	n=xx	...	n=xx
- n (%)[1]	xx (xx.x)	...	xx (xx.x)
BCR-ABL(IS) >1%	xx (xx.x)	...	xx (xx.x)
...	...	...	...

- Time since initial diagnosis = (date of the baseline visit - date of initial diagnosis) /30.4375.
- Sokal score: low risk (<0.8), intermediate risk (>=0.8-<=1.2) and high risk (>1.2).
- Euro (Hasford) score: low risk (<=780), intermediate risk (>780-<=1480) and high risk (>1480).
- EUTOS score: low risk (<=87) and high risk (>87).

[1] Percentages over Number of non-missing.

Source: Post-text table: 14.1-4.1

Table 10-5 Duration of exposure to study treatment during pre-randomization Induction/Consolidation Safety Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Exposure (months)					
- n (%)					
< 6	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 6 - < 12	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 12 - < 18	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 18 - < =24	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
> 24	xx (xx.x)		xx (xx.x)	xx (xx.x)	xx (xx.x)
Exposure (months)					
n	xx	xx	xx	xx	xx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x

- Exposure (months) = (date of last administration – date of first administration in Induction/Consolidation phase + 1)/30.4375.
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes (0, 5, 8).

Source: Post-text table: 14.3-1.1

Table 10-6 Duration of exposure to study treatment during post-randomization Consolidation phase (ARM 2) - Subset of Safety Set randomized to Arm 2

<< Programming note: ***Same shell as table 10-6.1 with arm 2 only.***
Use <6, >=6 to <=12 and >12 categories.
Footnote:
- Exposure (months) = (date of last administration – date of first administration in post-randomization consolidation phase + 1)/30.4375.
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes (0, 5, 8).

Source: Post-text table: 14.3-1.2

Table 11-1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase – Full Analysis Set

	Arm 1	...	Total
	N=xx	N=xx	N=xx
Major molecular response at baseline			
Number of responders	xx	...	xx
Percentage (95% CI)	xx (xx.x, xx.x)	...	xx (xx.x, xx.x)
Cumulative major molecular response up to 3 months (Day 91)			
Cumulative number of responders	xx	...	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	...	xx (xx.x, xx.x)
Cumulative major molecular response up to 6 months (Day 183)			
Cumulative number of responders	xx	...	xx
...	...	...	...
Cumulative major molecular response up to 9 months (Day 274)			
...	...	...	...
Cumulative major molecular response up to 12 months (Day 365)			
...	...	...	...
Cumulative major molecular response up to 15 months (Day 457)			
...	...	...	...
Cumulative major molecular response up to 18 months (Day 548)			
...	...	...	...
Cumulative major molecular response up to2 21 months (Day 639)			
...	...	...	...
Cumulative Major molecular response up to 24 months (Day 731)			
...	...	...	...

- Percentage based on the number of patients in the analysis population (N).
- Confidence interval calculated as per Clopper-Pearson exact method.

Source: Post-text table: 14.2-7.1

Table 11-2 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 11-1 for ARM 2 only>>

Source: Post-text table: 14.2-7.2

Table 11-3 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase – Full Analysis Set

<< Programming note: Same shell as table 11-1 for MR4.5 >>

Source: Post-text table: 14.2-8.1

Table 11-4 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to Arm 2

<< Programming note: ***Same shell as table 11-2 for MR4.5 >>***

Source: Post-text table: 14.2-8.2

Table 11-5 Primary endpoint, Molecular response MR4.0 at 12 months of TFR phase–Subset of Full Analysis Set entering the TFR phase

	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Number of responders	xx	xx	xx
Percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Comparison Arm 1 vs Arm 2 p-value$	0.xxx*		

- Responders= Patients still in TFR with >=MR4.0, without molecular relapse.
- Confidence interval calculated as per Clopper-Pearson exact method.
- Percentage based on the number of patients included in the analysis population (N).
- Patients entered TFR considered for percentages denominator.

$ Pearson Chi-square test or Fisher's exact test depending on the crosstabulation frequencies. * p-value<0.05, ** p-value<0.01.

Source: Post-text table: 14.2-2.1.1

Table 11-6 Secondary endpoint Kaplan-Meier analysis of treatment-free survival during the TFR phase – Subset of Full Analysis Set entering the TFR phase

KM estimates	Arm 1	Arm 2
Number of patients – n(%)		
with events	xx (xx.x)	xx (xx.x)
Relapse	xx (xx.x)	xx (xx.x)
Re-treatment with Nilotinib	xx (xx.x)	xx (xx.x)
Progression to AP-BC	xx (xx.x)	xx (xx.x)
Death from any cause	xx (xx.x)	xx (xx.x)
Relapse + Death from any cause	xx (xx.x)	xx (xx.x)
<<Note for programming: add any combination of events occurring on the same date>>		
with censorings	xx (xx.x)	xx (xx.x)
Time to event (months)		
25th percentile (95% CI)	xx (xx.x, xx.x)	xx (xx.x xx.x))
Median (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
75th percentile (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
Percentage of patients without event – Estimate n(%)(95% CI)		
6 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
12 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
18 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
24 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
30 months	xx (xx.x) (xx.x, xx.x)	
36 months	xx (xx.x) (xx.x, xx.x)	

- NE: Not Estimable. Patients randomized to Arm 2 have a maximum of 24 months of TFR phase.
- Event = first occurrence of relapse, re-treatment with nilotinib, progression to AP/BC or death for any cause. Censoring rule = patients who did not meet the event are censored at the first date occurring between: the last contact date, the end of TFR phase and the date of death. Time to event = (date of event – start date of TFR phase + 1)/30.4375.
- n is the number of patients at risk at the timepoint (i.e. without event and still ongoing). The percentage of patients without event and the respective 95% C.I. are estimated from Kaplan Meier.

Source: Post-text table:14.2-2.2.1

Table 11-7 Secondary endpoint, Molecular response 4.0 during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

	Arm2 N=xx
Rate of major molecular response at Baseline	
Number of responders	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)
Rate of major molecular response at Month 27	
Number of responders	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)
Rate of major molecular response at Month 27 (Nominal visit*)	
Number of responders	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)
Rate of major molecular response at Month 30	
...	...
Rate of major molecular response at Month 33	
...	...
Rate of major molecular response at Month 36	
...	...
Rate of major molecular response at Month 36 (Nominal vist*)	...
...	

- Rate was computed using time-window as described in the RAP Module 3.
- Percentage based on the number of patients included in the analysis population (N).
- Confidence interval calculated as per Clopper-Pearson exact method.
* Nominal visit is according to the CRF record, regardless of time-window derived visit.

<<Programming note:
-The number of responders at Month x is obtained by counting all patients with a response on the last assessment of time-window x.
*-The percentage is obtained by dividing the number of responders by N.***>>***

Source: Post-text table:14.2-4.2.1

Table 11-8 Secondary endpoint, Kaplan-Meier analysis of overall survival from Randomization–Randomized Set

KM estimates	Arm 1	Arm 2
Number of patients – n(%)		
with events (deaths)	xx (xx.x)	xx (xx.x)
with censorings	xx (xx.x)	xx (xx.x)
Time to event (months)		
25th percentile (95% CI)	xx (xx.x, xx.x)	xx (xx.x xx.x))
Median (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
75th percentile (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
Percentage of patients without event – Estimate n(%)(95% CI)		
6 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
12 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
18 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
24 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
30 months	xx (xx.x) (xx.x, xx.x)	
36 months	xx (xx.x) (xx.x, xx.x)	

- NE: Not Estimable. Event = death for any cause.
- Censoring rule = patients who did not meet the event are censored at the first date occurring between:
  the last contact date and the date of death.
- Time to event = (date of event – Randomization date + 1)/30.4375.
- n is the number of patients at risk at the timepoint (i.e. without event and still ongoing)
- The percentage of patients without event and the respective 95% C.I. are estimated from Kaplan Meier.

Source: Post-text table:14.2-2.3

Table 12-1 Overall summary of treatment-emergent adverse events occurring during pre-randomization Induction/consolidation phase – Full Analysis Set

Adverse event category	Arm 1 N=xx	...	Total N=xx
Any adverse events	xx (xx.x)	...	xx (xx.x)
Any AE of special interest	xx (xx.x)	...	xx (xx.x)
Grading of AEs			
NCI-CTCAE Grade 4	xx (xx.x)	...	xx (xx.x)
NCI-CTCAE Grade 3	xx (xx.x)	...	xx (xx.x)
NCI-CTCAE Grade 2	xx (xx.x)	...	xx (xx.x)
NCI-CTCAE Grade 1	xx (xx.x)	...	xx (xx.x)
NCI-CTCAE Missing	xx (xx.x)	...	xx (xx.x)
Death	xx (xx.x)	...	xx (xx.x)
AEs suspected to be related to nilotinib	xx (xx.x)	...	xx (xx.x)
AEs leading to study drug discontinuation	xx (xx.x)	...	xx (xx.x)
AEs requiring dosage adjustment or temporarily interruption	xx (xx.x)	...	xx (xx.x)
Serious AEs	xx (xx.x)	...	xx (xx.x)
Serious AEs suspected to be related to nilotinib	xx (xx.x)	...	xx (xx.x)
Serious AEs leading to study drug discontinuation	xx (xx.x)	...	xx (xx.x)

- For patient #[redacted], due to reconciliation discrepancies, safety database reported AE term “Endometriosis” as a SAE, while in clinical database this AE was not recorded as an SAE.

- Only TEAEs from pre-rand. Ind./Cons. phase have been included. A pat. with mult. occur. of an AE is counted only once in the AE categ.; Perc. based on the pop. number (N). AESI CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) were based on grouped MedDRA terms as descr. in the CRS. Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. Patient #[redacted] rep. as disc. Ind/Cons phase due to AE “Blast Crisis”-G2, should have been reported as disc. Ind/Cons due to Dis. progr. to Blast Crisis, as per Prot. For pat. #[redacted] AE “PHLEGMON FOOT - BIG TOE RIGHT” is rep. as PT “Cellulitis” in the AE list. and as PT “Osteoarthritis” in the SAE list. PT for the same AE has been wrongly dec. and reconc. was not req. a perfect match of the PT. Source: Post-text table: 14.3.1-1.1

Table 12-2 Overall summary of treatment-emergent adverse events occurring during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

Adverse event category	Arm2 N=xx
Any adverse events	xx (xx.x)
Any AE of special interest	xx (xx.x)
Grading of AEs	
NCI-CTCAE Grade 4	xx (xx.x)
NCI-CTCAE Grade 3	xx (xx.x)
NCI-CTCAE Grade 2	xx (xx.x)
NCI-CTCAE Grade 1	xx (xx.x)
NCI-CTCAE Missing	xx (xx.x)
Death	xx (xx.x)
AEs suspected to be related to nilotinib	xx (xx.x)
AEs leading to study drug discontinuation	xx (xx.x)
AEs requiring dosage adjustment or temporarily interruption	xx (xx.x)
Serious AEs	xx (xx.x)
Serious AEs suspected to be related to nilotinib	xx (xx.x)
Serious AEs leading to study drug discontinuation	xx (xx.x)

- Only treatment emergent adverse events from post-randomization consolidation phase are included in this table. A patient with multiple occurrences of an AE is counted only once in the AE category. Percentage based on the population number (N). AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- Patients randomized to Arm 2 have 12 months of treatment post-randomization and a maximum of 24 months of re-treatment.
Source: Post-text table: 14.3.1-1.2

Table 12-3 Overall summary of treatment-emergent adverse events occurring during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

Adverse event category	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Any adverse events	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any AE of special interest	xx (xx.x)	xx (xx.x)	xx (xx.x)
Grading of AEs			
NCI-CTCAE Grade 4	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 2	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 1	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs leading to study drug discontinuation	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs requiring dosage adjustment or temporarily interruption	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs leading to study drug discontinuation	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Only treatment emergent adverse events from re-treatment phase are included in this table. A patient with multiple occurrences of an AE is counted only once in the AE category. Percentage based on the population number (N). AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment. Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.
Source: Post-text table: 14.3.1-1.3

Table 12-4 Overall summary of adverse events occurring during TFR phase – Subset of Full Analysis Set entering the TFR phase

Adverse event category	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Any adverse events	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any AE of special interest	xx (xx.x)	xx (xx.x)	xx (xx.x)
Grading of AEs			
NCI-CTCAE Grade 4	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 2	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 1	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)
AE occurring within 30 days after TFR end	xx (xx.x)	xx (xx.x)	xx (xx.x)
AE occurring after 30 days after TFR end	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Only adverse events from TFR phase are included in this table.
- A patient with multiple occurrences of an AE is counted only once in the AE category.
Percentage based on thepopulation number (N). Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment. Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
Source: Post-text table: 14.3.1-1.4

Table 12-5 Overall summary of frequent [1] treatment-emergent adverse events occurring during pre-randomization Induction/consolidation phase – Full Analysis Set

<< Programming note: Same shell as table 12-1 using the following footnotes:

Source: Post-text table: 14.3.1-2.1
[1] Frequent AE defined as an AE present at 5% or more for at least one treatment Arm. Only treatment emergent adverse events from pre-rand. ind./cons. phase are included in this table. A patient with multiple occurrences of an AE is counted only once in the AE category. Percentage based on the population number (N). AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
Source: Post-text table: 14.3.1-2.1

Table 12-6 Overall summary of frequent [1] treatment-emergent adverse events occurring during post-randomization Consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 12-2 adding the following footnote:
[1] Frequent AE defined as an AE present at 5% or more of the ARM2 patients.

Source: Post-text table: 14.3.1-2.2

Table 12-7 Overall summary of frequent [1] treatment-emergent adverse events occurring during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 12-3 adding the following footnote:
[1] Frequent AE defined as an AE present at 5% or more for at least one treatment Arm.

Source: Post-text table: 14.3.1-2.3

Table 12-8 Overall summary of frequent [1] adverse events occurring during TFR phase – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 12-4 adding the following footnote:
[1] Frequent AE defined as an AE present at 5% or more for at least one treatment Arm.

Source: Post-text table: 14.3.1-2.4

Table 12-9 Serious treatment-emergent adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during pre-randomization Induction/consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

	Arm 1 N=xxx		...		Total N=xxx	
Primary system organ class Preferred term	All grades n (%)	Grade 3/4 n (%)			All grades n (%)	Grade 3/4 n (%)
Any Primary system organ class	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Cardiac disorders	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Angina pectoris	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Bradycardia NOS	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Oedema NOS	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Tachycardia NOS	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
...						

- For patient #[redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

- Only TEAEs from pre-rand. Ind./Cons. phase have been included. Primary SOC presented alphab.; PTs are sorted within prim. SOC in desc. freq. of 'All grades' column. Perc. based on pop. number (N). Treatment Arm 1/Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. A pat. with mult. occur. of an AE is counted only once in the AE cat.; A pat. with mult. AEs within a prim. SOC is counted only once in the total row. AEs occur. more than 30 days after last study trt. exp. date are not summarized. For pat. #[redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is rep. as PT "Cellulitis" in the AE list. and as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly dec. and reconc. was not req. a perfect match of the PT. Source: Post-text table 14.3.1-4.1.1

Table 12-10 Serious treatment-emergent adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

	Arm2 N=xxx	
Primary system organ class Preferred term	All grades n (%)	Grade 3/4 n (%)
Any primary system organ class	xx (xx.x)	xx (xx.x)
Cardiac disorders	xx (xx.x)	xx (xx.x)
Angina pectoris	xx (xx.x)	xx (xx.x)
Bradycardia NOS	xx (xx.x)	xx (xx.x)
Oedema NOS	xx (xx.x)	xx (xx.x)
Tachycardia NOS	xx (xx.x)	xx (xx.x)
etc.		

- Only treatment emergent adverse events from post-rand. cons. phase (ARM 2) are included in this table. Primary system organ classes are presented alphabetically; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column. Percentage based on the number of patients included in the analysis population (N).
- Treatment post-randomization Arm 2: 12 months, Re-treatment max Arm 2: 24 months.
- A patient with multiple occurrences of an AE is counted only once in the AE category.
- A patient with multiple adverse events within a primary system organ class is counted only once in the total row. Adverse events occurring more than 30 days after last study treatment exposure date are not summarized.

Source: Post-text table: 14.3.1-4.2.1

Table 12-11 Serious treatment-emergent adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 12.9 for re-treatment period>>

Source: Post-text table: 14.3.1-4.3.1

Table 12-12 Serious adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 12.9 for TFR and replacing 1st footnote:
- Only adverse events from TFR phase are included in this table.>>

Source: Post-text table: 14.3.1-4.4.1

Table 12-13 Treatment-emergent adverse events of interest incidence, regardless of study drug relationship, by specific group and preferred term during Pre-randomization Induction/consolidation phase –by treatment arm, overall and maximum grade 3/4 – Full Analysis Set

	Arm 1 N=xxx		... N=xxx		Total N=xxx	
Specific group Preferred term	All grades n (%)	Grade 3/4 n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)
All AESI	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Group 1						
PT1	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
...						
Group 2						
PT1	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
...						

- Only TEAEs from pre-rand. ind./cons. phase have been incl. in this table. Specific groupings are pres. alphabetically; PTs are sorted within each group in desc. frequency of 'All grades' column. Perc. based on the pop. number (N). Trt Arm 1/Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. A patient with mult. occurrences of an AE is counted only once in the AE category. A patient with mult. AEs within a group is counted only once in the total row. AESI: CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. AEs occurring more than 30 days after last study treatment exposure date are not summarized.
Source: Post-text table: 14.3.1-6.4.1

Table 12-14 Treatment-emergent adverse events of interest incidence by specific group and preferred term during post-randomization Consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

Specific group Preferred term	Arm2 N=xx	
	All grades n (%)	Grade 3/4 n (%)
All AESI	xx (xx.x)	xx (xx.x)
Group 1		
PT 1	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)
Group 2		
PT 1	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)
ect..		

- Only TEAEs from post-rand. cons. phase incl. in this table. Specific groups are pres. alphabetically; PTs are sorted within each group in desc. frequency of 'All grades' column. Perc. based on the number of patients included in the analysis pop. (N). Trt post-rand. Arm 2: 12 months, Re-trt max Arm 2: 24 months. A pat. with mult. occurrences of an AE is counted only once in the AE category. A pat. with mult. AEs within a group is counted only once in the total row. AESI:CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. AEs occurring more than 30 days after last study trt exp. date are not summarized.
Source: Post-text table: 14.3.1-6.5.1

Table 12-15 Treatment-emergent adverse events of interest incidence by specific group and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

Specific group Preferred term	Arm 1 N=xx		Arm 2 N=xx		Total N=xx	
	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)
All AESI	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Group 1						
PT 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Group 2						
PT 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ect..						

- Only TEAEs from re-trt phase are included in this table. Specific groups are alph. presented; PTs are sorted within each group in desc. freq. of 'All grades' column. Perc. based on the number of pat. included in the analysis pop. (N). Trt Arm 1/Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. A patient with mult. occurrences of an AE is counted only once in the AE category. A patient with mult. AEs within a group is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.AEs occurring more than 30 days after last study trt exp. date are not summarized.
Source: Post-text table: 14.3.1-6.6.1

Table 12-16 Adverse events of interest incidence by specific group and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as table 12-15 for TFR, using footnotes:***
- Only adverse events from TFR phase are included in this table. Specific groups are alphabetically presented; preferred terms are sorted within each group in descending frequency of 'All grades' column. Percentage based on population number (N). Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. A patient with multiple occurrences of an AE is counted only once in the AE category. A patient with multiple AE within a primary system organ class is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
Source: Post-text table: 14.3.1-6.7.1

>>

Table 12-17 Treatment-emergent adverse events incidence leading to study drug discontinuation by system organ class and preferred term during pre-randomization Induction/Consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

	Arm 1 N=xxx		... N=xxx		Total N=xxx	
Primary system organ class Preferred term	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)
Any Primary system organ class	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Cardiac disorders	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Angina pectoris	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Bradycardia NOS	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Oedema NOS	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
Tachycardia NOS	xx (xx.x)	xx (xx.x)	...	...	xx (xx.x)	xx (xx.x)
...						

- For patient #[redacted], due to reconciliation discrepancies, safety database reported AE term “Endometriosis” as a SAE, while in clinical database this AE was not recorded as an SAE.

- Only TEAEs from pre-rand. ind./cons. phase have been included. Prim. SOC are presented alphab.; PTs are sorted within prim. SOC in descending freq. of ‘All grades’ column. Perc. based pop. number (N). Treatment Arm 1/Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. A patient with mult. occur. of an AE is counted only once in the AE category. A patient with mult. AEs within a primary SOC is counted only once in the total row. AEs occurring more than 30 days after last study trt. exp. date are not summarized.
Pat. #[redacted] reported as disc. Ind/Cons phase due to AE “Blast Crisis”- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot. Source: Post-text table: 14.3.1-5.1.1

Table 12-18 Treatment-emergent adverse events incidence leading to study drug discontinuation by system organ class and preferred term during post-randomizationphase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

Primary system organ class Preferred term	Arm2 N=xxx All grades n (%)	 Grade 3/4 n (%)
Any Primary system organ class	xx (xx.x)	xx (xx.x)
Cardiac disorders	xx (xx.x)	xx (xx.x)
Angina pectoris	xx (xx.x)	xx (xx.x)
Bradycardia NOS	xx (xx.x)	xx (xx.x)
Oedema NOS	xx (xx.x)	xx (xx.x)
Tachycardia NOS	xx (xx.x)	xx (xx.x)
...		

- Only TEAEs from post-rand. Cons. phase (ARM 2) are included in this table. Primary system organ classes are presented alphabetically; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column. Percentage based on the number of patients included in the analysis population (N). Treatment post-randomization Arm 2: 12 months, treatment free remission max Arm 2: 24 months. A patient with multiple occurrences counted only once in the AE category. A patient with multiple AEs within a primary system organ class is counted only once in the total row. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Source: Post-text table: 14.3.1-5.2.1

Table 12-19 On treatment deaths, by system organ class and preferred term during pre-randomization Induction/Consolidation phase - Safety Set

Primary system organ class Principal cause of death	Arm 1 N=xxx n (%)	... N=xxx n (%)	Total N=xxx n (%)
Any Primary system organ class	xx (xx.x)	...	xx (xx.x)
Primary system organ class 1	xx (xx.x)	...	xx (xx.x)
Preferred term 1	xx (xx.x)	...	xx (xx.x)
Preferred term 2	xx (xx.x)	...	xx (xx.x)
...	...	...	...

Primary system organ classes are alphabetically presented; preferred terms are sorted within primary system organ class in descending frequency.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- Deaths up to 30 days after last study treatment exposure date are all included
- For patient [redacted] date of death was imputed to "[redacted]", from the original "[redacted]" for the purpose of this table only.

Source: Post-text table: 14.3.1-9.1

Table 12-20 On treatment deaths, by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – Subset of Safety Set randomized to Arm 2

Primary system organ class Principal cause of death	Arm 2 N=xxx n (%)
Any Primary system organ class	xx (xx.x)
Primary system organ class 1	xx (xx.x)
Preferred term 1	xx (xx.x)
Preferred term 2	xx (xx.x)
...	...

- Primary system organ classes are alphabetically presented; preferred terms are sorted within primary system organ class in descending frequency.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment post-randomization Arm 2: 12 months, Re-treatment max Arm 2: 24 months.
- Deaths up to 30 days after last study treatment exposure date are all included.

Source: Post-text table: 14.3.1-9.2

Table 12-21 On treatment deaths, by system organ class and preferred term during re-treatment phase – Subset of Safety Set entering the re-treatment phase

<< Programming note: Same shell as table 10-15.1.1 presenting only Arm 1, Arm 2 and Total for Re-treatment>>

Primary system organ classes are alphabetically presented; preferred terms are sorted within primary system organ class in descending frequency.
- Only deaths occurring during the treatment period (between the first day of study drug intake and up to 30 days after last study drug intake) are presented.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.

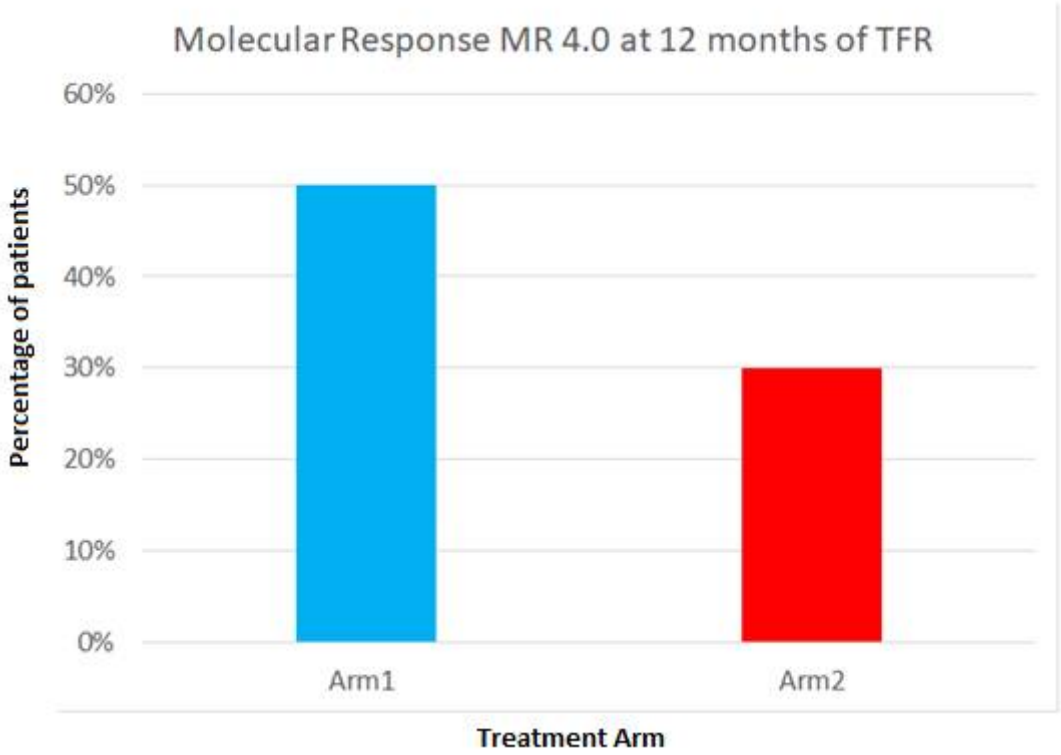
Source: Post-text table: 14.3.1-9.3

Listing 12-1 Listing of deaths – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Date of last dose	Study day of last dose	Date of death (phase)	Study day of death	Number days since last dose	Principal cause of death reported/ Preferred term
XXX/0XXX /0XXXX/X	XX/X /XX	DDMMM YYYY	xx	DDMMMYYYY (IND/CONS1/CONS2/TFR/ RE-TRT)	xx	xx	XXXXXXXXXX/XXXXXX
XXX/0XXX /0XXXX/X	XX/X /XX	DDMMM YYYY	xx	DDMMMYYYY (IND/CONS1/CONS2/TFR/ RE-TRT)	xx #	xx *	XXXXXXXXXX/XXXXXX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized. Phase: IND = ind. phase (0-12 m), CONS1 = pre-rand. cons. phase (12-24 m), CONS2 = post-rand. cons. phase (ARM 2)(24-36 m), TFR=treat. free remission phase and RE-TRT=re-treat. phase. Phase displayed indicates in which end of phase page the death has been recorded as the primary reason to discontinue the study. If missing then death has been recorded in survival follow-up CRF pages. Study day relative to the first day of treatment (day 1).*event occurred more than 30 days after last study treatment exposure date. # Death occurring outside the treatment emergent period
- Number of days since last dose = day of death – day of last dose + 1.
Source: Post-text listing: 14.3.2-1.1

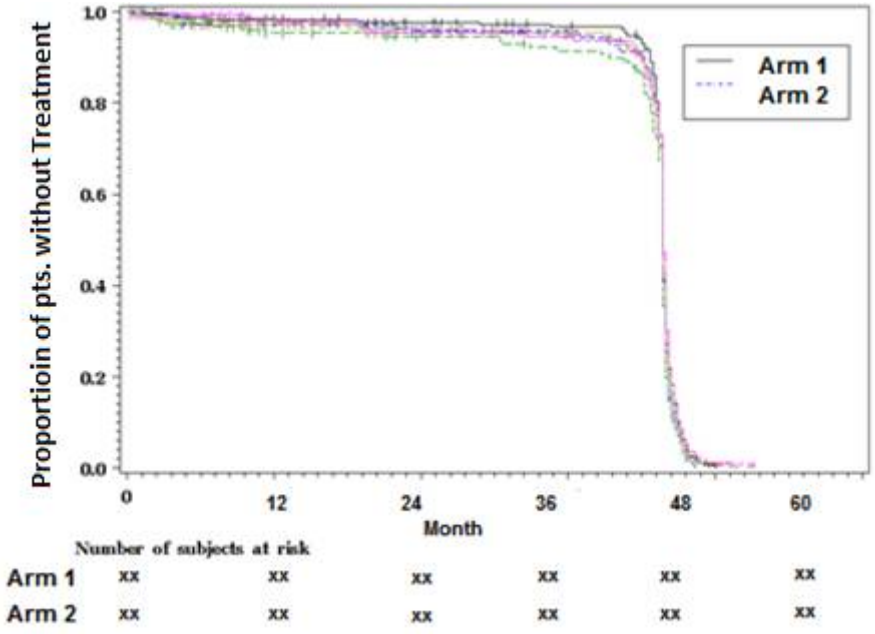
Figure 11-1 Primary endpoint, Bar plot MR4.0 at 12 months of TFR phase –Subset of Full Analysis Set entering the TFR phase



Source: Post-text figure: 14.2-16

Programming Note: Use black color but different patterns for each bar.

Figure 11-2 Kaplan-Meier analysis of treatment-free survival during the TFR phase –Subset of Full Analysis Set entering the TFR phase



Programming note:

The axis label should "Time since start of TFR phase (months)"

Months 24-60 for Arm 1, Months 36-60 for Arm 2

Vertical (Y-Axis) label "Prop. of pts. without treatment"

Source: Post-text figure: 14.2-17.2

3.2 Shells and specifications for Sections 14 and 16 of the CSR

Section 14 – tables, figures and graphs referred to but not included in the text

Section 14.1 – Demographic data

Figures (Section 14.1)

Not applicable

Tables (Section 14.1)

Table 14.1-1.1 Enrollment by country and center – All patients

Country Center	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Not treated	Total N=xx
All countries	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
Denmark (2)						
xxxx	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
xxxxx	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
...						
France (8)						
xxxx	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
xxxxx	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
...						

- Arm 1: ARM 1: the nilotinib 24 months treatment arm.
- Arm 2: ARM 2: the nilotinib 36 months treatment arm.
- Randomized: Arm 1+ Arm 2.
- Not Randomized: Screened and treated but Not Randomized patients.
- Not Treated: Screen Failures.

The numbers in parentheses provide the number of centers for the country.

<<Programming note:

The number of centers per country will always be indicated in parenthesis. Percentages are calculated out of the all screened patients>>

Table 14.1-1.2 Randomization by country and center – Randomized patients

Country Center	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
All countries	xx (xx.x)	xx (xx.x)	xx (xx.x)
Denmark (2)			
xxxx	xx (xx.x)	xx (xx.x)	xx (xx.x)
xxxx	xx (xx.x)	xx (xx.x)	xx (xx.x)
France (8)			
xxxx	xx (xx.x)	xx (xx.x)	xx (xx.x)
xxxx	xx (xx.x)	xx (xx.x)	xx (xx.x)
Etc..			

- Arm 1: ARM 1: the nilotinib 24 months treatment arm.
- Arm 2: ARM 2: the nilotinib 36 months treatment arm.
- Randomized: Arm 1+ Arm 2.
- The numbers in parentheses provide the number of centers for the country.
- Percentage is based on N.
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
- Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

<<Programming note: The number of centers per country will always be indicated in parenthesis. Percentages are calculated out of the FAS patients>>

Table 14.1-1.3 Patient disposition (Screening failures), All patients

Disposition Reason	Total N=XXX
Screened patients	**XXX (100.0)**
Screened successfully	**ZZZ**
Re-screened	**YYY**
Screen Failures	**FFF**
Reason for Screen failure	
As per protocol	**XX**
Scheduling conflict	**XX**
Other	**XX**
Inclusion/Exclusion criteria not met	**XX**
Inclusion Criteria*	
xxxxxxxxxx	xx
xxxxxxxxxxx	xx
...	
xxxxxxxxxxx	xx
Exclusion Criteria*	
xxxxxxxxxxx	xx
xxxxxxxxxxx	xx
...	
xxxxxxxxxxx	xx

* Patients enrolled but excluded due to Inclusion/Exclusion Criteria.
Multiple reasons for screen failure for patients.

Programing Note:
Present only specific Incl/Excl criteria text, do not use numbers since ICX may correspond to different text depending on Protocol version.

Present Reason for Screen failure Reason for patients enrolled but excluded due to Inclusion/Exclusion Criteria.
Use intents before labels of subcategories as in the shell.

Table 14.1-2.1 Patient disposition during Induction/Consolidation phase and post-Randomization Consolidation phase -Enrolled patients

Disposition Reason	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Patients enrolled	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients not-treated[1]					
Primary reason for study discontinuation					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal laboratory value(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal test procedure result(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pregnancy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Protocol deviation	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Subject withdrew consent	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lost to follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Administrative problems	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Disease progression (CML)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Unstable MR4.0	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
New cancer (CML) therapy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Relapse loss MMR/MR4	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients treated [2]					
Patients treated	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued from treatment	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for study discontinuation					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal laboratory value(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...	...

- Percentage is based on N
[1] Patients who discontinued study after enrollment without taking study drug.
[2] Patients who discontinued study during Induction/Consolidation phase.
- 15 patients from ARM 2 discontinued during post-Randomization Consolidation phase.
- Patient # [redacted] randomized to Arm 1 at [redacted] and discontinued Ind/cons at the same day for "[redacted]

- Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.

Table 14.1-2.2 Patient disposition in each randomized arm – Full Analysis Set

Disposition	N=xx
	n (%)
Number of patients with no major deviation to protocol	xx (xx.x)
Randomized patients	xx (xx.x)
Arm 1 Nilotinib 24-month treatment arm [1]	xx (xx.x)
Patients completed the consolidation phase [2]	xx (xx.x)
Patients discontinued before TFR phase [2]	xx (xx.x)
Patients entered in the TFR phase [2]	xx (xx.x)
Patients who completed the TFR phase (36 months) [3]	xx (xx.x)
Patients in the TFR phase with 6 months (i.e. 213 days) without relapse [3]	xx (xx.x)
Patients in the TFR phase with 12 months (i.e. 411 days) without relapse [3]	xx (xx.x)
Patients discontinued TFR phase without entering re-treatment phase [3]	xx (xx.x)
- entering in survival follow-up period [4]	xx (xx.x)
- completing the survival follow-up and the 5 years study period [4]	xx (xx.x)
- completing the survival follow-up before the 5 years study period [4]	xx (xx.x)
- discontinued from the study without survival follow-up [4]	xx (xx.x)
Patients discontinued TFR and entered in the re-treatment phase [3]	xx (xx.x)
Patients discontinued the re-treatment phase [5]	xx (xx.x)
- completing the survival follow-up and the 5 years study period [6]	xx (xx.x)
- completing the survival follow-up before the 5 years study period [6]	xx (xx.x)
- discontinued from the study without survival follow-up [6]	xx (xx.x)
Patients who completed the re-treatment phase [5]	xx (xx.x)

[1]Percentage based on the number of patients included in the analysis population (N).
[2]Percentage based on the number of patients randomized at each treatment arm.
[3]Percentage based on the number of patients entered in the TFR phase at each treatment arm.
[4]Percentage based on the number of patients discontinued TFR phase without entering in the re-treatment phase.
[5]Percentage based on the number of patients entered in the re-treatment phase.
[6]Percentage based on the number of patients discontinued the re-treatment phase.
Protocol deviation exlcuding patient from per protocol analysis set is defined as major protocol deviation (PD severity codes: 0, 1, 5, 8).
Patient # [redacted] remained in TFR until EoS. EOP TFR was erroneously completed and data not reconciled.

Disposition	N=xx n (%)
Arm 2 Nilotinib 36-month treatment arm [1]	xx (xx.x)
Patients completed the consolidation phase [2]	xx(xx.x)
Patients entered in the TFR phase [2]	xx (xx.x)
Patients discontinued before TFR phase [2]	xx (xx.x)
Patients who completed the TFR phase (24 months) [3]	xx (xx.x)
Patients in the TFR phase with 6 months (i.e. 213 days) without relapse [3]	xx (xx.x)
Patients in the TFR phase with 12 months (i.e. 411 days) without relapse [3]	xx (xx.x)
Patients discontinued TFR phase without entering re-treatment phase [3]	xx (xx.x)
- entering in survival follow-up period [4]	xx (xx.x)
- completing the survival follow-up and the 5 years study period [4]	xx (xx.x)
- completing the survival follow-up before the 5 years study period [4]	xx (xx.x)
- discontinued from the study without survival follow-up [4]	xx (xx.x)
Patients discontinued TFR and entered in the re-treatment phase [3]	xx (xx.x)
Patients discontinued the re-treatment phase [5]	xx (xx.x)
- completing the survival follow-up and the 5 years study period [6]	xx (xx.x)
- completing the survival follow-up before the 5 years study period [6]	xx (xx.x)
- discontinued from the study without survival follow-up [6]	xx (xx.x)
Patients who completed the re-treatment phase [5]	xx (xx.x)

[1]Percentage based on the number of patients included in the analysis population (N).
[2]Percentage based on the number of patients randomized at each treatment arm.
[3]Percentage based on the number of patients entered in the TFR phase at each treatment arm.
[4]Percentage based on the number of patients discontinued TFR phase without entering in the re-treatment phase.
[5]Percentage based on the number of patients entered in the re-treatment phase.
[6]Percentage based on the number of patients discontinued the re-treatment phase.
Protocol deviation exlcuding patient from per protocol analysis set is defined as major protocol deviation (PD severity codes: 0, 1, 5, 8).
Patient #[redacted] remained in TFR until EoS. EOP TFR was erroneously completed and data not reconciled.

<<Programming note:

Enrolled patients (who signed IFC and who met IE criteria): present in IFC dataset (with IFC1D not missing) and IECELI1C=yes in IEC dataset

Treated patients: at least one piece of data in DAR

Randomized patients: IECELIC1 (Subject eligible for randomization?)=yes in CRI dataset

Arm 1: RND1C=1 in IVRS dataset

Arm 1 who completed the TFR phase: RND1C=1 in IVRS dataset, and remaining in TFR up to EOS (ie in CMP, subject has VISNAM1A= V403-EOS and SBJCMP1C (Subject completed 5 years study period?)=yes)

Arm 1 who entered the re-treatment phase: RND1C=1 in IVRS dataset, and in CMP, Patient should have taken drug in RT phase.Arm 2: RND1C=2 in IVRS dataset

Arm 2 eligible for TFR: RND1C=2 in IVRS dataset, and IECELIC2 (Subject eligible for TFR phas?)=yes in CRI dataset

Arm 2 who completed the TFR phase: RND1C=2 in IVRS dataset, and remaining in TFR up to EOS (ie in CMP, subject has VISNAM1A= V403-EOS and SBJCMP1C (Subject completed 5 years study period?)=yes)

Arm 2 who entered the re-treatment phase: RND1C=2 in IVRS dataset, Patient should have taken drug in RT phase.>>

Table 14.1-2.2.1 Patient disposition – Enrolled patients in LSC substudy

Disposition	N=xx n (%)
Patients enrolled in the induction/consolidation phase	xx (xx.x)
Patients Not Randomized	xx (xx.x)
Patients who received at least one dose of nilotinib	xx (xx.x)
Randomized patients	xx (xx.x)
Nilotinib 24-month treatment arm (Arm 1)	xx (xx.x)
Nilotinib 36-month treatment arm (Arm 2)	xx (xx.x)
Patients with no major deviation to protocol	xx (xx.x)

- Percentage is based on N
- LSC: Leukemic Stem Cells. Enrolled in LSC are patients signed the LSC ICF.

Table 14.1-2.3 Analysis sets –All patients

Analysis set	All patients N=xx n (%)
Screened patients	xx (xx.x)
Screened succesfully	xx (xx.x)
Re-screened	xx (xx.x)
Screen failures	xx (xx.x)
Enrolled patients	xx (xx.x)
Randomized patients*	xx (xx.x)
Not Randomized patients	xx (xx.x)
Enrolled patients (FAS)*	xx (xx.x)
Randomized patients*	xx (xx.x)
Not Randomized patients*	xx (xx.x
Safety Set*	xx (xx.x)
Per Protocol Analysis Set*	xx (xx.x)

- Randomized patients are all patients meeting eligibility criteria for randomization (i.e. achieved a sustained MR4.0 for at least 12 months in the Induction/Consolidation phase of the study).
- Full Analysis Set (FAS) comprises all subjects who are enrolled, excluding patients with PD severity codes: 0, 8.
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes: 0, 5, 8.

Per Protocol Analysis Set (PPS) comprises all subjects who are enrolled without major protocol deviation (PD severity codes: 0, 1, 5, 8)

* Patients without major PD.

Table 14.1-2.4 Not Randomized patients - Enrolled patients

	Total (N=XX) n (%)
Not Randomized Patients	xx
Reasons	
Patient with last assessment < MR4.0	**xx (xx.x)**
Patient with < 4 times MR4.0, out of 5 times MR4.0	**xx (xx.x)**
Patient with no MR4.0, out of 5 times MR4.0	xx (xx.x)
Patient with 1 time MR4.0, out of 5 times MR4.0	xx (xx.x)
Patient with 2 times MR4.0, out of 5 times MR4.0	xx (xx.x)
Patient with 3 times MR4.0, out of 5 times MR4.0	xx (xx.x)
Patient with < 4 times MR4.0, out of 5 times MR4.0 and last assessment < MR4.0	**xx (xx.x)**
Patient with no MR4.0, out of 5 times MR4.0	xx (xx.x)
Patient with 1 time MR4.0, out of 5 times MR4.0	xx (xx.x)
Patient with 2 times MR4.0, out of 5 times MR4.0	xx (xx.x)
Patient with 3 times MR4.0, out of 5 times MR4.0	xx (xx.x)
Patient with 4 times MR4.0, out of 5 times, MR4.0 but last assessment < MR4.0	xx (xx.x)
Patient with < 4 times MR4.0 out of 5 times MR4.0, with last assessment MR4.0	xx (xx.x)
Other reason*	xx (xx.x)

* Other reason not related to Molecular response, including: AE, ICF withdrew, PD, lost to follow up, death, etc.

Table 14.1-2.5 Patient disposition, Overall and by year-phase -Enrolled patients

Disposition Reason	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Total					
Patients enrolled	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients not-treated[1]					
Primary reason for study discontinuation					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal laboratory value(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal test procedure result(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pregnancy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Protocol deviation	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Subject withdrew consent	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lost to follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Administrative problems	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Disease progression (CML)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Unstable MR4.0	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
New cancer (CML) therapy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients treated [2]					
Patients treated	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued from treatment	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for study discontinuation					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...	...
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Induction-Consolidation 1st year					
Patients not-treated[3]					
Primary reason for study discontinuation					

Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...	...
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients treated [2]					
Patients treated	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued from treatment	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for study discontinuation					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...	...
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Induction-Consolidation 2nd year (pre-randomization consolidation)					
Patients treated [2]					
Patients treated	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued from treatment	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for study discontinuation					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...	...
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
3rd year of treatment (post-randomization consolidation)					
Patients treated [2]					
Patients treated		xx (xx.x)	xx (xx.x)		xx (xx.x)
Discontinued from treatment		xx (xx.x)	xx (xx.x)		xx (xx.x)
Primary reason for study discontinuation					
Adverse event(s)		xx (xx.x)	xx (xx.x)		xx (xx.x)
...		...	...		...
Death		xx (xx.x)	xx (xx.x)		xx (xx.x)
TFR period					
Patients entered TFR	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
TFR ongoing	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)

Patients Completed TFR	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued from TFR	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for study discontinuation				
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for study discontinuation				
Re-treatment period				
Patients entered re-treatment period	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients not-treated (during re-treatment) [4]				
Primary reason for study discontinuation				
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients treated (during re-treatment)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Re-Treatment ongoing #	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Re-treatment completed	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued from treatment	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for study discontinuation				
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...		...	...	...
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Survival follow-up period				
Patients entered survival follow-up period	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients followed during survival follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Survival follow-up ongoing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Survival follow-up completed	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Discontinued from survival follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for death				
CML	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

Patients with treatment ongoing in Re-treatment phase at the time of DBL ddmmmyyyy.
- Percentage is based on N.
[1] Patients who discontinued study after enrollment without taking study drug.
[2] Patients who discontinued study during Induction/Consolidation phase, having received study drug.

[3] Patients who discontinued study after enrollment without taking study drug, during 1st year of Induction-Consolidation
[4] Patients who discontinued study after start of re-treatment without taking study drug.
- Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.
Patient # [redacted] remained in TFR until EoS. EOP TFR was erroneously completed and data not reconciled.

<<Programming note:
Sort reason for discontinuation by decreasing frequency >>

Table 14.1-2.6 Patients discontinued and reason for discontinuation – Full Analysis Set

Disposition Reason	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Patients discontinued at any time-point after Randomization	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for discontinuation [1]					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal laboratory value(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal test procedure result(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pregnancy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Protocol deviation	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Subject withdrew consent	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lost to follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Administrative problems	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Disease progression (CML)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Relapse (Loss of MMR/confirmed loss of MR4.0)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
New cancer (CML) therapy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients discontinued before TFR [2]	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for discontinuation					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal laboratory value(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal test procedure result(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pregnancy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Protocol deviation	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Subject withdrew consent	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lost to follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Administrative problems	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Disease progression (CML)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Relapse (Loss of MMR/confirmed loss of MR4.0)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
New cancer (CML) therapy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)

Disposition Reason	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Patients entered in the TFR phase	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Patients discontinued from the TFR phase	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Primary reason for TFR discontinuation					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Abnormal laboratory value(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Abnormal test procedure result(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Pregnancy	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Protocol deviation	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Subject withdrew consent	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Lost to follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Administrative problems	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Disease progression (CML)	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Relapse (Loss of MMR/confirmed loss of MR4.0)	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
New cancer (CML) therapy	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)		xx (xx.x)
Patients entered in the re-treatment phase	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients discontinued from the re-treatment phase	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary reason for re-treatment discontinuation					
Adverse event(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal laboratory value(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Abnormal test procedure result(s)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Pregnancy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Protocol deviation	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Subject withdrew consent	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lost to follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Administrative problems	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Disease progression (CML)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
New cancer (CML) therapy	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Patients entered in the survival follow up	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Percentage based on the number of patients included in the analysis population (N).
[1] Primary discontinuation reasons summarized are relative to each phase and thus one patient can have several reasons of discontinuation corresponding to discontinuations from different phases.
[2] For treatment Arm 1 patients discontinued before TFR, may occur between Randomization and treatment administration.
- Patient #[redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.
Patient #[redacted] remained in TFR until EoS. EOP TFR was erroneously completed and data not reconciled.

<<Programming note:

Patients entered in TFR phase: corresponds to Arm 1 patients randomized (RND1C=1 in IVRS dataset) + Arm 2 patients eligible for TFR phase (RND1C=2 in IVRS dataset, and IECELIC2 (Subject eligible for TFR phase?)=yes in CRI dataset)

Patients discontinued from TFR phase: in CMP, subject has VISNAM1A= V401-EOP-TFR + DCNRSN1C for reason for discontinuation from TFR phase

Patients entered in re-treatment phase: in CMP, subject has VISNAM1A=V401-EOP-TFR and RTMTPH1C (Does the subject enter the retreatment phase?)=yes

Patients discontinued from re-treatment phase: in CMP, subject has VISNAM1A= V402-EOP-RT + DCNRSN1C for reason for discontinuation from re-treatment phase.
Sort reasons for discontinuation by descending frequency.>>

Table 14.1-2.6.1 Patients discontinued and reason for discontinuation, SDV sensitivity – Full Analysis Set

<< Programming note: Same shell as table 14.1-2.6, for SDV sensitivity analysis>>

- Percentage based on the number of patients included in the analysis population (N).
[1] Primary discontinuation reasons summarized are relative to each phase and thus one patient can have several reasons of discontinuation corresponding to discontinuations from different phases.
[2] For treatment Arm 1 patients discontinued before TFR, may occur between Randomization and treatment administration.
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.
- Patient #[redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.
Patient #[redacted] remained in TFR until EoS. EOP TFR was erroneously completed and data not reconciled.

Table 14.1-2.7 Summary of TFR phase – Full Analysis Set

TFR	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Number of patients entering the TFR phase	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 1	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 2	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 4	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 5	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 6	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 8	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 10	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 12	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 15	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 18	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 21	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 24	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 27	xx (xx.x)		xx (xx.x)
Number of patients in TFR phase at Month 30	xx (xx.x)		xx (xx.x)

Number of patients in TFR phase at Month 33	xx (xx.x)	xx (xx.x)
Number of patients in TFR phase at Month 36	xx (xx.x)	xx (xx.x)

- Percentage based on the number of patients included in the analysis population (N).
- Patients randomized to Arm 1 have a maximum of 36 months of TFR phase.
- Patients randomized to Arm 2 have a maximum of 24 months of TFR phase.
- Month corresponds to time-window as defined in the RAP Module 3.

Table 14.1-2.7.1 Summary of TFR phase, SDV sensitivity – Full Analysis Set

<< Programming note: Same shell as table 14.1-2.7, for SDV sensitivity analysis>>

Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.1-2.8 Summary of re-treatment phase – Full Analysis Set

Re-treatment	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Number of Full Analysis Set entering the re-treatment phase	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Week 6	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Month 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Month 6	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Month 9	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Month 12	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Month 15	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Month 18	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Month 21	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Month 24	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients in re-treatment phase at Month 27	xx (xx.x)		xx (xx.x)
Number of patients in re-treatment phase at Month 30	xx (xx.x)		xx (xx.x)
Number of patients in re-treatment phase at Month 33	xx (xx.x)		xx (xx.x)
Number of patients in re-treatment phase at Month 36	xx (xx.x)		xx (xx.x)

- Percentage based on the number of patients included in the analysis population (N).
- Patients randomized to Arm 1 have a maximum of 36 months of TFR phase.
- Patients randomized to Arm 2 have a maximum of 24 months of re-treatment phase.
- Week or Month corresponds to time-window as defined in the RAP Module 3.

Table 14.1-2.8.1 Summary of re-treatment phase, SDV sensitivity – Full Analysis Set

<< Programming note: Same shell as table 14.1-2.8, for SDV sensitivity analysis>>

Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.1-2.9 Summary of patients with relapse during the TFR phase but no entering re-treatment phase –- Subset of Full Analysis Set entering the TFR phase

Relapse	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Number of patients relapse but not enter the re-treatment phase	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Week 6	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 6	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 9	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 12	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 15	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 18	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 21	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 24	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 27	xx (xx.x)		xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 30	xx (xx.x)		xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 33	xx (xx.x)		xx (xx.x)
Number of patients relapse but not enter re-treatment phase at Month 36	xx (xx.x)		xx (xx.x)
Number of patients relapse but not enter the re-treatment phase immediately, but entered at re-treatment at a later stage.	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Percentage based on the number of patients included in the analysis population (N).
- Patients randomized to Arm 2 have a maximum of 24 months of re-treatment phase.
- Week or Month corresponds to time-window as defined in the RAP Module 3.
- Classification to each specific time window was based on time between Relapse and Re-treatment for patients with Re-treatment and time between Relapse and Last contact date, for patients with no Re-treatment at all.
- Due to the fact that only standard time points presented, any events occurred outside those standard time windows, although counted in “relapse but not enter the re-treatment phase” total category, were not presented in the following categories.

Table 14.1-3.1 Demographic and characteristics at baseline– Full Analysis Set

Characteristics at baseline	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx	Comparison$ p-value#
Age at baseline visit(Years) - n (%)						
< 65	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx
>= 65	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Missing	xx	xx	xx	xx	xx	
Age at baseline visit (Years)						
n	xxx	xxx	xxx	xxx	xxx	0.xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	0.xxx
SD	x.xx	x.xx	x.xx	x.xx	x.xx	
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	
Median	xx.x	xx.x	xx.x	xx.x	xx.x	
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	
Min-Max	xx-xx	xx-xx	xx-xx	xx-xx	xx-xx	
Gender - n (%)						
Female	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx*
Male	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Missing	xx	xx	xx	xx	xx	
If female, child bearing potential - n (%)						
Able to bear children	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx
Premenarche	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Post menopausal	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Sterile – of child bearing age	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Missing	xx	xx	xx	xx	xx	
Race - n (%)						
Caucasian	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx
Black	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Asian	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Native American	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
North African descent	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Unknown	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Missing	xx	xx	xx	xx	xx	

Characteristics at baseline	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx	Comparison$ p-value#
Body mass index (kg/m2) - n (%)						
Very severely underweight	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx
Severely underweight	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Underweight	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Normal	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Overweight	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Obese class I	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Obese class II	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Obese class III	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Missing	xx	xx	xx	xx	xx	
Body mass index (kg/m2)						
n	xxx	xxx	xxx	xxx	xxx	0.xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	0.xxx
SD	x.xx	x.xx	x.xx	x.xx	x.xx	
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	
Median	xx.x	xx.x	xx.x	xx.x	xx.x	
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	
Min-Max	xx-xx	xx-xx	xx-xx	xx-xx	xx-xx	
ECOG performance						
Status (WHO) - n (%)						
0	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx
1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
3	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
4	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Missing	xx	xx	xx	xx	xx	
Family history - n (%)						
Diabetes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Hypertension	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Dyslipidemia	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Cardiac events	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Cerebrovascular events	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Peripheral arterial disease	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Missing	xx	xx	xx	xx	xx	

Characteristics at baseline	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx	Comparison$ p-value#
Smoking history - n (%)						
No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Ex-smoker	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Missing	xx	xx	xx	xx	xx	
If ex-smoker, time since stopped smoking (months)	xxx	xxx	xxx	xxx	xxx	0.xxx
n	xx.x	xx.x	xx.x	xx.x	xx.x	0.xxx
Mean	x.xx	x.xx	x.xx	x.xx	x.xx	
SD	xx.x	xx.x	xx.x	xx.x	xx.x	
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	
Median	xx.x	xx.x	xx.x	xx.x	xx.x	
75th Percentile	xx-xx	xx-xx	xx-xx	xx-xx	xx-xx	
Min-Max						
If smoker or ex-smoker, use of tobacco product in the past month - n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx
Cigarettes (including roll-ups)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Cigars	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Tobacco (e.g. pipe)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Others (e.g. nicotine patches, chewing tobacco)	xx	xx	xx	xx	xx	
Missing						

- The last available assessment before or at date of start of study treatment is taken as “baseline” assessment.
- Body mass index (kg/m2): very severely underweight (less than 15.0), severely underweight (>=15.0-<=16.0), underweight (>16.0-<=18.5), normal (>18.5-<=25.0), overweight (>25.0-<=30.0), obese class I (>30.0-<=35.0), obese class II (>35.0-<=40.0) and obese class III (over 40.0).
- Time since stopped smoking = (date of screening visit – date stopped smoking + 1) / 30.4375.
- Percentage based on the number of patients included in the analysis population (N).

$ Comparison Randomized vs Not Randomized. # P-value: For categorical variables Pearson Chi-square test or Fisher’s exact test depending on the crosstabulation frequencies. For numeric variables independent t-test for means, Median test for medians. * p-value<0.05, ** p-value<0.01.

<<Programming note:

Comparison between Randomized and No Randomized group will be done for Demographics and baseline characteristics, History of prior Imatinib therapy, Cardiovascular risk factors, using: Pearson's Chi-square test p-value, or Fisher's exact test in case we have one or more frequencies in the cross-tabulation MR4.0 Yes/No*Randomized/Not Randomized, less than 5 for categorical variables, to check correlation between MR4.0 and Randomization group.

For numeric variables, Independent t-test for means (using "Equal" variances or "Unequal" variances depending on Variance test result) and Median test for median will be used to test for differences between Randomized and Not Randomized group.
-Pearson's Chi-square test p-value will be the first choice for categorical varaibles.
Fisher's exact test will be used in case we have one or more frequencies in the cross-tabulation Variable*Randomized/Not Randomized, less than 5. >>

Table 14.1-3.1.1 Demographic and characteristics at baseline– LSC sub-study Full Analysis Set

<< Programming note: ***Same shell as table 14.1-3.1, for LSC sub-study FAS patients >>***

Table 14.1-4.1 Disease history – Full Analysis Set

Disease history	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Time since initial diagnosis (months)					
n	xxx	xxx	xxx	xxx	xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
Time since initial diagnosis (years)					
- n (%)[1]	n=xx	n=xx	n=xx	n=xx	n=xx
<2 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
2 to 4 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
4 to 6 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
6 to 8 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
8 to 10 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
10 to 12 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 12 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Peripheral blood blasts % at diagnosis					
n	xxx	xxx	xxx	xxx	xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
PB eosinophils % at diagnosis					
n	xxx	xxx	xxx	xxx	xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x

Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
PB basophils % at diagnosis					
n	xxx	xxx	xxx	xxx	xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x-	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
Platelets at diagnosis (10E9/L)					
n	xxx	xxx	xxx	xxx	xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
Spleen size at diagnosis (cm under costal margin)					
n	xxx	xxx	xxx	xxx	xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
Extramedullary involvement other than hepato and/or splenomegaly					
- n (%)[1]	n=xx	n=xx	n=xx	n=xx	n=xx
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Sokal score					
n	xxx	xxx	xxx	xxx	xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x

75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
- n (%)[1]	n=xx	n=xx	n=xx	n=xx	n=xx
Low risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
High risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Euro (Hasford) score					
n	xxx	xxx	xxx	xxx	xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
- n (%)[1]	n=xx	n=xx	n=xx	n=xx	n=xx
Low risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Intermediate risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
High risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
EUTOS score					
n	xxx	xxx	xxx	xxx	xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
- n (%)[1]	n=xx	n=xx	n=xx	n=xx	n=xx
Low risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
High risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Previous progression to AP/BC					
- n (%)[1]	n=xx	n=xx	n=xx	n=xx	n=xx
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

Attempt to stop treatment with Imatinib	n=xx	n=xx	n=xx	n=xx	n=xx
- n (%)[1]	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
No					
BCR-ABL(IS) ratio at screening	n=xx	n=xx	n=xx	n=xx	n=xx
- n (%)[1]	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
BCR-ABL(IS) >1%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
BCR-ABL(IS) >0.1% - <= 1%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
BCR-ABL(IS) >0.01% - <= 0.1%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
BCR-ABL(IS) <=0.01%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Undetectable BCR-ABL					
BCR-ABL(IS) ratio at Re-screening	n=xx	n=xx	n=xx	n=xx	n=xx
- n (%)[1]	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
BCR-ABL(IS) >1%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
BCR-ABL(IS) >0.1% - <= 1%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
BCR-ABL(IS) >0.01% - <= 0.1%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
BCR-ABL(IS) <=0.01%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Undetectable BCR-ABL	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Time since initial diagnosis = (date of the baseline visit - date of initial diagnosis)/30.4375.
- Sokal score: low risk (<0.8), intermediate risk (>=0.8-<=1.2) and high risk (>1.2).
- Euro (Hasford) score: low risk (<=780), intermediate risk (>780-<=1480) and high risk (>1480).
- EUTOS score: low risk (<=87) and high risk (>87).

[1] Percentages over Number of non-missing.

Table 14.1-4.1.1 Disease history – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.1-4.1, for LSC sub-study FAS patients >>

Table 14.1-5.1 History of prior Imatinib therapy – Full Analysis Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx	Comparison$ p-value#
Prior imatinib intake - n (%)						
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Duration of prior exposure (years)						
- n (%)[1]	n=xx	n=xx	n=xx	n=xx	n=xx	
<2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx*
>=2 - <5	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
>=5	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Duration of prior exposure (months)						
n	xxx	xxx	xxx	xxx	xxx	0.xxx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	0.xxx
SD	xx.xx	xx.xx	xx.xx	xx.xx	xx.xx	
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	
Median	xx.x	xx.x	xx.x	xx.x	xx.x	
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	

- Imatinib therapy starting before the date of first Nilotinib intake.
- Duration of prior exposure (months) = (end date of prior imatinib intake – start date of prior imatinib intake + 1)/30.4375.
- [1] Percentages based on the number of patients from the analysis population without missing data (n).

$ Comparison Randomized vs Not Randomized.

p-value: For categorical variables Pearson Chi-square test or Fisher's exact test depending on the crosstabulation frequencies. For numeric variables independent t-test for mean, Median test for medians.

* p-value<0.05, ** p-value<0.01.

<<Programming note:

Comparison between Randomized and No Randomized group will be done for Demographics and baseline characteristics, History of prior Imatinib therapy, Cardiovascular risk factors, using: Pearson's Chi-square test p-value, or Fisher's exact test in case we have one or more frequencies in the cross-tabulation MR4.0 Yes/No*Randomized/Not Randomized, less than 5 for categorical variables, to check correlation between MR4.0 and Randomization group.

For numeric variables, Independent t-test for means (using "Equal" variances or "Unequal" variances depending on Variance test result)and Median test for median will be used to test for differences between Randomized and Not Randomized group.
-Pearson's Chi-square test p-value will be the first choice for categorical varaibles.
Fisher's exact test will be used in case we have one or more frequencies in the cross-tabulation Variable*Randomized/Not Randomized, less than 5. >>

Table 14.1-5.1.1 History of prior Imatinib therapy – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.1-5.1, for LSC sub-study FAS patients >>

Table 14.1-5.2 Prior antineoplastic therapy, other than Imatinib, by ATC class and preferred term - Full Analysis Set

	Arm 1 N=xx n (%)	Arm 2 N=xx n (%)	Randomized N=xx n (%)	Not Randomized N=xx n (%)	Total N=xx n (%)
Any ATC class					
-Total	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ATC class 1					
-Total	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ATC class 2					
-Total	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...					

- ATC classes are presented alphabetically; preferred terms are sorted within ATC class by descending frequency.
- A medication can appear with more than one ATC class.

Table 14.1-6.1 Cardiovascular risk factors at baseline – Full Analysis Set

Cardiovascular factors	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx	Comparison$ p-value#
CV risk factor - n (%)[1]	n=xx	n=xx	n=xx	n=xx	n=xx	
Very high risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	0.xxx*
High risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Moderate risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	
Low risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	

- CV risk factors are defined as described in European Guidelines on cardiovascular disease prevention in clinical practice (version 2012). European Heart Journal (2012) 33, 1635-1701.
- [1] Percentages over Number of non-missing.
$ Comparison Randomized vs Not Randomized.
# P-value: For categorical variables Pearson Chi-square test or Fisher's exact test depending on the crosstabulation frequencies.
* p-value<0.05, ** p-value<0.01.

<<Programming note:

Comparison between Randomized and No Randomized group will be done for Demographics and baseline characteristics, History of prior Imatinib therapy, Cardiovascular risk factors, using: Pearson's Chi-square test p-value, or Fisher's exact test in case we have one or more frequencies in the cross-tabulation MR4.0 Yes/No*Randomized/Not Randomized, less than 5 for categorical variables, to check correlation between MR4.0 and Randomization group.

For numeric variables, Independent t-test for means (using "Equal" variances or "Unequal" variances depending on Variance test result) and Median test for median will be used to test for differences between Randomized and Not Randomized group.
-Pearson's Chi-square test p-value will be the first choice for categorical varaibles.
Fisher's exact test will be used in case we have one or more frequencies in the cross-tabulation Variable*Randomized/Not Randomized, less than 5. >>

Table 14.1-6.2 Cardiovascular risk factors (based on medical history, laboratory values and vital signs at baseline) – Full Analysis Set

Cardiovascular Characteristic	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Medical history – n (%)					
CVEs (IHD: Ischemic heart disease)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
CVEs (PAOD: Peripheral arterial occlusive disease)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
CVEs (ICE: Ischemic cerebrovascular events)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
CVEs (Others)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Hypercholesterolemia	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Hypertension	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Diabetes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
At least one CV medical history	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Fasting glucose at baseline – n (%)	n=xx	n=xx	n=xx	n=xx	n=xx
5.6 – 6.9 mmol/L	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
> 6.9 mmol/L	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Total cholesterol at baseline – n (%)	n=xx	n=xx	n=xx	n=xx	n=xx
> 5.2 mmol/L	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
LDL cholesterol at baseline – n (%)	n=xx	n=xx	n=xx	n=xx	n=xx
> 3.3 mmol/L	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
HDL cholesterol at baseline – n (%)	n=xx	n=xx	n=xx	n=xx	n=xx
<1.3 mmol/L	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Triglycerides at baseline – n (%)	n=xx	n=xx	n=xx	n=xx	n=xx
> 1.7 mmol/L	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Total cholesterol, LDL, triglycerides and HDL at baseline – n (%) *	n=xx	n=xx	n=xx	n=xx	n=xx
At least one risk factor**	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

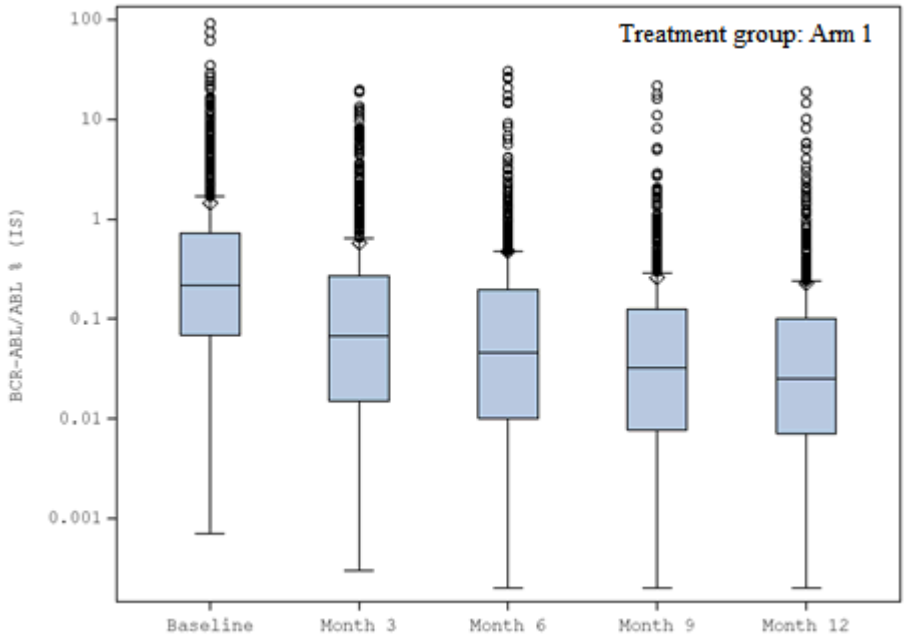
Blood pressure at baseline – n (%)> 140/90 mmHg	n=xx	n=xx	n=xx	n=xx	n=xx
Overall	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Of patient in post-randomization consolidation phase (Arm 2)		xx (xx.x)	xx (xx.x)	NA	xx (xx.x)
Of patient in TFR phase	xx (xx.x)	xx (xx.x)	xx (xx.x)	NA	xx (xx.x)
Of patient in re-treatment phase	xx (xx.x)	xx (xx.x)	xx (xx.x)	NA	xx (xx.x)

- The last available assessment before or at date of start of study treatment is taken as “baseline” assessment.
- Blood pressure at baseline (systolic blood pressure > 140mmHg or diastolic blood pressure >90 mmHg).
* number of patients with at least one observation available for total cholesterol, LDL, triglycerides and HDL.
** number of patients with high total cholesterol, high LDL, high triglycerides or low HDL.
- Percentage based on the number of patients without missing data included in the analysis population (N).

Section 14.2 – Efficacy and other non-safety data (e.g. PK, PK/PD, Health Econ., QoL)

Figures (Section 14.2)

Figure 14.2-1.1 Box-plot of BCR-ABL ratio (IS) during pre-randomization Induction/Consolidation phase – Full Analysis Set



- The last value of BCR-ABL (IS) ratio per time-window is displayed in this figure.

<<Programming note:
- Continue for Arm 2, Not Randomized.
- Display LTWBCRIS values on a logarithmic at base 10 scale (after excluding null value)
- Header/title/footer of the figure must not be displayed in the header and footer of the .doc files >>;

Figure 14.2-1.2 Box-plot of BCR-ABL ratio (IS) during post-randomization Consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to ARM 2

<<Programming note:
-Same shell as Box-plot of BCR-ABL ratio (IS) during pre-randomization *Induction/Consolidation* ***phase - All treated patients (Figure 14.2-1.1) but only for ARM 2, using x-axis label 'Time-points over post-randomization Consolidation phase (ARM2)' and Months 27, 30, 33 and 36 as axis points.***
No need to present Baseline.

Figure 14.2-1.3 Box-plot of BCR-ABL ratio (IS) during TFR phase – Subset of Full Analysis Set entered TFR

<<Programming note:
-Same shell as Box-plot of BCR-ABL ratio (IS) during pre-randomization *Induction/Consolidation* ***phase - All treated patients (Figure 14.2-1.1) but for TFR period, using x-axis label 'Time-points over TFR phase'.***
Axis tick points:
Arm1: Month 1, Month 2, Month 3, Month 4, Month 5, Month 6, Month 8, Month 10, Month 12, Month 15, then every 3 months until Month 36.
Arm2: Month 1, Month 2, Month 3, Month 4, Month 5, Month 6, Month 8, Month 10, Month 12, Month 15, then every 3 months until Month 24.
No need to present Baseline.

Figure 14.2-1.4 Box-plot of BCR-ABL ratio (IS) during re-treatment phase – Subset of Full Analysis Set entered re-treatment

<<Programming note:
-Same shell as Box-plot of BCR-ABL ratio (IS) during pre-randomization *Induction/Consolidation* ***phase - All treated patients (Figure 14.2-1.1) but for re-treatment period, using x-axis label 'Time-points over Re-treatment phase'.***
Axis tick points:
Arm1: Day 1, Week 6, Month 3, Month 6, then every 3 months until M36
Arm2: Day 1, Week 6, Month 3, Month 6, then every 3 months until M24
No need to present Baseline.

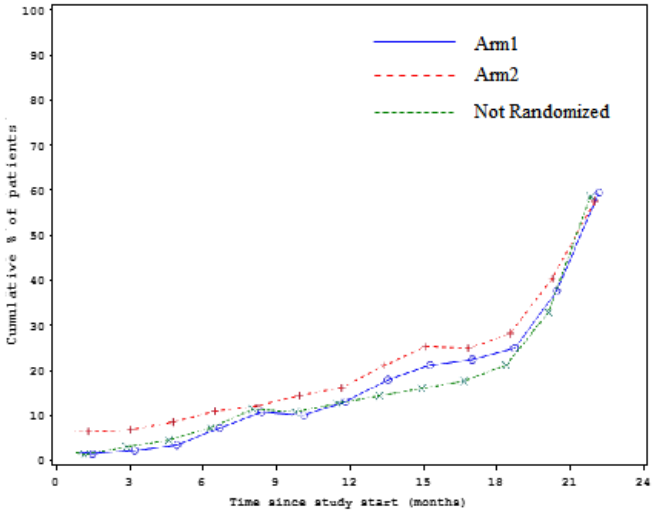
Figure 14.2-1.5 Box-plot of BCR-ABL ratio (IS) during TFR phase – , SDV sensitivity Subset of Full Analysis Set entered TFR

<< Programming note: Same shell as Figure 14.2-1.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-1.6 Box-plot of BCR-ABL ratio (IS) during re-treatment phase, SDV sensitivity –Subset of Full Analysis Set entered re-treatment

<< Programming note: Same shell as Figure 14.2-1.4, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-2.1.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase - Full Analysis Set



<< Programming note:
- Display up to Month 24
- Header/title/footer of the figure must not be displayed in the header and footer of the .doc files , and Months 0, 3,…, 24 as axis points
>>

Figure 14.2-2.1.2 Raw cumulative incidence of MMR during post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to ARM 2

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during Induction/Consolidation phase (Figure 14.2-2.1.1) but for ARM 2 patients only.>>
Axis title: "Time since study start (months)" and Months 27, 30, 33, 36 as axis points

Figure 14.2-2.2.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by halving time of BCR-ABL (IS) ratio - Full Analysis Set

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during** Induction/Consolidation **phase (Figure 14.2-2.1.1) but done by subgroup of halving time of BCR-ABL (IS) ratio.>>

Figure 14.2-2.2.2 Raw cumulative incidence of MMR during post-randomization Consolidation phase (ARM 2) by halving time of BCR-ABL (IS) ratio - Subset of Full Analysis Set randomized to ARM 2

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during** post-randomization consolidation **phase (Figure 14.2-2.1.2) but done by subgroup of halving time of BCR-ABL (IS) ratio.>>

Figure 14.2-2.3.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase – Full Analysis Set

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during pre-randomization** Induction/Consolidation **phase (Figure 14.2-2.1.1) done for MR 4.0.>>

Figure 14.2-2.3.2 Raw cumulative incidence of MR 4.0 during post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to ARM 2

<<Programming note:
-Same shell as Raw cumulative incidence of MR 4.0 during pre-randomization** Induction/Consolidation **phase (Figure 14.2-2.3.1) done for ARM 2 patients only.>>

Figure 14.2-2.3.11 Raw cumulative incidence of MR 4.0, Randomized vs Not Randomized, during pre-randomization Induction/Consolidation phase - Full Analysis Set

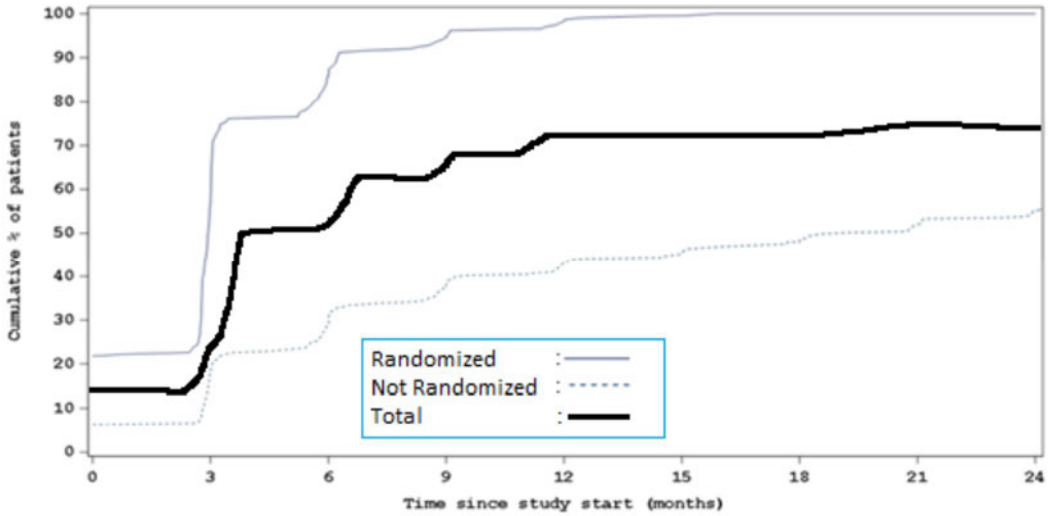


Figure 14.2-2.4.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by halving time of BCR-ABL (IS) ratio - Full Analysis Set

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during pre-randomization *Induction/Consolidation* ***phase by halving time of BCR-ABL (IS) ratio (Figure 14.2-2.2.1) done for MR 4.0.>>***

Figure 14.2-2.4.2 Raw cumulative incidence of MR 4.0 during post-randomization Consolidation phase (ARM 2) by halving time of BCR-ABL (IS) ratio - Subset of Full Analysis Set randomized to ARM 2

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during** Induction/Consolidation **phase (Figure 14.2-2.4.1) but for ARM 2 patients only.>>

Figure 14.2-2.5.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase - Full Analysis Set

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during pre-randomization** Induction/Consolidation **phase (Figure 14.2-2.1.1) done for MR 4.5.>>

Figure 14.2-2.5.11 Raw cumulative incidence of MR 4.5, Randomized vs Not Randomized, during pre-randomization Induction/Consolidation phase- Full Analysis Set

<<Programming note: -Same shell as Raw Cumulative incidence of MR 4.0, Randomized vs Not Randomized, during pre-randomization Induction/Consolidation phase, All treated patients (Figure 14.2-2.3.11), but for MR 4.5.

Figure 14.2-2.5.2 Raw cumulative incidence of MR 4.5 during post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to ARM 2

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during post-randomization** Consolidation phase (ARM 2) **(Figure 14.2-2.1.1) done for MR 4.5.>>

Figure 14.2-2.6.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by halving time of BCR-ABL (IS) ratio - Full Analysis Set

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during pre-randomization** Induction/Consolidation **phase by halving time of BCR-ABL (IS) ratio (Figure 14.2-2.2.1) done for MR 4.5 by subgroup of halving time of BCR-ABL (IS) ratio.>>

Figure 14.2-2.6.2 Raw cumulative incidence of MR 4.5 during post-randomization Consolidation phase (ARM 2) by halving time of BCR-ABL (IS) ratio - Subset of Full Analysis Set randomized to ARM 2

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during post-randomization** Consolidation phase (ARM 2) **by halving time of BCR-ABL (IS) ratio - Subgroup of All treated patients randomized to ARM 2 (Figure 14.2-2.2.2) done for MR 4.5 >>

Figure 14.2-2.7.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase - Full Analysis Set patients not reaching MMR at baseline

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during pre-randomization** Induction/Consolidation **phase (Figure 14.2-2.1.1), performed on the subset of subjects not reaching MMR at baseline (i.e. time-to-first MMR not equal to 0). >>

Figure 14.2-2.8.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase - Full Analysis Set patients not reaching MR 4.0 at baseline

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during pre-randomization** Induction/Consolidation **phase (Figure 14.2-2.1.1), performed on the subset of subjects not reaching MR 4.0 at baseline (i.e. time-to-first MR 4.0 not equal to 0). >>

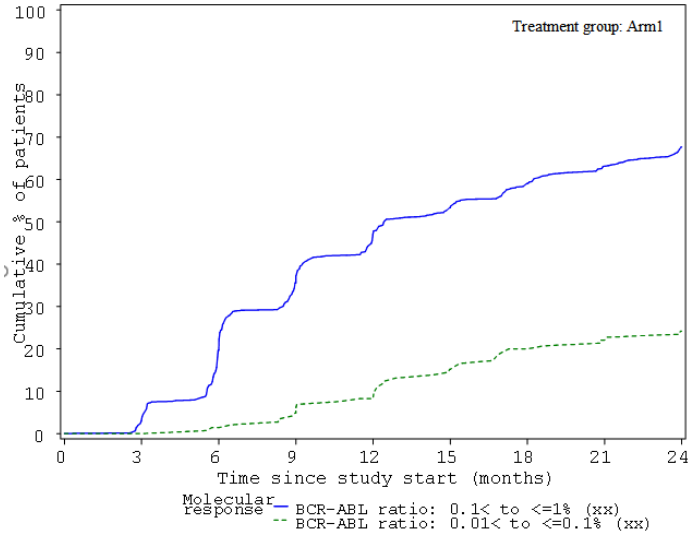
Figure 14.2-2.9.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase - Full Analysis Set patients not reaching MR 4.5 at baseline

<<Programming note:
-Same shell as Raw cumulative incidence of MMR during pre-randomization** Induction/Consolidation **phase (Figure 14.2-2.1.1), performed on the subset of subjects not reaching MR 4.5 at baseline (i.e. time-to-first MR 4.5 not equal to 0). >>

Figure 14.2-2.9.2 Raw cumulative incidence of MR 4.5 during post-randomization Induction/Consolidation phase (ARM 2)- Subset of Full Analysis Set patients not reaching MR 4.5 at baseline, randomized to ARM 2.

<<Programming note:
-Same shell as Raw cumulative incidence of MR 4.5 during post-randomization** Consolidation phase (ARM 2) **(Figure 14.2-2.1.2) performed on the subset of subjects not reaching MR 4.5 at baseline (i.e. time-to-first MR 4.0 not equal to 0). >>

Figure 14.2-2.10.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by BCR-ABL(IS) ratio at baseline - Full Analysis Set



<< Programming note:
Continue for Arm 2, Not Randomized.
- Same shell as Figure 4.4 made by BCR-ABL(IS) ratio (use MRCATBL = 2 for BCR-ABL(IS) ratio >0.1% - ≤1%, and MRCATBL = 3 for BCR-ABL(IS) ratio >0.01% - ≤0.1%)
- Header/title/footer of the figure must not be displayed in the header and footer of the .doc files >>

Figure 14.2-2.10.2 Raw cumulative incidence of MR 4.0 during post-randomization Consolidation phase (ARM 2) by BCR-ABL(IS) ratio at baseline - Subset of Full Analysis Set randomized to ARM 2.

<< Programming note:
- Same shell as Figure 14.2-2.10.1, but for ARM 2 patients only.
- Header/title/footer of the figure must not be displayed in the header and footer of the .doc files >>

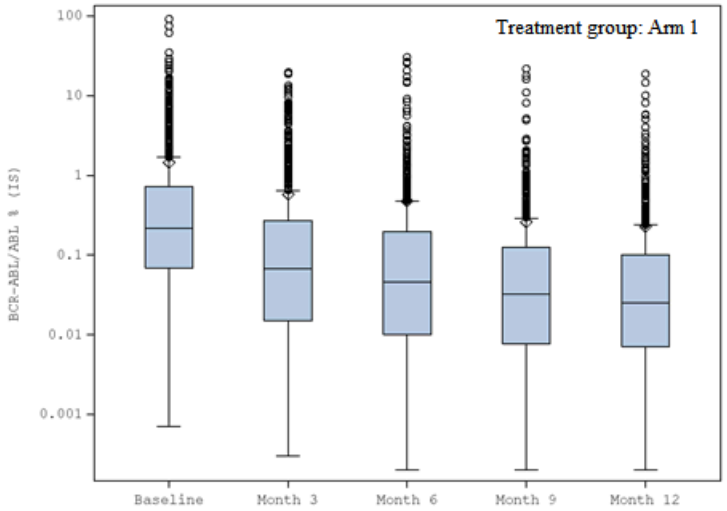
Figure 14.2-2.11.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by BCR-ABL(IS) ratio at baseline - Full Analysis Set

<< Programming note:
- Same shell as Figure 14.2-2.10.1, but on MR 4.5
- Header/title/footer of the figure must not be displayed in the header and footer of the .doc files >>

Figure 14.2-2.11.2 Raw cumulative incidence of MR 4.5 during post-randomization Consolidation phase (ARM 2) by BCR-ABL(IS) ratio at baseline - Subset of Full Analysis Set randomized to ARM 2.

<< Programming note:
- Same shell as Figure 14.2-2.10.2, but on MR 4.5
- Header/title/footer of the figure must not be displayed in the header and footer of the .doc files >>

Figure 14.2-2.12.1 Box-plot of BCR-ABL ratio (IS) during pre-randomization Induction/Consolidation phase, excluding outliers (BCR-ABL (IS) ratio>10 - Full Analysis Set



- The last value of BCR-ABL (IS) ratio per time-window is displayed in this figure.

<< Programming note:
- Continue for Arm 2, Not Randomized.
- Same shell as Figure 4.1 but without outliers
- Add footnote "Outliers with BCR-ABL (IS) ratio higher than 10 are not displayed on this figure.***>>***

Figure 14.2-2.12.2 Box-plot of BCR-ABL ratio (IS) over post-randomization Consolidation phase (ARM 2), excluding outliers (BCR-ABL (IS) ratio>10 - Subset of Full Analysis Set randomized to ARM 2.

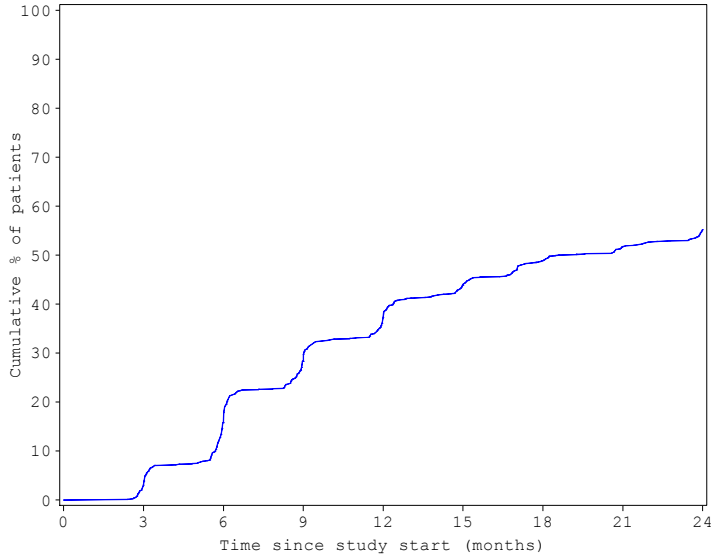
<< Programming note:
- Same shell as Figure 14.2-2.12.1, only for ARM 2.
- Header/title/footer of the figure must not be displayed in the header and footer of the .doc files >>
No need to present Baseline.

Figure 14.2-2.12.3 Overall box-plot of BCR-ABL ratio (IS) during pre-randomization Induction/Consolidation phase – Full Analysis Set

<< Programming note:

- *X Axis should include: Baseline, Month 3, Month 6,…., Month 24 »»*
- *X axis label : month*

Figure 14.2-13.1 Raw cumulative incidence of loss of MMR during TFR – Subset of Full Analysis Set entering the TFR phase



<< Programming note:

Label of axis to change with: "Time since start of TFR phase (months)" >>

- ***Axis should go from 0 to month 36***
- ***Graph should be presented using 2 different type of lines ARM 1 (dash) / ARM 2 (full line)***

Figure 14.2-13.2 Raw cumulative incidence of MMR during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: same shell as figure 14.2-13.1 "Time since start of Re-treatment phase (months)" >>

- ***Axis should go from 0 to month 36 >>>>***

Figure 14.2-13.3 Raw cumulative incidence of loss of MMR during TFR, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Figure 14.2-13.1, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-13.4 Raw cumulative incidence of MMR during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Figure 14.2-13.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-14.1 Raw cumulative incidence of loss of MR4.0 during TFR phase –Subset of Full Analysis Set entering the TFR phase

<< Programming note: same shell as figure 14.2-13.1 but for TFR MR4.0.

- ***Label of axis to change with: "Time since start of TFR phase (months)" >>***

Figure 14.2-14.2 Raw cumulative incidence of MR4.0 during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: same shell as figure 14.2-13.2, but for re-treatment MR4.0 >>

Figure 14.2-14.3 Raw cumulative incidence of loss of MR4.0 during TFR phase, SDV sensitivity –Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as Figure 14.2-14.1, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-14.4 Raw cumulative incidence of MR4.0 during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as Figure 14.2-14.2, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-15.1 Raw cumulative incidence of loss of MR4.5 during TFR phase – Subset of Full Analysis Set entering the TFR phase with MR4.5

<< Programming note: same shell as figure 14.2-13.1 but for TFR MR4.5>>

Figure 14.2-15.2 Raw cumulative incidence of MR4.5 during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: same shell as figure 14.2-13.2 but for re-treatment MR4.5>>

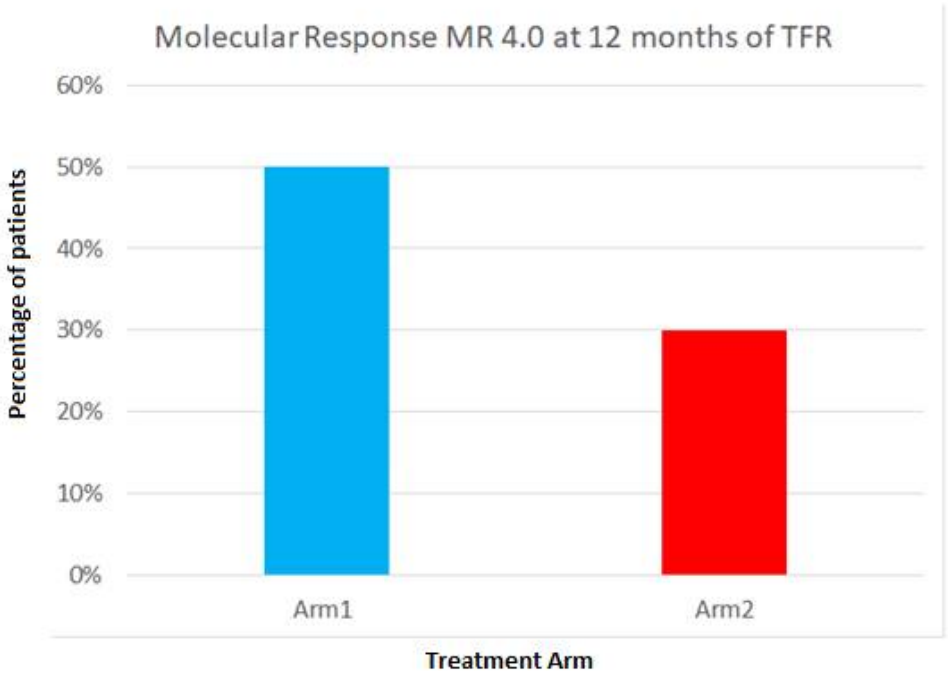
Figure 14.2-15.3 Raw cumulative incidence of loss of MR4.5 during TFR phase, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase with MR4.5

<< Programming note: ***Same shell as Figure 14.2-15.1, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-15.4 Raw cumulative incidence of MR4.5 during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as Figure 14.2-15.2, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-16 Bar plot MR4.0 at 12 months of TFR phase –Subset of Full Analysis Set entering the TFR phase

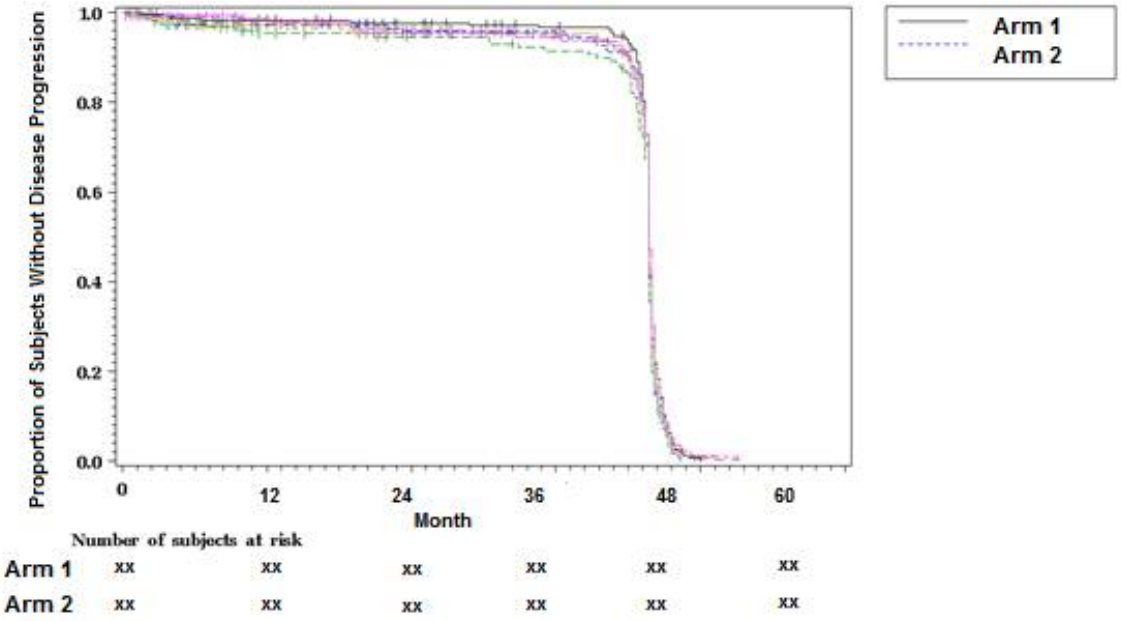


Programming Note: Use black color but different patterns for each bar.

Figure 14.2-16.2 Bar plot MR4.0 at month 12 TFR phase , SDV sensitivity –Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Figure 14.2-16, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-17.1 Kaplan-Meier analysis of progression-free survival during the TFR phase –Subset of Full Analysis Set entering the TFR phase



The axis label should "Time since start of TFR phase (months)"

Months 0-36 for Arm 1, Months 0-24 for Arm 2

Vertical (Y-Axis) label "Prop. of pts. without Disease progression"

Figure 14.2-17.2 Kaplan-Meier analysis of treatment-free survival during the TFR phase –Subset of Full Analysis Set entering the TFR phase

<< Programming note: same shell as figure 14.2-17.1 for TFR treatment free survival

Vertical (Y-Axis) label "Prop. of pts. without treatment"***>>***

Figure 14.2-17.3 Kaplan-Meier analysis of progression-free survival during the TFR phase, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as Figure 14.2-17.1, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-17.4 Kaplan-Meier analysis of treatment-free survival during the TFR phase, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as Figure 14.2-17.2, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-18.1 Kaplan-Meier analysis of reachievement of MMR, after loss of response in TFR –Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: same shell as figure 14.2-4.1 for re-treatment

Months 0-36 for Arm 1, Months 0-24 for Arm 2

Vertical (Y-Axis) label "Prop. of pts. without re-achievement of MMR"***>>***

Figure 14.2-18.2 Kaplan-Meier analysis of reachievement of MR4.0, after loss of response in TFR – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: same shell as figure 14.2-4.1 for re-treatment

Months 0-36 for Arm 1, Months 0-24 for Arm 2>>

Vertical (Y-Axis) label "Prop. of pts. without re-achievement of MR4.0"

Figure 14.2-18.3 Kaplan-Meier analysis of reachievement of MMR, after loss of response in TFR, SDV sensitivity –Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as Figure 14.2-18.1, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Figure 14.2-18.4 Kaplan-Meier analysis of reachievement of MR4.0, after loss of response in TFR, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as Figure 14.2-18.2, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Tables (Section 14.2)

Table 14.2-1.1 Description of BCR-ABL (IS) ratio at Month 3 and halving time of BCR-ABL (IS) ratio subgroups – Full Analysis Set

Subgroups	Arm 1 N=xxx n (%)	Arm 2 N=xxx n (%)	Randomized N=xxx n (%)	Not Randomized N=xxx n (%)	Total N=xxx n (%)
BCR-ABL (IS) ratio at Month 3-n (%)	n=xx	n=xx	n=xx	n=xx	n=xx
<= 0.005%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
> 0.005%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Halving time-n (%)	n=xx	n=xx	n=xx	n=xx	n=xx
<= 3 months (Day 91)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
> 3 months (Day 91)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Percentage based on the number of patients with available data (n)

Table 14.2-2.1.1 Molecular response MR4.0 at 12 months of TFR–Subset of Full Analysis Set entering the TFR phase

	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Number of responders	xx	xx	xx
Percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Comparison Arm 1 vs Arm 2 p-value$	0.xxx		

- Responders= Patients still in TFR with >=MR4.0, without molecular relapse.
- Confidence interval calculated as per Clopper-Pearson exact method.
- Percentage based on the number of patients included in the analysis population (N).
- Patients entered TFR considered for percentages denominator.

$ Pearson Chi-square test or Fisher's exact test depending on the crosstabulation frequencies.

* p-value<0.05, ** p-value<0.01.

<<Programming note:
-The percentage is obtained by dividing the number with response by number of patients entered TFR.>>

Comparison between Randomized and No Randomized group will be done for Demographics and baseline characteristics, History of prior Imatinib therapy, Cardiovascular risk factors, using: Pearson's Chi-square test p-value, or Fisher's exact test in case we have one or more frequencies in the cross-tabulation MR4.0 Yes/No*Randomized/Not Randomized, less than 5 for categorical variables, to check correlation between MR4.0 and Randomization group.

For numeric variables, Independent t-test for means (using "Equal" variances or "Unequal" variances depending on Variance test result) and Median test for median will be used to test for differences between Randomized and Not Randomized group.
-Pearson's Chi-square test p-value will be the first choice for categorical varaibles.
Fisher's exact test will be used in case we have one or more frequencies in the cross-tabulation Variable*Randomized/Not Randomized, less than 5. >>

Table 14.2-2.1.2 Molecular response MR4.0 at 12 months of TFR–Subset of Per Protocol Analysis Set entering the TFR phase

<< Programming note: same shell as Table 14.2-2.1.1 for Per Protocol Set

Table 14.2-2.1.3 Molecular response MR4.0 at 12 months of TFR–Full Analysis Set

<< Programming note: same shell as Table 14.2-2.1.1 for Full Analysis Set

Using the following footnotes:

Responders= Patients still in TFR with >=MR4.0, without molecular relapse.
- Confidence interval calculated as per Clopper-Pearson exact method.
- Percentage based on the number of patients included in the analysis population (N).
- FAS patients considered for percentages denominator.
- Patients randomized to Arm 1 and Arm 2 not entering the TFR phase will be considered as unsuccessful TFR. The same rule described in the previous section will be used to deal with any missing PCR assessment at Month 12.

$ Pearson Chi-square test or Fisher's exact test depending on the crosstabulation frequencies.
* p-value<0.05, ** p-value<0.01.

Table 14.2-2.1.4 Molecular response MR4.0 at 12 months of TFR–Per Protocol Analysis Set

<< Programming note: same shell as Table 14.2-2.1.1 for Per Protocol Analysis Set

Using the following footnotes:

- Responders= Patients still in TFR with >=MR4.0, without molecular relapse.
- Confidence interval calculated as per Clopper-Pearson exact method.
- Percentage based on the number of patients included in the analysis population (N).
- PPS patients considered for percentages denominator.
- Patients randomized to Arm 1 and Arm 2 not entering the TFR phase will be considered as unsuccessful TFR. The same rule described in the previous section will be used to deal with any missing PCR assessment at Month 12.

$ Pearson Chi-square test or Fisher's exact test depending on the crosstabulation frequencies.
* p-value<0.05, ** p-value<0.01.

Table 14.2-2.1.5 Molecular response MR4.0 at 12 months of TFR– Subset of Full Analysis Set entering the TFR phase with MR4.0 achieved up to month 3 of pre-randomization Induction/Consolidation phase

<< Programming note: same shell as Table 14.2-2.1.1

Table 14.2-2.1.6 Molecular response MR4.0 at 12 months of TFR– Subset of Full Analysis Set entering the TFR phase with MR4.5 achieved up to month 3 of pre-randomization Induction/Consolidation phase

<< Programming note: same shell as Table 14.2-2.1.1

Table 14.2-2.1.7 Molecular response MR4.0 at 12 months of TFR, SDV sensitivity –Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.2-2.1.1, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-2.1.8 Molecular response MR4.0 at 12 months of TFR, SDV sensitivity –Subset of Per Protocol Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.2-2.1.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-2.1.9 Molecular response MR4.0 at 12 months of TFR, SDV sensitivity –Full Analysis Set

<< Programming note: Same shell as Table 14.2-2.1.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-2.1.10 Molecular response MR4.0 at 12 months of TFR, SDV sensitivity –Per Protocol Analysis Set

<< Programming note: ***Same shell as Table 14.2-2.1.4, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-2.2.1 Kaplan-Meier analysis of treatment-free survival during the TFR phase – Subset of Full Analysis Set entering the TFR phase

KM estimates	Arm 1	Arm 2
Number of patients – n(%)		
with events	xx (xx.x)	xx (xx.x)
Relapse	xx (xx.x)	xx (xx.x)
Re-treatment with Nilotinib	xx (xx.x)	xx (xx.x)
Progression to AP-BC	xx (xx.x)	xx (xx.x)
Death from any cause	xx (xx.x)	xx (xx.x)
Relapse + Death from any cause	xx (xx.x)	xx (xx.x)
<<Note for programming:add any combination of events occurring on the same date>>		
with censorings	xx (xx.x)	xx (xx.x)
Time to event (months)		
25th percentile (95% CI)	xx (xx.x, xx.x)	xx (xx.x xx.x))
Median (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
75th percentile (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
Percentage of patients without event – Estimate n(%)(95% CI)		
6 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
12 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
18 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
24 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
30 months	xx (xx.x) (xx.x, xx.x)	
36 months	xx (xx.x) (xx.x, xx.x)	

- NE: Not Estimable
- Patients randomized to Arm 2 have a maximum of 24 months of TFR phase.
- Event = first occurrence of relapse, re-treatment with nilotinib, progression to AP/BC or death for any cause.
- Censoring rule = patients who did not meet the event are censored at the first date occurring between: the last contact date, the end of TFR phase and the date of death.
- Time to event = (date of event – start date of TFR phase + 1)/30.4375.
- n is the number of patients at risk at the timepoint (i.e. without event and still ongoing)
- The percentage of patients without event and the respective 95% C.I. are estimated from Kaplan Meier.

Table 14.2-2.2.2 Kaplan-Meier analysis of treatment-free survival during the TFR phase – Subset of Per Protocol Analysis Set entering the TFR phase

<< Programming note: same shell as Table 14.2-2.2.1 for Per Protocol Set

Table 14.2-2.2.3 Kaplan-Meier analysis of treatment-free survival during the TFR phase, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.2-2.2.1, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-2.2.4 Kaplan-Meier analysis of treatment-free survival during the TFR phase, SDV sensitivity – Subset of Per Protocol Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.2-2.2.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-2.3 Kaplan-Meier analysis of overall survival from Randomization–Randomized Set

KM estimates	Arm 1 (N=xxx)	Arm 2 (N=xxx)
Number of patients – n(%)		
with events (deaths)	xx (xx.x)	xx (xx.x)
with censorings	xx (xx.x)	xx (xx.x)
Time to event (months)		
25th percentile (95% CI)	xx (xx.x, xx.x)	xx (xx.x xx.x))
Median (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
75th percentile (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
Percentage of patients without event – Estimate n(%)(95% CI)		
6 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
12 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
18 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
24 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
30 months	xx (xx.x) (xx.x, xx.x)	
36 months	xx (xx.x) (xx.x, xx.x)	

- NE: Not Estimable
Event = death for any cause.
- Censoring rule = patients who did not meet the event are censored at the first date occurring between:
  the last contact and the date of death.
- Time to event = (date of event – Randomization date + 1)/30.4375.
- n is the number of patients at risk at the timepoint (i.e. without event and still ongoing)
- The percentage of patients without event and the respective 95% C.I. are estimated from Kaplan Meier.

Table 14.2-2.4 Kaplan-Meier analysis of progression-free survival during the TFR phase –- Subset of Full Analysis Set entering the TFR phase

KM estimates	Arm 1	Arm 2
Number of patients – n(%)		
with events	xx (xx.x)	xx (xx.x)
with censorings	xx (xx.x)	xx (xx.x)
Time to event (months)		
25th percentile (95% CI)	xx (xx.x, xx.x)	xx (xx.x xx.x))
Median (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
75th percentile (95% CI)	xx (xx.x xx.x))	xx (xx.x xx.x))
Percentage of patients without event – Estimate n(%)(95% CI)		
6 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
12 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
18 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
24 months	xx (xx.x) (xx.x, xx.x)	xx (xx.x) (xx.x, xx.x)
30 months	xx (xx.x) (xx.x, xx.x)	
36 months	xx (xx.x) (xx.x, xx.x)	

- NE: Not Estimable
- Patients randomized to Arm 2 have a maximum of 24 months of TFR phase.
- Event = first occurrence of progression to AP/BC or death for any cause.
- Censoring rule = patients who did not meet the event are censored at the first date occurring between: the last contact date, the end of TFR phase and the date of death.
- Time to event = (date of event – start date of TFR phase + 1)/30.4375.
- n is the number of patients at risk at the timepoint (i.e. without event and still ongoing)
- The percentage of patients without event and the respective 95% C.I. are estimated from Kaplan Meier.

Table 14.2-2.5 Kaplan-Meier analysis of overall survival from Randomization, SDV sensitivity –Randomized Set

<< Programming note: ***Same shell as Table 14.2-2.3, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-2.6 Kaplan-Meier analysis of progression-free survival during the TFR phase, SDV sensitivity –- Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as Table 14.2-2.4, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-3.1 Major molecular response during pre-randomization Induction/Consolidation phase –Full Analysis Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Rate of major molecular response at Baseline					
Number of responders	xx	xx	xx	xx	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Rate of major molecular response at Month 3					
Number of responders	xx	xx	xx	xx	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Rate of major molecular response at Month 6					
...	...	...	...	...	...
Rate of major molecular response at Month 9					
...	...	...	...	...	...
Rate of major molecular response at Month 12					
...	...	...	...	...	...
Rate of major molecular response at Month 15					
...	...	...	...	...	...
Rate of major molecular response at Month 18					
...	...	...	...	...	...
Rate of major molecular response at Month 21					
...	...	...	...	...	...
Rate of major molecular response at Month 24					
...	...	...	...	...	...

Rate of major molecular response at Month 24 (Nominal visit*)	...	...	...	...	...

- Rate was computed using time-window as described in the RAP Module 3.
- Percentage based on the number of patients included in the analysis population (N).
- Confidence interval calculated as per Clopper-Pearson exact method.
* Nominal visit is according to the CRF record, regardless of time-window derived visit.

<<Programming note:
-The number of responders at Month x is obtained by counting all patients with a response on the last assessment of time-window x.
*-The percentage is obtained by dividing the number of responders by N.***>>***

Table 14.2-3.1.1 Major molecular response during pre-randomization Induction/Consolidation phase – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-3.1, for LSC sub-study FAS>>

Table 14.2-3.2 Major molecular response during post-randomization consolidation phase (ARM 2)– Subset of Full Analysis Set randomized to Arm 2

	Arm2 N=xx
Rate of major molecular response at Month 27	
Number of responders	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)
Rate of major molecular response at Month 27 (Nominal visit*)	
Number of responders	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)
Rate of major molecular response at Month 30	
Number of responders	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)
Rate of major molecular response at Month 33	
Number of responders	xx
...	...
Rate of major molecular response at Month 36	xx
...	...
Rate of major molecular response at Month 36 (Nominal vist*)	xx
...	...

- Rate was computed using time-window as described in the RAP Module 3.
- Percentage based on the number of patients included in the analysis population (N).
- Confidence interval calculated as per Clopper-Pearson exact method.
* Nominal visit is according to the CRF record, regardless of time-window derived visit.

Table 14.2-3.2.1 Major molecular response during post-randomization consolidation phase (ARM 2) – LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: ***Same shell as table 14.2-3.2, for LSC sub-study FAS ARM 2>>***

Table 14.2-3.3 Major molecular response during TFR phase –Subset of Full Analysis Set patients entered TFR phase

	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Rate of major molecular response at Baseline			
Number of responders	xx	xx	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Rate of major molecular response at Month 3			
Number of responders	xx	xx	xx
Response Rate % (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Rate of major molecular response at Month 6			
...	...	...	...
Rate of major molecular response at Month 9			
...	...	...	...
Rate of major molecular response at Month 12			
...	...	...	...
Rate of major molecular response at Month 15			
...	...	...	...
Rate of major molecular response at Month 18			
...	...	...	...
Rate of major molecular response at Month 21			
...	...	...	...
Rate of major molecular response at Month 24			
...	...	...	...
Rate of major molecular response at Month 24 (Nominal visit*)			
...	...	...	...
Rate of major molecular response at Month 27			
...	...	...	...

```
 Rate of major molecular response at Month 27 (Nominal visit*)
                              ...                                   ...             ...             ...


         Rate of major molecular response at Month 30
                              ...                                   ...             ...             ...

         Rate of major molecular response at Month 33
                              ...                                   ...             ...             ...

         Rate of major molecular response at Month 36
                              ...                                   ...             ...             ...

 Rate of major molecular response at Month 36 (Nominal visit*)
                              ...                                   ...             ...             ...
```

- Rate was computed using time-window as described in the RAP Module 3.
- Percentage based on the number of patients included in the analysis population (N).
- Confidence interval calculated as per Clopper-Pearson exact method.
* Nominal visit is according to the CRF record, regardless of time-window derived visit.

<<Programming note:
-The number of responders at Month x is obtained by counting all patients with a response on the last assessment of time-window x.
-The percentage is obtained by dividing the number of responders by N.>>

Table 14.2-3.4 Major molecular response during re-treatment phase–Subset of Full Analysis Set patients entered re- treatment phase

<< Programming note: Same shell as table 14.2-3.3, time-window: Day 1, Week 6, Month 3 up to Month 36 by 3 for re-treatment two arms>>

Table 14.2-3.5 Major molecular response during TFR phase –Subset of Full Analysis Set patients entered TFR phase with MR4.0 achieved up to month 3 of pre-randomization Induction/Consolidation phase

<< Programming note: same shell as Table 14.2-3.3

Table 14.2-3.6 Major molecular response during TFR phase –Subset of Full Analysis Set patients entered TFR phase with MR4.5 achieved up to month 3 of pre-randomization Induction/Consolidation phase

<< Programming note: same shell as Table 14.2-3.3

Table 14.2-3.7 Major molecular response during TFR phase, SDV sensitivity –Subset of Full Analysis Set patients entered TFR phase

<< Programming note: Same shell as Table 14.2-3.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-3.8 Major molecular response during re-treatment phase, SDV sensitivity –Subset of Full Analysis Set patients entered re- treatment phase

<< Programming note: Same shell as Table 14.2-3.4, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-4.1 Molecular response 4.0 during pre-randomization Induction/Consolidation phase – Full Analysis Set

<< Programming note: Same shell as table 14.2-3.1, for MR4.0 >>

Table 14.2-4.1.1 Molecular response 4.0 during pre-randomization Induction/Consolidation phase – LSC sub-study Full Analysis Set

<< Same shell as table 14.2-3.1, for LSC sub-study FAS MR4.0 ARM 2 >>

Table 14.2-4.2.1 Molecular response 4.0 during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-3.2, for MR4.0 ARM 2>>

Table 14.2-4.2.2 Molecular response 4.0 during post-randomization consolidation phase (ARM 2) – Subset of Per Protocol randomized to Arm 2

<< Programming note: Same shell as table 14.2-4.2.1, for PPS>>
Add footnote:
Per Protocol Analysis Set (PPS) comprises all subjects who are enrolled without major protocol deviation (PD severity codes: 0, 1, 5, 8).

Table 14.2-4.2.11 Molecular response 4.0 during post-randomization consolidation phase (ARM 2) – Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-3.1, for LSC sub-study FAS MR4.0 ARM 2>>

Table 14.2-4.3.1 Molecular response 4.0 during TFR phase – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.2-3.3, for MR4.0 TFR two arms >>

Table 14.2-4.3.2 Molecular response 4.0 during TFR phase – Subset of Per Protocol Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.2-4.3.1, for PPS>>
Add footnote:
Per Protocol Analysis Set (PPS) comprises all subjects who are enrolled without major protocol deviation (PD severity codes: 0, 1, 5, 8).

Table 14.2-4.3.3 Molecular response 4.0 during TFR phase , SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.2-4.3.1, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-4.4 Molecular response 4.0 during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-3.4, for MR4.0 re-treatment two arms >>

Table 14.2-4.5 Molecular response 4.0 during TFR phase – Subset of Full Analysis Set entering the TFR phase with MR4.0 achieved up to month 3 of pre-randomization Induction/Consolidation phase

<< Programming note:: same shell as table 14.2-4.3.1 >>

Table 14.2-4.6 Molecular response 4.0 during TFR phase – Subset of Full Analysis Set entering the TFR phase with MR4.5 achieved up to month 3 of pre-randomization Induction/Consolidation phase

<< Programming note: same shell as table 14.2-4.3.1 >>

Table 14.2-4.7 Molecular response 4.0 during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.2-4.4, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-5.1 Molecular response 4.5 during pre-randomization Induction/Consolidation– Full Analysis Set

<< Programming note: Same shell as table 14.2-3.1, for MR4.5, exclude Month 24 (Nominal visit) >>*

Table 14.2-5.1.1 Molecular response 4.5 during pre-randomization Induction/Consolidation– LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-5.1, for LSC sub-study FAS MR4.5 >>

Table 14.2-5.2 Molecular response 4.5 during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-3.2, for MR4.5 ARM 2, exclude Month 27 (Nominal visit) and Month 36 (Nominal vist*)>>*

Table 14.2-5.2.1 Molecular response 4.5 during post-randomization consolidation phase (ARM 2) – Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-5.1, for LSC sub-study FAS MR4.5 ARM 2>>

Table 14.2-5.3 Molecular response 4.5 during TFR phase – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.2-3.3, for MR4.5 TFR two arms, exclude Month 24 (Nominal visit), Month 27 (Nominal visit*), Month 36 (Nominal visit*) >>*

Table 14.2-5.4 Molecular response 4.5 during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-3.4, for MR4.5 re-treatment two arms exclude Month 24 (Nominal visit), Month 27 (Nominal visit*), Month 36 (Nominal visit*) >>*

Table 14.2-5.5 Molecular response 4.5 during TFR phase – Subset of Full Analysis Set entering the TFR phase with MR4.0 achieved up to month 3 of pre-randomization Induction/Consolidation phase

<< Programming note: same shell as table 14.2-5.3 >>

Table 14.2-5.6 Molecular response 4.5 during TFR phase – Subset of Full Analysis Set entering the TFR phase with MR4.5 achieved up to month 3 of pre-randomization Induction/Consolidation phase

<< Programming note: same shell as table 14.2-5.3 >>

Table 14.2-5.7 Molecular response 4.5 during TFR phase, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.2-5.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-5.8 Molecular response 4.5 during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.2-5.4, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-6.1 Raw cumulative incidence MMR during pre-randomization Induction/Consolidation phase – Full Analysis Set

	Arm 1	Arm 2	Randomized	Not Randomized	Total
	N=xx	N=xx	N=xx	N=xx	N=xx
Major molecular response at baseline					
Number of responders	xx	xx	xx	xx	xx
Percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative major molecular response up to 3 months (Day 91)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative major molecular response up to 6 months (Day 183)					
Cumulative number of responders	xx	xx	xx	xx	xx
...	...	...	...	...	...
Cumulative major molecular response up to 9 months (Day 274)					
...	...	...	...	...	...
Cumulative major molecular response up to 12 months (Day 365)					
...	...	...	...	...	...
Cumulative major molecular response up to 15 months (Day 457)					
...	...	...	...	...	...
Cumulative major molecular response up to 18 months (Day 548)					

...	...	...	...	...	...
Cumulative major molecular response up to2 21 months (Day 639)					
...	...	...	...	...	...
Cumulative Major molecular response up to 24 months (Day 731)					

- Percentage based on the number of patients in the analysis population (N).
- Confidence interval calculated as per Clopper-Pearson exact method.

<<Programming note:
-Cumulative number with response at Month x is obtained by counting all patients with a time to response in days before Day x;-The percentage is obtained by dividing the number with response by N.>>

Table 14.2-6.1.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-6.1, for LSC sub-study FAS>>

Table 14.2-6.2 Raw cumulative incidence MMR during post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set patients randomized to ARM 2

<< Programming note: Same shell as table 14.2-6.1, for ARM 2 only>>

Table 14.2-6.2.1 Raw cumulative incidence MMR during post-randomization Consolidation phase (ARM 2) - Subset of LSC sub-study Fulls Anslysis Set randomized to ARM 2

<< Programming note: Same shell as table 14.2-6.1, for LSC sub-study FAS ARM 2 only>>

Table 14.2-6.3 Raw cumulative incidence of MMR during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-6.1, for re-treatment two arms >>

<<Programming note: From M27 onwards, arm2 patients should not be counted for the Total column>>

Use "Total*" **for Total column and add footnote:**

"* For month 27 onwards, only Arm1 patients considered for Total in percentages denominator."

Table 14.2-6.4 Raw cumulative incidence of MMR during re-treatment phase , SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.2-6.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-7.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase – Full Analysis Set

<< Programming note: Same shell as table 14.2-6.1, for MR4.0>>

Table 14.2-7.1.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-6.1.1, for MR 4.0>>

Table 14.2-7.2 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to ARM 2

< Programming note: < Same shell as table 14.2-6.2, for MR4.0 ARM 2 only>>

Table 14.2-7.2.1 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) – Subset of LSC sub-study Full Analysis Set randomized to ARM 2

<< Programming note: Same shell as table 14.2-6.2.1, for MR4.0>>

Table 14.2-7.3 Raw cumulative incidence of MR 4.0 during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-6.3, for MR 4.0 two arms >>

<<Programming note: From M27 onwards, arm2 patients should not be counted for the Total column>>

Use "Total*" **for Total column and add footnote:**

"* For month 27 onwards, only Arm1 patients considered for Total in percentages denominator."

Table 14.2-7.4 Raw cumulative incidence of MR 4.0 during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.2-7.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-8.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase – Full Analysis Set

<< Programming note: ***Same shell as table 14.2-6.1, for MR4.5 >>***

Table 14.2-8.1.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase – LSC sub-study Full Analysis Set

<< Programming note: ***Same shell as table 14.2-6.1, for MR 4.5>>***

Table 14.2-8.2 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to Arm 2

<< Programming note: ***Same shell as table 14.2-6.2, for MR4.5 ARM 2 >>***

Table 14.2-8.2.1 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) - Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: ***Same shell as table 14.2-6.2.1, for MR 4.5 ARM 2>>***

Table 14.2-8.3 Raw cumulative incidence of MR 4.5 during re-treatment phase - Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as table 14.2-6.3, for MR 4.5 two arms >>***

<<Programming note: From M27 onwards, arm2 patients should not be counted for the Total column>>

Use "Total*" **for Total column and add footnote:**

"* For month 27 onwards, only Arm1 patients considered for Total in percentages denominator."

Table 14.2-8.4 Raw cumulative incidence of MR 4.5 during re-treatment phase , SDV sensitivity - Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as Table 14.2-8.3, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

By halving time of BCR-ABL (IS) ratio

Table 14.2-9.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by halving time of BCR-ABL (IS) ratio – Full Analysis Set

Halving time <= 3 months / Halving time > 3 months	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	All patients N=xx
Major molecular response at baseline					
Number of responders	xx	xx	xx	xx	xx
Percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative major molecular response up to 3 months (Day 91)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Repeat for all time-points					
...					
Cumulative major molecular response up to 24 months (Day 730)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)

- Percentage based on the number of patients included in the analysis population (N)
- Confidence Interval calculated as per Clopper-Pearson exact method

<<Programming note:
-Refer to the programming note of table 14.2-6.1.>>

Table 14.2-9.1.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by halving time of BCR-ABL (IS) ratio – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-9.1, for LSC sub-study FAS>>

Table 14.2-9.2 Raw cumulative incidence of MMR during post-randomization consolidation phase (ARM 2) by halving time of BCR-ABL (IS) ratio - Subset of Full Analysis Set randomized to Arm 2

Halving time <= 3 months / Halving time > 3 months	Arm 2 N=xx
Molecular response 4.0 at baseline	
Number of responders	xx
Percentage (95% CI)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 27 months (Day 822)	
Cumulative number of responders	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 30 months (Day 913)	
...	...
Repeat until 36 months	
Cumulative molecular response 4.0 up to 36 months (Day 1096)	
Cumulative number of responders	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)

- Percentage based on the number of patients included in the analysis population (N)
- Confidence Interval calculated as per Clopper-Pearson exact method

<< Programming note: ***Same shell as table 14.2-9.1, for ARM 2 only***

Table 14.2-9.2.1 Raw cumulative incidence of MMR during post-randomization consolidation phase (ARM 2) by halving time of BCR-ABL (IS) ratio - Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: ***Same shell as table 14.2-9.2, for LSC sub-study FAS>>***

Table 14.2-9.3 Raw cumulative incidence of MMR during re-treatment phase by halving time of BCR-ABL (IS) ratio – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as table 14.2-9.1, for Re-treatment two arms >>***

<<Programming note: From M27 onwards, arm2 patients should not be counted for the Total column>>

Use "Total*" **for Total column and add footnote:**

"* For month 27 onwards, only Arm1 patients considered for Total in percentages denominator."

Table 14.2-10.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by halving time of BCR-ABL (IS) ratio – Full Analysis Set

<< Programming note: Same shell as table 14.2-9.1, for MR 4.0 >>

Table 14.2-.10.1.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by halving time of BCR-ABL (IS) ratio – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-9.1.1, for MR 4.0 >>

Table 14.2-10.2 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) by halving time of BCR-ABL (IS) ratio - Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-9.2, for MR 4.0 ARM 2>>

Table 14.2-10.2.1 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) by halving time of BCR-ABL (IS) ratio - Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-9.2.1, for MR 4.0 ARM 2>>

Table 14.2-10.3 Raw cumulative incidence of MR4.0 during re-treatment phase by halving time of BCR-ABL (IS) ratio – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-9.3, for MR4.0 two arms >>

<<Programming note: From M27 onwards, arm2 patients should not be counted for the Total column>>

Use "Total*" **for Total column and add footnote:**

"* For month 27 onwards, only Arm1 patients considered for Total in percentages denominator."

Table 14.2-11.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by halving time of BCR-ABL (IS) ratio – Full Analysis Set

<< Programming note: Same shell as table 14.2-9.1, for MR 4.5 >>

Table 14.2-.11.1.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by halving time of BCR-ABL (IS) ratio – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-9.1.1, for MR 4.5 >>

Table 14.2-11.2 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) by halving time of BCR-ABL (IS) ratio - Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-9.2, for MR 4.5 ARM 2>>

Table14.2-11.2.1 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) by halving time of BCR-ABL (IS) ratio - Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-9.2.1, for MR 4.5 ARM 2>>

Table 14.2-11.3 Raw cumulative incidence of MR4.5 during re-treatment phase by halving time of BCR-ABL (IS) ratio – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-9.3, for MR4.5 two arms >>

<<Programming note: From M27 onwards, arm2 patients should not be counted for the Total column>>

Use "Total*" **for Total column and add footnote:**

"* For month 27 onwards, only Arm1 patients considered for Total in percentages denominator."

By BCR-ABL (IS) ratio at Month 3

Table 14.2-12.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by BCR-ABL (IS) ratio at Month 3 – Full Analysis Set

<<Programming note:

<< Same shell as table 14.2-9.1,
with the following subgroups:
BCR-ABL (IS) at Month 3 <= 0.005
BCR-ABL (IS) at Month 3 > 0.005>>

Table 14.2-12.1.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by BCR-ABL (IS) ratio at Month 3 – LSC sub-study Full Analysis Set

<<Programming note:

<< Same shell as table 14.2-9.1.1,
with the following subgroups:
BCR-ABL (IS) at Month 3 <= 0.005
BCR-ABL (IS) at Month 3 > 0.005>>

Table 14.2-12.2 Raw cumulative incidence of MMR during post-randomization consolidation phase (ARM 2) by BCR-ABL (IS) ratio at Month 3 - Subset of Full Analysis Set randomized to Arm 2

<< Programming note: ***Same shell as table 14.2-9.2,***
with the following subgroups:
BCR-ABL (IS) at Month 3 <= 0.005
BCR-ABL (IS) at Month 3 > 0.005>>

Table 14.2-12.2.1 Raw cumulative incidence of MMR during post-randomization consolidation phase (ARM 2) by BCR-ABL (IS) ratio at Month 3 - Subset of LSC sub-study Full Analysis Set randomized to Arm 2

***<< Programming note:** Same shell as table 14.2-9.2.1,*
with the following subgroups:
BCR-ABL (IS) at Month 3 <= 0.005
BCR-ABL (IS) at Month 3 > 0.005>>

Table 14.2-12.3 Raw cumulative incidence of MMR during re-treatment phase by BCR-ABL (IS) ratio at Month 3 – Subset of Full Analysis Set entering the re-treatment phase

***<< Programming note:** Same shell as table 14.2-9.2.3,*
with the following subgroups:
BCR-ABL (IS) at Month 3 <= 0.005
BCR-ABL (IS) at Month 3 > 0.005>>

<<Programming note: From M27 onwards, arm2 patients should not be counted for the Total column>>

Use "Total*" **for Total column and add footnote:**

"* For month 27 onwards, only Arm1 patients considered for Total in percentages denominator."

Table 14.2-13.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by BCR-ABL (IS) ratio at Month 3 – Full Analysis Set

<< Programming note: Same shell as table 14.2-12.1, for MR4.0 >>

Table 14.2-13.1.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by BCR-ABL (IS) ratio at Month 3 – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-12.1.1, for MR4.0 >>

Table 14.2-13.2 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) by BCR-ABL (IS) ratio at Month 3 - Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-12.2, for MR4.0 >>

Table 14.2-13.2.1 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) by BCR-ABL (IS) ratio at Month 3 - Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-12.2.1, for MR4.0 >>

Table 14.2-13.3 Raw cumulative incidence of MR 4.0 during re-treatment phase by BCR-ABL (IS) ratio at Month 3 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-12.3, for MR4.0 >>

<<Programming note: From M27 onwards, arm2 patients should not be counted for the Total column>>

Use "Total*" **for Total column and add footnote:**

"* For month 27 onwards, only Arm1 patients considered for Total in percentages denominator."

Table 14.2-14.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by BCR-ABL (IS) ratio at Month 3 – Full Analysis Set

<< Programming note: Same shell as table 14.2-12.1, for MR4.5 >>

Table 14.2-14.1.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by BCR-ABL (IS) ratio at Month 3 – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-12.1.1, for MR4.5 >>

Table 14.2-14.2 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) by BCR-ABL (IS) ratio at Month 3 - Subset of Full Analysis Set randomized to Arm 2

Programming note:

Table 14.2-14.2.1 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) by BCR-ABL (IS) ratio at Month 3 - Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-12.2.1, for MR4.5 >>

Table 14.2-14.3 Raw cumulative incidence of MR 4.5 during re-treatment phase by BCR-ABL (IS) ratio at Month 3 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-12.3, for MR4.5 >>

<<Programming note: From M27 onwards, arm2 patients should not be counted for the Total column>>

Use "Total*" **for Total column and add footnote:**

"* For month 27 onwards, only Arm1 patients considered for Total in percentages denominator."

By Sokal Risk category

Table 14.2-15.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by Sokal Risk category– Full Analysis Set

Low risk (<0.8) ***Inermediate risk (>=0.8 - <=1.2)*** ***High risk (>1.2)***	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	All patients N=xx
Major molecular response at baseline					
Number of responders	xx	xx	xx	xx	xx
Percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative major molecular response up to 3 months (Day 91)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Repeat for all time-points					
...					
Cumulative major molecular response up to 24 months (Day 730)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)

- Percentage based on the number of patients included in the analysis population (N)
- Confidence Interval calculated as per Clopper-Pearson exact method

Table 14.2-15.2 Raw cumulative incidence of MR4.0 during pre-randomization Induction/Consolidation phase by Sokal Risk category– Full Analysis Set

<< Programming note: ***Same shell as table 14.2-15.1, for MR4.0>>***

Table 14.2-15.3 Raw cumulative incidence of MR4.5 during pre-randomization Induction/Consolidation phase by Sokal Risk category– Full Analysis Set

<< Programming note: `Same shell as table 14.2-15.1, for MR4.5>>`

By Time since initial diagnosis of CML

Table 14.2-16.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by time since initial diagnosis of CML– Full Analysis Set

<2 years ***2 to 4 years*** ***4 to 6 years*** ***6 to 8 years*** ***8 to 10 years*** ***10 to 12 years*** ***>= 12 years***	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	All patients N=xx
Major molecular response at baseline					
Number of responders	xx	xx	xx	xx	xx
Percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative major molecular response up to 3 months (Day 91)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Repeat for all time-points					
...					
Cumulative major molecular response up to 24 months (Day 730)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)

- Percentage based on the number of patients included in the analysis population (N)
- Confidence Interval calculated as per Clopper-Pearson exact method.

Table 14.2-16.2 Raw cumulative incidence of MR4.0 during pre-randomization Induction/Consolidation phase by time since initial diagnosis of CML – Full Analysis Set

<< Programming note: ***`Same shell as table 14.2-16.1, for MR4.0>>`***

Table 14.2-16.3 Raw cumulative incidence of MR4.5 during pre-randomization Induction/Consolidation phase by time since initial diagnosis of CML – Full Analysis Set

<< Programming note: ***`Same shell as table 14.2-16.1, for MR4.5>>`***

Suboptimal response

Table 14.2-17.1 Suboptimal response up to 24 months of pre-randomization Induction/Consolidation phase - Full Analysis Set patients who prematurely discontinued the pre-randomization Induction/Consolidation phase

Criteria	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
At least one criterion of suboptimal response n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
loss of CHR - n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
loss of CCyR - n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
loss of MMR - n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
no MMR up to Month 24 - n (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Percentage based on the number of patients included in the analysis population (N).
- CHR: Complete hematologic response = normalization of hematopoiesis.
- CCyR: Complete cytogenetic response.
- Patient # [redacted] randomized to Arm 1 at [redacted] and discontinued Ind/cons at the same day for [redacted]

<<Programming note:
- The loss of CHR, CCyR and MMR should be displayed only if they occurred before or at Month 24 (ie 730 days).
- no MMR up to Month 24 means no MMR up to 730 days.>>

Table 14.2-17.2 Suboptimal response up to 12 months of post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set patients who prematurely discontinued the Induction/Consolidation phase randomized to Arm 2

Criteria	N=xx
At least one criterion of suboptimal response n (%)	xx (xx.x)
loss of CHR - n (%)	xx (xx.x)
loss of CCyR - n (%)	xx (xx.x)
loss of MMR - n (%)	xx (xx.x)
no MMR up to Month 12* - n (%)	xx (xx.x)

- Percentage based on the number of patients included in the analysis population (N).
- CHR: Complete hematologic response = normalization of hematopoiesis.
- CCyR: Complete cytogenetic response.
* After Randomization.
- 15 patients from ARM 2 discontinued during post-Randomization Consolidation phase.

<<Programming note:
- The loss of CHR, CCyR and MMR should be displayed only if they occurred before or at Month 12 (ie 365 days) 12 months after randomization.
- no MMR up to Month 12 means no MMR up to 365 days (12 months after randomization).

Table 14.2-18.1 Suboptimal response up to 24 months of pre-randomization Induction/Consolidation phase - Full Analysis Set

<<Programming note:
- Same as Table 14.2-17.1 on all treated patients.>>

Table 14.2-18.2 Suboptimal response up to 12 months of post-randomization Consolidation phase - Subset of Full Analysis Set, randomized to ARM 2

<<Programming note:
- Same as Table 14.2-17.2 on all treated patients.>>

Kinetics

Table 14.2-19.1 Kinetics of BCR-ABL (IS) ratio during pre-randomization Induction/Consolidation phase – Full Analysis Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
BCR-ABL (IS) (%) at Baseline					
n	xx	xx	xx	xx	xx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
BCR-ABL (IS) (%) at Month 3					
n	xx	xx	xx	xx	xx
..					
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
Repeat at each time-point…					
BCR-ABL (IS) (%) at Month 36					
n	xx	xx	xx	xx	xx
..					
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x

- The last value of BCR-ABL (IS) ratio per time-window is displayed in this table.

Table 14.2-19.1.1 Kinetics of BCR-ABL (IS) ratio during pre-randomization Induction/Consolidation phase – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-19.1, for LSC sub-study FAS>>

Table 14.2-19.2 Kinetics of BCR-ABL (IS) ratio during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

	N=xx
BCR-ABL (IS) (%) at Month 27	
n	xx
Mean	xx.x
SD	x.xx
25th Percentile	xx.x
Median	xx.x
75th Percentile	xx.x
Min Max	xx.x -xx.x
BCR-ABL (IS) (%) at Month 30	
n	xx
...	…
Min Max	xx.x -xx.x
BCR-ABL (IS) (%) at Month 33	
n	xx
...	...
BCR-ABL (IS) (%) at Month 36	
n	xx
...	...
Min Max	xx.x -xx.x

- The last value of BCR-ABL (IS) ratio per time-window is displayed in this table.

Table 14.2-19.2.1 Kinetics of BCR-ABL (IS) ratio during post-randomization consolidation phase (ARM 2) – Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.2-19.2, for LSC sub-study FAS>>

Table 14.2-19.3 Kinetics of BCR-ABL (IS) ratio during TFR phase – Subset of Full Analysis Set entering the TFR phase

	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
BCR-ABL (IS) (%) at Month 1			
n	xx	xx	xx
Mean	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
Repeat at each time-point every 1 month			
BCR-ABL (IS) (%) at Month 6			
n	xx	xx	xx
...	...	...	...
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
Repeat at each time-point every 2 months			
BCR-ABL (IS) (%) at Month 12			
n	xx	Xx	xx
...	...	...	...
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x

Repeat at each time-point every 3 months

BCR-ABL (IS) (%) at Month 24			
n	xx	Xx	xx
...	...	...	...
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x

Repeat at each time-point every 3 months

BCR-ABL (IS) (%) at Month 36		
n	xx	xx
...	...	...
Min-Max	xx.x-xx.x	xx.x-xx.x

- Patients randomized to Arm 2 have a maximum of 24 months of TFR phase.
- The last value of BCR-ABL (IS) ratio per time-window is displayed in this table.

Table 14.2-19.4 Kinetics of BCR-ABL (IS) ratio during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
BCR-ABL (IS) (%) at Day 1			
n	xx	Xx	xx
Mean	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
BCR-ABL (IS) (%) at Week 6			
n	xx	Xx	xx
...	...	...	...
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
BCR-ABL (IS) (%) at Month 3			
n	xx	Xx	xx
...	...	...	...
Min-Max	xx.x-xx.x	xx.x-xx.x	xx.x-xx.x
Repeat at each time-point every 3 months			
BCR-ABL (IS) (%) at Month 36			
n	xx		xx
...	...		...
Min-Max	xx.x-xx.x		xx.x-xx.x

- Patients randomized to Arm 2 have a maximum of 24 months of re-treatment phase.
- The last value of BCR-ABL (IS) ratio per time-window is displayed in this table

Table 14.2-19.5 Kinetics of BCR-ABL (IS) ratio during TFR phase, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.2-19.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-19.6 Kinetics of BCR-ABL (IS) ratio during re-treatment phase , SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note Same shell as Table 14.2-19.4, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Patients Not reaching MMR/ MR 4.0 / MR 4.5

Table 14.2-20.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase - Full Analysis Set patients not reaching MMR at baseline

<<Programming note:
-Same shell as cumulative incidence of MMR table (14.2-6.1) but performed on the subset of subjects not reaching MMR at baseline (i.e. time-to-first MMR not equal to 0).
-Remove "Major molecular response at baseline".

Table 14.2-20.2 Raw cumulative incidence of MMR during post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set patients not reaching MMR at baseline, randomized to ARM 2

<<Programming note:
-Same shell as cumulative incidence of MMR table (table 14.2-6.2) but performed on the subset of subjects not reaching MMR at baseline (i.e. time-to-first MMR not equal to 0).

Table 14.2-21.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase - Full Analysis Set patients not reaching MR 4.0 at baseline

<<Programming note:
-Same shell as cumulative incidence of MR 4.0 table (14.2-7.1) but performed on the subset of subjects not reaching 4.0 at baseline (i.e. time-to-first MR 4.0 not equal to 0).
-Remove "Molecular response 4.0 at baseline". >>

Table 14.2-21.2 Raw cumulative incidence of MR 4.0 during post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set patients not reaching MR 4.0 at baseline, randomized to ARM 2

<<Programming note:
-Same shell as cumulative incidence of MR 4.0 table (table 14.2-8.2) but performed on the subset of subjects not reaching MR 4.0 at baseline (i.e. time-to-first MR 4.0 not equal to 0).

Table 14.2-22.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase - Full Analysis Set patients not reaching MR 4.5 at baseline

<<Programming note:
-Same shell as cumulative incidence of MR 4.5 table (table 14.2-9.1) but performed on the subset of subjects not reaching MR 4.5 at baseline (i.e. time-to-first MR 4.5 not equal to 0).
-Remove "Molecular response 4.5 at baseline". >>

Table 14.2-22.2 Raw cumulative incidence of MR 4.5 during post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set patients not reaching MR 4.5 at baseline, randomized to ARM 2

<<Programming note:
-Same shell as cumulative incidence of MR 4.5 table (table 14.2-9.2) but performed on the subset of subjects not reaching MR 4.5 at baseline (i.e. time-to-first MR 4.5 not equal to 0).
-Refer to the programming note of table 14.2-6.2.>>

Table 14.2-22.3 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase - Full Analysis Set patients not reaching MMR at baseline

<<Programming note:
-Same shell as cumulative incidence of MR 4.0 table (table 14.2-7.1) but performed on the subset of subjects not reaching MMR at baseline.>>

Table 14.2-22.4 Raw cumulative incidence of MR 4.0 during post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set patients not reaching MMR at baseline, randomized to ARM 2

<<Programming note:
-Same shell as cumulative incidence of MR 4.0 table (table 14.2-7.2) but performed on the subset of subjects not reaching MMR at baseline.>>

Table 14.2-22.5 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase - Full Analysis Set patients not reaching MMR at baseline

<<Programming note:
-Same shell as cumulative incidence of MR 4.5 table (table 14.2-8.1) but performed on the subset of subjects not reaching MMR at baseline.>>

Table 14.2-22.6 Raw cumulative incidence of MR 4.5 during post-randomization Consolidation phase (ARM 2) - Subset of Full Analysis Set patients not reaching MMR at baseline, randomized to ARM 2

<<Programming note:
-Same shell as cumulative incidence of MR 4.5 table (table 14.2-8.2) but performed on the subset of subjects not reaching MMR at baseline.>>

By BCR-ABL(IS) ratio at baseline

Table 14.2-23.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by BCR-ABL(IS) ratio at baseline - Full Analysis Set

BCR-ABL(IS) ratio >0.1% - ≤1% / BCR-ABL(IS) ratio >0.01% -≤0.1%	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Molecular response 4.0 at baseline					
Number of responders	xx	xx	xx	xx	xx
Percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 3 months (Day 91)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 6 months (Day 182)					
...	...	...	...	...	...
Repeat until 24 months					
Cumulative molecular response 4.0 up to 24 months (Day 730)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)

- Percentage based on the number of patients included in the analysis population (N)
- Confidence Interval calculated as per Clopper-Pearson exact method

<<Programming note:
- Same shell as** Table **4.8 but by BCR-ABL(IS) ratio (use MRCATBL = 2 for BCR-ABL(IS) ratio >0.1% - ≤1%, and MRCATBL = 3 for BCR-ABL(IS) ratio >0.01% - ≤0.1%)>

Table 14.2-23.1.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by BCR-ABL (IS) ratio at baseline– LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-23.1, for LSC sub-study FAS>>

Table 14.2-23.2 Raw cumulative incidence of MMR during post-randomization consolidation phase (ARM 2) by BCR-BL(IS) ratio at baseline - Subset of Full Analysis Set, randomized to ARM 2

BCR-ABL(IS) ratio >0.1% - ≤1% / BCR-ABL(IS) ratio >0.01% -≤0.1%	N=xx
Molecular response 4.0 at baseline	
Number of responders	xx
Percentage (95% CI)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 27 months (Day 822)	
Cumulative number of responders	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 30 months (Day 913)	
...	...
Repeat until 36 months	
Cumulative molecular response 4.0 up to 36 months (Day 1096)	
Cumulative number of responders	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)

- Percentage based on the number of patients included in the analysis population (N)
- Confidence Interval calculated as per Clopper-Pearson exact method

<<Programming note:

- Same shell as** Table **4.8 but by BCR-ABL(IS) ratio (use MRCATBL = 2 for BCR-ABL(IS) ratio >0.1% - ≤1%, and MRCATBL = 3 for BCR-ABL(IS) ratio >0.01% - ≤0.1%)>>

Table 14.2-23.2.1 Raw cumulative incidence of MMR during post-randomization consolidation phase (ARM 2) by BCR-BL(IS) ratio at baseline - Subset of LSC sub-study Full Analysis Set , randomized to ARM 2

<< Programming note: Same shell as table 14.2-23.2, for LSC sub-study FAS ARM 2>>

Table 14.2-23.3 Raw cumulative incidence of MMR during re-treatment phase by BCR-BL(IS) ratio at baseline – Subset of Full Analysis Set entering the re-treatment phase

<<Programming note:
- Same shell as** Table **14.2-23.1, but for re-treatment two arms >>
Add footnote: ***For month 27 onwards, only Arm1 patients considered for Total in percentages denominator." Programing note added."

Table 14.2-24.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by BCR-ABL(IS) ratio at baseline - Full Analysis Set

<< Programming note: Same shell as table 14.2-23.1, for MR 4.0 >>

Table 14.2-24.1.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by BCR-ABL (IS) ratio at baseline– LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-23.1.1, for MR 4.0 >>

Table 14.2-24.2 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) by BCR-BL(IS) ratio at baseline - Subset of Full Analysis Set, randomized to ARM 2

<< Programming note: Same shell as table 14.2-24.2, for MR 4.0 >>

Table 14.2-24.2.1 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) by BCR-BL(IS) ratio at baseline - Subset of LSC sub-study Full Analysis Set , randomized to ARM 2

<< Programming note: Same shell as table 14.2-24.2.1, for MR 4.0 >>

Table 14.2-24.3 Raw cumulative incidence of MR 4.0 during re-treatment phase by BCR-BL(IS) ratio at baseline – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-24.3, for MR 4.0 >>
***Add footnote: ****For month 27 onwards, only Arm1 patients considered for Total in percentages denominator." Programing note added."*

Table 14.2-25.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by BCR-ABL(IS) ratio at baseline - Full Analysis Set

<< Programming note: Same shell as table 14.2-23.1, for MR 4.5 >>

Table 14.2-25.1.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by BCR-ABL (IS) ratio at baseline– LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-23.1.1, for MR 4.5 >>

Table 14.2-25.2 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) by BCR-BL(IS) ratio at baseline - Subset of Full Analysis Set, randomized to ARM 2

<< Programming note: Same shell as table 14.2-24.2, for MR 4.5 >>

Table 14.2-25.2.1 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) by BCR-BL(IS) ratio at baseline - Subset of LSC sub-study Full Analysis Set , randomized to ARM 2

<< Programming note: Same shell as table 14.2-24.2.1, for MR 4.5 >>

Table 14.2-25.3 Raw cumulative incidence of MR 4.5 during re-treatment phase by BCR-BL(IS) ratio at baseline – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-24.3, for MR 4.5 >>
***Add footnote: ****For month 27 onwards, only Arm1 patients considered for Total in percentages denominator." Programing note added."*

Loss of MMR/ MR 4.0, MR 4.5 during TFR

Table 14.2-26.1 Raw cumulative loss of MMR during TFR phase –Subset of Full Analysis Set entering the TFR phase

	Arm 1 N=xx	Arm 2 N=xx	Total* N=xx
Major molecular response at Baseline TFR			
Number of responders	xx	xx	xx
Percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative loss of major molecular response up to 1 month (Day 30)			
Cumulative number with loss	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Repeat at each-time point every month			
Cumulative loss of major molecular response up to 6 months (Day 183)			
Cumulative number with loss	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Repeat at each-time point every 2 months			
Cumulative loss of major molecular response up to 12 months (Day 365)			
Cumulative number with loss	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Repeat at each-time point every 3 months			
Cumulative loss of major molecular response up to 36 months (Day 1096)			
Cumulative number with loss	xx		xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)		xx (xx.x, xx.x)

- The baseline TFR corresponds to the last available assessment before or on the last day of study drug intake from induction/consolidation phase.
- Patients randomized to Arm 2 have a maximum of 24 months of TFR phase.
- Confidence interval calculated as per Clopper-Pearson exact method.
- Percentage based on the number of patients included in the analysis population (N).
* For month 27 onwards, only Arm 1 patients considered for Total in percentages denominator.

<<Programming note:
-Cumulative number with response at Month x is obtained by counting all patients with a time to response in day before day x;
*- Day x = round(30.4375*months).*
-The percentage is obtained by dividing the number with response by N.>>

Table 14.2-26.2 Raw cumulative loss of MR4.0 during TFR phase –Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.2-26.1 replacing "major molecular response" by "molecular response 4.0" >>

<<Programming note: From M27 onwards, Arm 2 patients should not be counted for the Total column>>

Table 14.2-26.3 Raw cumulative loss of MR4.5 during TFR phase –Subset of Full Analysis Set entering the TFR phase with MR4.5

<< Programming note: Same shell as table 14.2-26.1 replacing "major molecular response" by "molecular response 4.5" >>

<<Programming note: From M27 onwards, Arm 2 patients should not be counted for the Total column>>

Table 14.2-26.4 Raw cumulative loss of MMR during TFR phase, SDV sensitivity –Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.2-26.1, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-26.5 Raw cumulative loss of MR4.0 during TFR phase, SDV sensitivity –Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.2-26.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.2-26.6 Raw cumulative loss of MR4.5 during TFR phase, SDV sensitivity –Subset of Full Analysis Set entering the TFR phase with MR4.5

<< Programming note: Same shell as Table 14.2-26.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

LSC substudy descriptives

Table 14.2-27.1 Descriptive Statistics for CD34 cells: Total percentage – LSC sub-study Full Analysis Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Baseline [1]					
n	xx	xx	xx	xx	xx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
Min	xx	xx	xx	xx	xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Max	xx	xx	xx	xx	xx
Month 24					
n	xx	xx	xx	xx	xx
...	...	...	...	...	...
Max	xx	xx	xx	xx	xx
Change from Baseline to Month 24					
n	xx	xx	xx	xx	xx
...	...	...	...	...	...
Max	xx	xx	xx	xx	xx
Month 36					
	...	...	...	...	...
Change from Baseline to Month 36					
n	-	xx	xx	xx	xx
...	...	...	...	...	...
Max	-	xx	xx	xx	xx

EOP TFR					
n	xx	xx	xx	xx	xx
...	...	...	...	...	...
Max	xx	xx	xx	xx	xx
Change from Baseline to EOP TFR					
n	-	xx	xx	xx	xx
...	...	...	...	...	...
Max	-	xx	xx	xx	xx

[1] Baseline is defined as latest visit between Screening or Rescreening.
- Change from Baseline derived if both baseline and timepoint evaluation are available.
- Only available numeric values are presented.

Table 14.2-28.1 Descriptive Statistics for CD34+/CD38+ cells: Percentage from total CD34+ cells – LSC sub-study Full Analysis Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx	Comparison p-value#
Baseline [1]						
n	xx	xx	xx	xx	xx	
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	
SD	x.xx	x.xx	x.xx	x.xx	x.xx	
Min	xx	xx	xx	xx	xx	
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	
Median	xx.x	xx.x	xx.x	xx.x	xx.x	
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	
Max	xx	xx	xx	xx	xx	
Month 24						
n	xx	xx	xx	xx	xx	
...	...	...	...	...	...	
Max	xx	xx	xx	xx	xx	
Change from Baseline to Month 24						
n	xx	xx	xx	xx	xx	0.xxx
...	...	...	...	...	...	0.xxx
Max	xx	xx	xx	xx	xx	
Month 36						
	...	...	...	...	...	
Change from Baseline to Month 36						
n	-	xx	xx		xx	
...	...	...	...		...	
Max	-	xx	xx		xx	
EOP TFR						
n	xx	xx	xx		xx	
...	...	...	...		...	
Max	xx	xx	xx		xx	

Change from Baseline to EOP TFR				
n	xx	xx	xx	xx
...	...	...	...	...
Max	xx	xx	xx	xx

[1] Baseline is defined as latest visit between Screening or Rescreening.
- Change from Baseline derived if both baseline and timepoint evaluation are available.
- Only available numeric values are presented.
$ Comparison Rand. vs Not Rand. # P-value:independent t-test for means, Median test for medians.
* p-value<0.05, ** p-value<0.01.

Table 14.2-28.2 Descriptive Statistics for number of events sorted in CD34+/CD38+ cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1 >>

Table 14.2-28.3 Ph+ by HIS status, in CD34+/CD38+ cells – LSC sub-study Full Analysis Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Baseline [1]					
Not Evaluable	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Positive	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Month 24					
Not Evaluable	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Positive	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Month 36					
Not Evaluable	-	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	-	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Positive	-	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	-	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
EOP TFR					
Not Evaluable	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Negative	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Positive	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

[1] Baseline is defined as latest visit between Screening or Rescreening.

Table 14.2-28.4 Descriptive statistics of Ph+ in CD34+/CD38+ cells– LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1 >>

Table 14.2-28.5 BCR-ABL by RT-PCR status, in CD34+/CD38+ cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.3 >>

Repeat for CD34+/CD38- cells:

Table 14.2-29.1 Descriptive Statistics for CD34+/CD38- cells: Percentage from total CD34+ cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1, exclude p-values >>

Table 14.2-29.2 Descriptive Statistics for number of events sorted in CD34+/CD38- cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1, exclude p-values >>

Table 14.2-29.3 Ph+ by HIS status, in CD34+/CD38- cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.3 >>

Table 14.2-29.4 Descriptive statistics of Ph+ in CD34+/CD38- cells– LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1, exclude p-values >>

Table 14.2-29.5 BCR-ABL by RT-PCR status, in CD34+/CD38- cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.3 >>

Repeat for Immunophenotypically aberrant CD34+ cells:

Table 14.2-30.1 Descriptive Statistics for Immunophenotypically aberrant CD34+ cells: Percentage from total CD34+ cells –LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1, exclude p-values >>

Table 14.2-30.2 Descriptive Statistics for number of events sorted in Immunophenotypically aberrant CD34+ cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1, exclude p-values >>

Table 14.2-30.3 Ph+ by HIS status, in Immunophenotypically aberrant CD34+ cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.3 >>

Table 14.2-30.4 Descriptive statistics of Ph+ in Immunophenotypically aberrant CD34+ cells– LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1 >>

Table 14.2-30.5 BCR-ABL by RT-PCR status, in Immunophenotypically aberrant CD34+ cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.3 >>

Repeat for Immunophenotypically aberrant CD34 negative cells:

Table 14.2-31.1 Descriptive Statistics for Immunophenotypically aberrant CD34- cells: Percentage from total CD34+ cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1 , exclude p-values >>

Table 14.2-31.2 Descriptive Statistics for number of events sorted in Immunophenotypically aberrant CD34- cells- LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1 , exclude p-values >>

Table 14.2-31.3 Ph+ by HIS status, in Immunophenotypically aberrant CD34- cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.3 >>

Table 14.2-31.4 Descriptive statistics of Ph+ in Immunophenotypically aberrant CD34- cells– LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.1 , exclude p-values >>

Table 14.2-31.5 BCR-ABL by RT-PCR status, in Immunophenotypically aberrant CD34- cells – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-28.3 >>

By prior Imatinib treatment duration

Table 14.2-32.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by duration of prior exposure to Imatinib - Full Analysis Set

Duration of prior exposure to Imatinib (years) < 2
Duration of prior exposure to Imatinib (years) >= 2 to <5
Duration of prior exposure to Imatinib (years) >= 5

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Molecular response 4.0 at baseline					
Number of responders	xx	xx	xx	xx	xx
Percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 3 months (Day 91)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 6 months (Day 182)					
...	...	...	...	...	...
Repeat until 24 months					
Cumulative molecular response 4.0 up to 24 months (Day 730)					
Cumulative number of responders	xx	xx	xx	xx	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)	xx (xx.x, xx.x)

- Percentage based on the number of patients included in the analysis population (N)
- Confidence Interval calculated as per Clopper-Pearson exact method.

Table 14.2-32.1.1 Raw cumulative incidence of MMR during pre-randomization Induction/Consolidation phase by by prior Imatib treatment duration – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-32.1, for LSC sub-study FAS>>

Table 14.2-32.2 Raw cumulative incidence of MMR during post-randomization consolidation phase (ARM 2) by prior Imatib treatment duration - Subset of Full Analysis Set, randomized to ARM 2

	Arm2
Duration of prior exposure (years) < 2	N=xx
Duration of prior exposure (years) >= 2 to <5	
Duration of prior exposure (years) >= 5	
Molecular response 4.0 at baseline	
Number of responders	xx
Percentage (95% CI)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 27 months (Day 822)	
Cumulative number of responders	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)
Cumulative molecular response 4.0 up to 30 months (Day 913)	
...	...
Repeat until 36 months	
Cumulative molecular response 4.0 up to 36 months (Day 1096)	
Cumulative number of responders	xx
Cumulative percentage (95% CI)	xx (xx.x, xx.x)

- Percentage based on the number of patients included in the analysis population (N)
- Confidence Interval calculated as per Clopper-Pearson exact method

Table 14.2-32.2.1 Raw cumulative incidence of MMR during post-randomization consolidation phase (ARM 2) by prior Imatib treatment duration - Subset of LSC sub-study Full Analysis Set , randomized to ARM 2

<< Programming note: Same shell as table 14.2-32.2, for LSC sub-study FAS ARM 2>>

Table 14.2-32.3 Raw cumulative incidence of MMR during re-treatment phase by prior Imatib treatment duration – Subset of Full Analysis Set entering the re-treatment phase

<<Programming note:
- Same shell as *Table* ***14.2-32.1, but for re-treatment two arms >>***
***Add footnote: ****For month 27 onwards, only Arm1 patients considered for Total in percentages denominator." Programing note added."*

Table 14.2-33.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by prior Imatib treatment duration - Full Analysis Set

<< Programming note: Same shell as table 14.2-32.1, for MR 4.0 >>

Table 14.2-33.1.1 Raw cumulative incidence of MR 4.0 during pre-randomization Induction/Consolidation phase by prior Imatib treatment duration – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-32.1.1, for MR 4.0 >>

Table 14.2-33.2 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) by prior Imatib treatment duration - Subset of Full Analysis Set, randomized to ARM 2

<< Programming note: Same shell as table 14.2-32.2, for MR 4.0 >>

Table 14.2-33.2.1 Raw cumulative incidence of MR 4.0 during post-randomization consolidation phase (ARM 2) by prior Imatib treatment duration - Subset of LSC sub-study Full Analysis Set , randomized to ARM 2

<< Programming note: Same shell as table 14.2-32.2.1, for MR 4.0 >>

Table 14.2-33.3 Raw cumulative incidence of MR 4.0 during re-treatment phase by prior Imatib treatment duration – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-32.3, for MR 4.0 >>
***Add footnote: ****For month 27 onwards, only Arm1 patients considered for Total in percentages denominator." Programing note added."*

Table 14.2-34.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by prior Imatib treatment duration - Full Analysis Set

<< Programming note: Same shell as table 14.2-32.1, for MR 4.5 >>

Table 14.2-34.1.1 Raw cumulative incidence of MR 4.5 during pre-randomization Induction/Consolidation phase by prior Imatib treatment duration – LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.2-32.1.1, for MR 4.5 >>

Table 14.2-34.2 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) by prior Imatib treatment duration - Subset of Full Analysis Set, randomized to ARM 2

<< Programming note: Same shell as table 14.2-32.2, for MR 4.5 >>

Table 14.2-34.2.1 Raw cumulative incidence of MR 4.5 during post-randomization consolidation phase (ARM 2) by prior Imatib treatment duration - Subset of LSC sub-study Full Analysis Set , randomized to ARM 2

<< Programming note: Same shell as table 14.2-32.2.1, for MR 4.5 >>

Table 14.2-34.3 Raw cumulative incidence of MR 4.5 during re-treatment phase by prior Imatib treatment duration – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.2-32.3, for MR 4.5 >>
***Add footnote: ****For month 27 onwards, only Arm1 patients considered for Total in percentages denominator." Programing note added."*

Listings (Section 14.2)

Section 14.3 – Safety data

Figures (Section 14.3)

Not applicable.

Tables (Section 14.3)

Table 14.3-1.1 Duration of exposure to study treatment during pre-randomization Induction/Consolidation– Safety Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Exposure (months) - n (%)					
< 6	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 6 - < 12	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 12 - < 18	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 18 - < =24	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
> 24	xx (xx.x)		xx (xx.x)	xx (xx.x)	xx (xx.x)
Exposure (months)					
n	xx	Xx	Xx	Xx	xx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x

- Exposure (months) = (date of last administration – date of first administration in Induction/Consolidation phase + 1)/30.4375.
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes (0, 5, 8).

Table 14.3-1.1.1 Duration of exposure to study treatment during pre-randomization Induction/Consolidation– LSC sub-study Safety Set

<< Programming note: Same shell as table 14.3-1.1, for LSC sub-study SAF >>

Table 14.3-1.2 Duration of exposure to study treatment during post-randomization Consolidation phase (ARM 2) - Subset of Safety Set randomized to Arm 2

<< Programming note: Same shell as table 14.3-1.1.1 with arm 2 only.
Use <6, >=6 to <=12 and >12 categories.
Footnote:
- Exposure (months) = (date of last administration – date of first administration in post-randomization consolidation phase + 1)/30.4375.
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes (0, 5, 8).

Table 14.3-1.2.1 Duration of exposure to study treatment during post-randomization Consolidation phase (ARM 2) - Subset of LSC sub-study Safety Set randomized to Arm 2

<< Programming note: Same shell as table 14.3-1.2, for LSC sub-study SAF >>

Table 14.3-1.1.3 Duration of exposure to study treatment during re-treatment phase – Subset of Safety Set entering the re-treatment phase

	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Exposure (months) - n (%)			
< 6	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 6 - < 12	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 12 - < 18	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 18 - < 24	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 24 - < 30	xx (xx.x)	xx (xx.x)	xx (xx.x)
>= 30 - < 36	xx (xx.x)		xx (xx.x)
>= 36	xx (xx.x)		xx (xx.x)
Exposure (months)			
n	xx	Xx	xx
Mean	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x

- Exposure (months) = (date of last administration – date of first administration in RT phase + 1)/30.4375.
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  - Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes (0, 5, 8).

Table 14.3-1.1.21 Duration of exposure to study treatment during pre-randomization Induction/Consolidation phase, by stable MR4.0 at 24 months and halving time - Safety Set

Halving time <= 3 months
Halving time > 3 months

	Stable MR4.0 at Month 24 N=xx		Unstable MR4.0 at Month 24 N=xx		Total N=xx	
	Randomized N=xx	Not Randomized N=xx	Randomized N=xx	Not Randomized N=xx	Randomized N=xx	Not Randomized N=xx
Exposure (months) - n (%)						
< 6	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
>= 6 - < 12	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
>= 12 - < 18	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
>= 18 - <= 24	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
> 24	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
Exposure (months)						
n	xx	xx	xx	xx	xx	xx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x

- Exposure (months) = (date of last administration - date of first administration in Induction/Consolidation phase + 1)/30.4375.
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes (0, 5, 8).

Table 14.3-1.1.22 Duration of exposure to study treatment during pre-randomization Induction/Consolidation phase, by stable MR4.0 by 24 months and halving time - Safety Set

Halving time <= 3 months
Halving time > 3 months

	Stable MR4.0 by Month 24 N=xx		Unstable MR4.0 by Month 24 N=xx		Total N=xx	
	Randomized N=xx	Not Randomized N=xx	Randomized N=xx	Not Randomized N=xx	Randomized N=xx	Not Randomized N=xx
Exposure (months) - n (%)						
< 6	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
>= 6 - < 12	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
>= 12 - < 18	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
>= 18 - <= 24	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
> 24	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)	xx(xx.x)
Exposure (months)						
n	xx	xx	xx	xx	xx	xx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x

- Exposure (months) = (date of last administration – date of first administration in Induction/Consolidation phase + 1)/30.4375.
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes (0, 5, 8).

Table 14.3-2.1 Relative dose intensity and average daily dose during pre-randomization Induction/Consolidation phase – Safety Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Relative dose intensity - n (%)					
< 70%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>=70 - <90%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>=90 - <100%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>=100%	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Relative dose intensity					
n	xx	xx	xx	xx	xx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
Average daily dose (mg/day)					
n	xx	xx	xx	xx	xx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x

- Actual dose intensity = Cumulative dose (mg) / Duration of exposure (day)
- Relative dose intensity = [Actual dose intensity /Planned dose intensity]*100
- Average daily dose = Cumulative dose (mg) / (date of end of medication − date of start of medication + 1) (day)
where number of drug free days are included in the denominator.

Table 14.3-2.1.1 Relative dose intensity and average daily dose during pre-randomization Induction/Consolidation phase – LSC sub-study Safety Set

<< Programming note: Same shell as table 14.3-2.1, for LSC sub-study SAF >>

Table 14.3-2.2 Relative dose intensity and average daily dose during post-randomization consolidation phase (ARM 2) – Subset of Safety Set randomized to Arm 2

<< Programming note: Same shell as table 14.3-1.2.1 with arm 2 only.

Table 14.3-2.2.1 Relative dose intensity and average daily dose during post-randomization consolidation phase (ARM 2) – Subset of LSC sub-study Safety Set randomized to Arm 2

<< Programming note: Same shell as table 14.3-2.2, for LSC sub-study SAF ARM 2 only >>

Table 14.3-2.3 Relative dose intensity and average daily dose during re-treatment phase – Subset of Safety Set entering the re-treatment phase

	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Relative dose intensity - n (%)			
< 70%	xx (xx.x)	xx (xx.x)	xx (xx.x)
>=70 - <90%	xx (xx.x)	xx (xx.x)	xx (xx.x)
>=90 - <100%	xx (xx.x)	xx (xx.x)	xx (xx.x)
>=100%	xx (xx.x)	xx (xx.x)	xx (xx.x)
Relative dose intensity			
n	xx	xx	xx
Mean	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x
Average daily dose (mg/day)			
n	xx	xx	xx
Mean	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x
Min-Max	xx.x- xx.x	xx.x- xx.x	xx.x- xx.x

- Actual dose intensity = Cumulative dose (mg) / Duration of exposure (day)
- Relative dose intensity = [Actual dose intensity /Planned dose intensity]*100
- Average daily dose = Cumulative dose (mg) / (date of end of medication – date of start of medication + 1) (day) where number of drug free days are included in the denominator

Table 14.3-3.1 Dose reduction and interruption during pre-randomization Induction/Consolidation phase - Safety Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Number of reductions / interruptions					
0	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
2-3	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
>=4	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients with at least one dose reduction/interruption by reason	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Adverse event	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Dosing error	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lab test abnormality	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Scheduling conflict	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- A patient with multiple occurrences of a reason for dose reduction or interruption is only counted once in that category.
- A patient with multiple reasons for dose reduction or interruption is only counted once in the total row.
- Percentage based on the number of patients included in the analysis population (N).

Table 14.3-3.1.1 Dose reduction and interruption during pre-randomization Induction/Consolidation phase – LSC sub-study Safety Set

<< Programming note: Same shell as table 14.3-3.1, for LSC sub-study SAF >>

Table 14.3-3.2 Dose reduction and interruption during post-randomization consolidation phase (ARM 2) – Subset of Safety Set randomized to Arm 2

<< Programming note: Same shell as table 14.3-1.3.1 with arm 2 only.

Add following footnote as first:
- All medication starting at or after first study treatment exposure and before-randomization are reported in this table during the post-randomization consolidation phase.

Add footnote:
- 15 patients from ARM 2 discontinued during post-Randomization Consolidation phase.

Table 14.3-3.2.1 Dose reduction and interruption during post-randomization consolidation phase (ARM 2) – Subset of LSC sub-study Safety Set randomized to Arm 2

<< Programming note: Same shell as table 14.3-3.2, for LSC sub-study SAF >>

Table 14.3-3.3 Dose reduction and interruption during re-treatment phase – Subset of Safety Set entering the re-treatment phase

	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Number of reductions / interruptions			
0	xx (xx.x)	xx (xx.x)	xx (xx.x)
1	xx (xx.x)	xx (xx.x)	xx (xx.x)
2-3	xx (xx.x)	xx (xx.x)	xx (xx.x)
>=4	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of patients with at least one dose reduction/interruption by reason	xx (xx.x)	xx (xx.x)	xx (xx.x)
Adverse event	xx (xx.x)	xx (xx.x)	xx (xx.x)
Dosing error	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lab test abnormality	xx (xx.x)	xx (xx.x)	xx (xx.x)
Scheduling conflict	xx (xx.x)	xx (xx.x)	xx (xx.x)
Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)

- A patient with multiple occurrences of a reason for dose reduction or interruption is only counted once in that category.
- A patient with multiple reasons for dose reduction or interruption is only counted once in the total row.
- Percentage based on the number of patients included in the analysis population (N).

Table 14.3-4.1 Concomitant medication by ATC class and preferred term during pre-randomization Induction/Consolidation phase Full Analysis Set

	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not randomized N=xx	Total N=xx
Any ATC class -Total	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ATC class 1					
-Total	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ATC class 2					
-Total	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Etc.					

- All medication starting at or after enrollment and before randomization or DBL date or study completion/discontinuation are reported in this table.
- ATC classes are presented alphabetically; preferred terms are sorted within ATC class by frequency.
- A medication can appear with more than one ATC class.
- A patient with multiple occurrences of a PT is counted only once in the PT class.
- A patient with multiple PT within an ATC class is counted only once in the row describing the ATC class.
- Percentage based on the number of patients included in the analysis population (N).

Table 14.3-4.1.1 Concomitant medication by ATC class and preferred term during pre-randomization Induction/Consolidation phase LSC sub-study Full Analysis Set

<< Programming note: Same shell as table 14.3-4.1, for LSC sub-study FAS >>

Table 14.3-4.2 Concomitant medication by ATC class and preferred term during post-randomization consolidation phase (ARM 2)– Subset of Full Analysis Set randomized to Arm 2

	N=xx
Any ATC class	xx (xx.x)
-Total	
ATC class 1	
-Total	xx (xx.x)
Preferred term 1	xx (xx.x)
Preferred term 2	xx (xx.x)
ATC class 2	
-Total	xx (xx.x)
Preferred term 1	xx (xx.x)
Preferred term 2	xx (xx.x)
Etc.	

- All medication starting during the post-randomization consolidation phase.
- ATC classes are presented alphabetically; preferred terms are sorted within ATC class by frequency.
- A medication can appear with more than one ATC class.
- A patient with multiple occurrences of a PT is counted only once in the PT class.
- A patient with multiple PT within an ATC class is counted only once in the row describing the ATC class.
- Percentage based on the number of patients included in the analysis population (N).

<< Programming notes:
All data from CMD must be taken after checking the start date is not before date of Visit 1. Note that an edit check is performed by Data Management to check that the starting date is not before Date of visit 1.
Select DTAREP1C=1 (Is there any data to be reported? = yes) and CMDTYP1C=3 (Concomitant medication)
If ATC2 is missing and PT_TXT is not missing, then set "NON DRUG, THERAPIES and PROCEDURES" to ATC class
>>

Table 14.3-4.2.1 Concomitant medication by ATC class and preferred term during post-randomization consolidation phase (ARM 2)– Subset of LSC sub-study Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3-2, for LSC sub-study FAS >>

Table 14.3-4.3 Concomitant medication by ATC class and preferred term during TFR phase – Subset of Full Analysis Set entering the TFR phase

	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Any ATC class -Total	xx (xx.x)	xx (xx.x)	xx (xx.x)
ATC class 1			
-Total	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 1	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 2	xx (xx.x)	xx (xx.x)	xx (xx.x)
ATC class 2			
-Total	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 1	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 2	xx (xx.x)	xx (xx.x)	xx (xx.x)
Etc.			

- All medication starting at or after randomization and before the end of TFR phase or DBL date or study completion/discontinuation are reported in this table.
- ATC classes are presented alphabetically; preferred terms are sorted within ATC class by frequency.
- A medication can appear with more than one ATC class.
- A patient with multiple occurrences of a PT is counted only once in the PT class.
- A patient with multiple PT within an ATC class is counted only once in the row describing the ATC class.
- Patients randomized to Arm 1 have a maximum of 36 months of TFR phase; Patients randomized to Arm 2 have a maximum of 24 months of TFR phase.
- Percentage based on the number of patients included in the analysis population (N).

Table 14.3-4.4 Concomitant medication by ATC class and preferred term during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<<Programming note: Same shell as table 14.3-4 .3 but on re-treatment phase. Display the first following footnote:
- All medication starting at or after start of re-treatment phase and before the DBL date or study completion/discontinuation are reported in this table.
- ATC classes are presented alphabetically; preferred terms are sorted within ATC class alphabetically.
- A medication can appear with more than one ATC class.
- A patient with multiple occurrences of a PT is counted only once in the PT class.
- A patient with multiple PT within an ATC class is counted only once in the row describing the ATC class.
-
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  - Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.
- Percentage based on the number of patients included in the analysis population (N).
>>

Table 14.3-5.1.1 Hematology shift table based on CTCAE grade during Pre-Randomization pre-randomization Induction/Consolidation –Full Analysis Set

Parameter: xxxxx

	Baseline Ind/Cons		Worst value during Pre-Randomization Ind/Cons treatment									
			Grade 0		Grade 1		Grade 2		Grade 3		Grade 4	Missing
Treatment		n	n	(%)	n	(%)	n	(%)	n	(%)	n (%)	n
	Grade 0	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
Arm 1	Grade 1	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
(N=xxx)	Grade 2	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
etc.												
	Missing	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
	Total	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
	Grade 0	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
Arm 2	Grade 1	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
(N=xxx)	Grade 2	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
etc.												
	Missing	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
	Total	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
	Grade 0	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
Randomized	Grade 1	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
(N=xxx)	...	..	...		...		...		...		...	..
	Grade 0	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
Not Randomized	Grade 1	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
(N=xxx)	...	..	...		...		...		...		...	..
	Grade 0	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
Total	Grade 1	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
(N=xxx)	Grade 2	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
etc.												
	Missing	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
	Total	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx

- Baseline Ind/Cons corresponds to the last assessment before or on the first day of nilotinib intake during induction/consolidation phase.

- Percentage calculated by row, based on number of available patients at Baseline Ind/Cons with corresponding grade and at least one non-missing post baseline value.
- Grades as per CTCAE v 4.03.
- Grade 0 = Non-missing value below Grade 1.
- Laboratory assessments performed outside of re-treatment phase are not described.
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  - Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

<<Programming note:
- List of hematology parameters which have CTCAE grade in version 4.03 and have to be displayed: WBCs, absolute lymphocytes, absolute neutrophils, hemoglobin and platelets.
- Note that the scheduled and unscheduled records are considered in this summary.
- Do not display a line if all the records are 0 e.g. if there are no grade 4 at baseline the grade 4 line should not appear in the table.
- % calculated by row excluding the patients with missing post baseline.
- Note that a patient with Baseline only would be counted in the baseline count but would appear post baseline as missing and therefore would not be included in the denominator for the % calculation. >>

Table 14.3-5.1.2 Hematology shift table based on CTCAE grade during post-randomization consolidation phase (ARM 2)– Subset of Full Analysis Set randomized to Arm 2

Parameter: xxxxx

		Baseline	Worst on-treatment value									
			Grade 0		Grade 1		Grade 2		Grade 3		Grade 4	Missing
		n	n	(%)	n	(%)	n	(%)	n	(%)	n (%)	n
(N=xxx)	Grade 0	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
	Grade 1	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
	Grade 2	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
	etc.											
	Missing	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx
	Total	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx (xx.x)	xx

- Baseline is defined as the last assessment before or at the date the patient Randomized.
- Percentage calculated by row, based on number of available patients at Baseline with corresponding grade and at least one non-missing post baseline value.
- Grades as per CTCAE v 4.03.
- Grade 0 = Non-missing value below Grade 1.
- Laboratory assessments performed outside of post-randomization consolidation phase are not described.
- Patients randomized to Arm 2 have 12 months of treatment post-randomization and a maximum of 24 months of re-treatment.

<<Programming note:
- List of hematology parameters which have CTCAE grade in version 4.03 and have to be displayed: WBCs, absolute lymphocytes, absolute neutrophils, hemoglobin and platelets.
- Note that the scheduled and unscheduled records are considered in this summary.
- Do not display a line if all the records are 0 e.g. if there are no grade 4 at baseline the grade 4 line should not appear in the table.
- % calculated by row excluding the patients with missing post baseline.
- Note that a patient with Baseline only would be counted in the baseline count but would appear post baseline as missing and therefore would not be included in the denominator for the % calculation. >>

Table 14.3-5.1.3 Hematology shift table based on CTCAE grade during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

Parameter: xxxxx

Treatment	Baseline RT	n	Worst value during re-treatment: Grade 0 n (%)	Grade 1 n (%)	Grade 2 n (%)	Grade 3 n (%)	Grade 4 n (%)	Missing n
Arm 1 (N=xxx)	Grade 0	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 1	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 2	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	etc.							
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Arm 2 (N=xxx)	Grade 0	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 1	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 2	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	etc.							
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Total (N=xxx)	Grade 0	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 1	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 2	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	etc.							
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx

- Baseline RT corresponds to the last assessment before or at the date the patient entered re-treatment phase.
- Percentage calculated by row, based on number of available patients at Baseline RT with corresponding grade and at least one non-missing post baseline value.
- Grades as per CTCAE v 4.03.
- Grade 0 = Non-missing value below Grade 1.
- Laboratory assessments performed outside of re-treatment phase are not described.- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

<<Programming note:
- List of hematology parameters which have CTCAE grade in version 4.03 and have to be displayed: WBCs, absolute lymphocytes, absolute neutrophils, hemoglobin and platelets.
- Note that the scheduled and unscheduled records are considered in this summary.
- Do not display a line if all the records are 0 e.g. if there are no grade 4 at baseline the grade 4 line should not appear in the table.
- % calculated by row excluding the patients with missing post baseline.
- Note that a patient with Baseline only would be counted in the baseline count but would appear post baseline as missing and therefore would not be included in the denominator for the % calculation. >>

Table 14.3-5.1.4 Hematology shift table based on CTCAE grade during whole study period – Full Analysis Set

Parameter: xxxxx

	Baseline		Worst value during whole study period					
			Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	Missing
Treatment		n	n (%)	n (%)	n (%)	n (%)	n (%)	n
Arm 1 (N=xxx)	Grade 0	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 1	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 2	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	etc.							
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Arm 2 (N=xxx)	Grade 0	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 1	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 2	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	etc.							
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Randomized (N=xxx)	Grade 0	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 1	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	...	..	...	...	...	...	...	..
Not Randomized (N=xxx)	Grade 0	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 1	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	...	..	...	...	...	...	...	..
Total (N=xxx)	Grade 0	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 1	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Grade 2	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	etc.							
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx

- Baseline is defined as the last available assessment before or at date of start of study treatment.
- Percentage calculated by row, based on number of available patients at Baseline with corresponding grade and at least one non-missing post baseline value.

- Grades as per CTCAE v 4.03.
- Grade 0 = Non-missing value below Grade 1.
- Laboratory assessments performed outside of study period are not described.
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  - Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

<<Programming note:
- List of hematology parameters which have CTCAE grade in version 4.03 and have to be displayed: WBCs, absolute lymphocytes, absolute neutrophils, hemoglobin and platelets.
- Note that the scheduled and unscheduled records are considered in this summary.
- Do not display a line if all the records are 0 e.g. if there are no grade 4 at baseline the grade 4 line should not appear in the table.
- % calculated by row excluding the patients with missing post baseline.
- Note that a patient with Baseline only would be counted in the baseline count but would appear post baseline as missing and therefore would not be included in the denominator for the % calculation. >>

Table 14.3-5.1.5 Hematology shift table based on CTCAE grade during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.3-5.1.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-5.1.6 Hematology shift table based on CTCAE grade during whole study period , SDV sensitivity– Full Analysis Set

<< Programming note: Same shell as Table 14.3-5.1.4, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-5.2.1 Biochemistry shift table based on CTCAE grade during post-randomization consolidation phase (ARM 2)– Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3-5.1.2 >>
- List of biochemistry parameters which have CTCAE grade in version 4.03 and have to be displayed: bilirubin (total, indirect and direct), aspartate aminotransferase (AST), alanine aminotransferase (ALT), sodium (hyper & hypo), potassium (hyper & hypo), calcium (hyper & hypo), magnesium (hyper & hypo), glucose (hyper & hypo), creatinine, phosphate (or serum phosphorus), lipase, amylase, total cholesterol and triglycerides.
- Note that for bi-directional parameters (where hyper and hypo abnormalities are defined), the value graded in the other direction (hyper if the parameter of interest is hypo) is counted as a grade 0. Note that the scheduled and unscheduled records are considered in this summary. Make sure the parameters to display can be changed, added and removed easily. >>

Table 14.3-5.2.2 Biochemistry shift table based on CTCAE grade during re-treatment phase– Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3-5.1.3 >>

Table 14.3-5.2.3 Biochemistry shift table based on CTCAE grade during whole study period – Full Analysis Set

<< Programming note: Same shell as table 14.3-5.1.4 >>

Table 14.3-5.2.4 Biochemistry shift table based on CTCAE grade during re-treatment phase, SDV sensitivity– Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.3-5.2.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-5.2.5 Biochemistry shift table based on CTCAE grade during whole study period, SDV sensitivity – Full Analysis Set

<< Programming note: Same shell as Table 14.3-5.2.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-6.1.1 Hematology shift table based on normal range for parameters with no defined CTCAE grades during post-randomization consolidation phase (ARM 2)– Subset of Full Analysis Set randomized to Arm 2

Parameter: xxxxx

Treatment	Baseline	Worst value during post-randomization consolidation: Low	Normal	High	High & Low	Missing
	n	n (%)	n (%)	n (%)	n (%)	n
(N=xxx)	Low	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	High	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx

-Baseline is defined as the last assessment before or at the date the patient Randomized.
- Percentage calculated by row, based on number of available patients at Baseline with corresponding level and at least one non-missing post baseline value. Low/High categories defined by normal ranges.
- High & Low category defined when patients experienced low and high values (they are not count in Low category or High category). Only parameters without CTCAE grades are included.
- Laboratory assessments performed outside of the post-randomization consolidation phase are not described.
- Patients randomized to Arm 2 have 12 months of treatment post-randomization and a maximum of 24 months of re-treatment.

<<Programming note: List of Hematology parameters which do not have CTCAE grade in version 4.03 and have to be displayed: eosinophils, basophils, monocytes, promyelocytes, myelocytes, metamyelocytes and blast.
Do not display a line if all the records are 0.
% calculated by row excluding the patients with missing post baseline.
Note that a patient with Baseline only would be counted in the baseline count but would appear post baseline as missing and therefore would not be included in the denominator for the % calculation.
>>

Table 14.3-6.1.2 Hematology shift table based on normal range for parameters with no defined CTCAE grades during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

Parameter: xxxxx

Treatment	Baseline RT	n	Worst value during re-treatment: Low n (%)	Normal n (%)	High n (%)	High & Low n (%)	Missing n
Arm 1	Low	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	High	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Arm 2	Low	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	High	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Total	Low	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	High	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx

- Baseline RT corresponds to the last assessment before or at the date the patient entered re-treatment phase.
- Percentage calculated by row, based on number of available patients at Baseline RT with corresponding level and at least one non-missing post baseline value. Low/High categories defined by normal ranges.
- High & Low category defined when patients experienced low and high values (they are not count in Low category or High category). Only parameters without CTCAE grades are included.
- Laboratory assessments performed outside of re-treatment phase are not described.
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  - Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

Table 14.3-6.1.3 Hematology shift table based on normal range for parameters with no defined CTCAE grades during whole study period –Full Analysis Set

Parameter: xxxxx

Treatment	Baseline	n	Worst value during whole study period: Low n (%)	Normal n (%)	High n (%)	High & Low n (%)	Missing n
Arm 1	Low	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	High	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Arm 2	Low	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	High	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Randomized	Low	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	High	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Not Randomized	Low	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	High	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Total	Low	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	High	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx

- Baseline is defined as the last available assessment before or at date of start of study treatment.
- Percentage calculated by row, based on number of available patients at Baseline with corresponding level and at least one non-missing post baseline value. Low/High categories defined by normal ranges.
- High & Low category defined when patients experienced low and high values (they are not count in Low category or High category). Only parameters without CTCAE grades are included.
- Laboratory assessments performed outside of study period are not described.
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  - Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

Table 14.3-6.1.4 Hematology shift table based on normal range for parameters with no defined CTCAE grades during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.3-6.1.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-6.1.5 Hematology shift table based on normal range for parameters with no defined CTCAE grades during whole study period, SDV sensitivity –Full Analysis Set

<< Programming note: Same shell as Table 14.3-6.1.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-6.2.1 Biochemistry shift table based on normal range for parameters with no defined CTCAE grades during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3-6.1.1 >>

Table 14.3-6.2.2 Biochemistry shift table based on normal range for parameters with no defined CTCAE grades during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3-6.1.2 >>

Table 14.3-6.2.3 Biochemistry shift table based on normal range for parameters with no defined CTCAE grades during whole study period –Full Analysis Set

<< Same shell as table 14.3-6.1.3 >>

Table 14.3-6.2.4 Biochemistry shift table based on normal range for parameters with no defined CTCAE grades during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.3-6.2.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-6.2.5 Biochemistry shift table based on normal range for parameters with no defined CTCAE grades during whole study period, SDV sensitivity –Full Analysis Set

<< Programming note: Same shell as Table 14.3-6.2.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-7.1 ECG shift table based on notable values during Pre-randomization Induction Consolidation–Full Analysis Set

Parameter: QTcF (msec)

	Baseline Ind/Cons		Worst on-treatment value				
			<=450	>450 -480	>480 - 500	>500	Missing
Treatment		n	n (%)	n (%)	n (%)	n (%)	n
Arm 1	<=450	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	>450 - 480	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>480 - 500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Arm 2	<=450	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	>450 - 480	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>480 - 500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Randomized	<=450	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	>450 - 480	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	...	..	...	...	...	...	..
Not Randomized	<=450	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	>450 - 480	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	...	..	...	...	...	...	..
Total	<=450	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	>450 - 480	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	...	..	...	...	...	...	..
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx

- Baseline Ind/Cons corresponds to the last assessment before or on the first day of nilotinib intake during induction/consolidation phase.
- Percentage for worst value is calculated by row, based on number of available patients at Baseline with corresponding category and at least one non-missing post baseline value.
- Unscheduled visits are included.
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
- Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

Table 14.3-7.2 ECG shift table based on notable values during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

Parameter: QTcF (msec)

		Baseline	Worst on-treatment value							
			<=450		>450 -480		>480 - 500		>500		Missing
		n	n	(%)	n	(%)	n	(%)	n	(%)	n
	<=450	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx		
(N=xxx)	>450 - 480	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx
	>480 - 500	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx
	>500	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx
	Missing	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx
	Total	xx	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx	(xx.x)	xx

- Baseline is defined as the last assessment before or at the date the patient Randomized.
- Percentage for worst value is calculated by row, based on number of available patients at Baseline with corresponding category and at least one non-missing post baseline value.
- Unscheduled visits are included.
- Patients randomized to Arm 2 have 12 months of treatment post-randomization and a maximum of 24 months of re-treatment.

<<Programming note: Only patients with all missing values post-baseline will be counted in the 'Missing' column.>>

Table 14.3-7.3 ECG shift table based on notable values during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

Parameter: QTcF (msec)

	Baseline RT		Worst on-treatment value				
			<=450	>450 -480	>480 - 500	>500	Missing
Treatment		n	n (%)	n (%)	n (%)	n (%)	n
Arm 1	<=450	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	>450 - 480	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>480 - 500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Arm 2	<=450	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	>450 - 480	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>480 - 500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Total	<=450	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	>450 - 480	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>480 - 500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	>500	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx

- Baseline RT corresponds to the last assessment before or at the date the patient entered re-treatment phase.
- Percentage for worst value is calculated by row, based on number of available patients at Baseline with corresponding category and at least one non-missing post baseline value.
- Unscheduled visits are included.

- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
- Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

<<Programming note: Only patients with all missing values post-baseline will be counted in the 'Missing' column.>>

Table 14.3-7.4 Notable ECG values during pre-randomization Ind/Cons –Full Analysis Set

	Arm 1 N=xx n (%)	Arm 2 N=xx n (%)	Randomized N=xx n (%)	Not Randomized N=xx n (%)	Total N=xx n (%)
QTcF (msec)	n=xx	n=xx	n=xx	n=xx	n=xx
Increase from baseline Ind/Cons > 30	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Increase from baseline Ind/Cons > 60	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- n is the number of patients meeting the criteria at least once.
- Baseline Ind/Cons corresponds to the last assessment before or on the first day of nilotinib intake during induction/consolidation phase.
- Change from baseline: post baseline – baseline.
- Unscheduled visits are included.
- Percentage based on the number of patients with available data (n).
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  - Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

<<Programming note: Patients can be included in multiple rows.>>

Table 14.3-7.5 Notable ECG values during post-randomization consolidation phase (ARM 2)– Subset of Full Analysis Set randomized to Arm 2

	N=xx n (%)
QTcF (msec)	n=xx
Increase from baseline > 30	xx (xx.x)
Increase from baseline > 60	xx (xx.x)

- n is the number of patients meeting the criteria at least once.
- Baseline is defined as the last assessment before or at the date the patient Randomized.
- Change from baseline: post baseline – baseline.
- Unscheduled visits are included.
- Percentage based on the number of patients with available data (n).
- Patients randomized to Arm 2 have 12 months of treatment post-randomization and a maximum of 24 months of re-treatment.

<<Programming note: Patients can be included in multiple rows.>>

Table 14.3-7.6 Notable ECG values during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

	Arm 1 N=xx n (%)	Arm 2 N=xx n (%)	Total N=xx n (%)
QTcF (msec)	n=xx	n=xx	n=xx
Increase from baseline RT > 30	xx (xx.x)	xx (xx.x)	xx (xx.x)
Increase from baseline RT > 60	xx (xx.x)	xx (xx.x)	xx (xx.x)

- n is the number of patients meeting the criteria at least once.
- Baseline RT is defined as the last available assessment before or at date of re-start of study treatment.
- Change from baseline: post baseline – baseline.
- Unscheduled visits are included.
- Percentage based on the number of patients with available data (n).
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  - Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

<<Programming note: Patients can be included in multiple rows.>>

Table 14.3-7.7 ECG shift table based on notable values during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.3-7.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-7.8 Notable ECG values during re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as Table 14.3-7.6, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19

Table 14.3-8.1 Echocardiography assessment at baseline – Full Analysis Set

	Arm 1 N=xxx n (%)	Arm 2 N=xxx n (%)	Randomized N=xxx n (%)	Not Randomized N=xxx n (%)	Total N=xxx n (%)
LVEF (%)					
n	xx	xx	xx	xx	xx
Mean	xx.x	xx.x	xx.x	xx.x	xx.x
SD	x.xx	x.xx	x.xx	x.xx	x.xx
25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x	xx.x	xx.x
75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
Min-Max	xx.x - xx.x	xx.x - xx.x	xx.x - xx.x	xx.x - xx.x	xx.x - xx.x
Overall interpretation	n=xx	n=xx	n=xx	n=xx	n=xx
Normal	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Clinically insignificant abnormality	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Clinically significant abnormality	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Percentage based on the number of patients with available data (n)

Table 14.3-8.2 Echocardiography shift table based on overall interpretation - Full Analysis Set

	Baseline		Worst post-baseline value			
Treatment		n	Normal n (%)	Clinic insign. abn. n (%)	Clinic. sign. abn. n (%)	Missing n
Arm 1	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Clinic. insign. abn.	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Clinic. sign. abn.	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Arm 2	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Clinic. insign. abn.	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Clinic. sign. abn.	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Randomized	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Clinic. insign. abn.	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	...	...	...	...	...	...
Not Randomized	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Clinic. insign. abn.	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	...	...	...	...	...	...
Total	Normal	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Clinic. insign. abn.	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	...	...	...	...	...	...

- Baseline is defined as the last available assessment before or at date of start of study treatment
- Percentage for worst value is calculated by row, based on number of available patients at Baseline with corresponding category and at least one non-missing post baseline value (1-24 months for Arm 1, Not Randomized and Total, 1-36 months for Arm 2).
- Unscheduled visits are included
- Clinic. insign abn. = Clinically insignificant abnormality, Clinic. sign. abn. = Clinically significant abnormality
- According to the protocol the Echocardiography is performed at screening and may be repeated at the Investigator’s discretion if there are signs or symptoms of cardiotoxicity

Table 14.3-8.3 Echocardiography shift table based on overall interpretation, SDV sensitivity - Full Analysis Set

<< Programming note: Same shell as Table 14.3-8.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-9.1 Summary statistics of total cholesterol, HDL, LDL, glucose, microalbumin and HbA1c over Induction/Consolidation phase – Full Analysis Set

All patients /Arm 1/ Arm 2/ /Randomized/ Not Randomized
N=xx

Test (unit)	Visit	n	Mean	SD	25th Perc.	Median	75th Perc.	Missing
Total cholesterol (mmol/L)								
	Screening	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	Baseline visit	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	VM1-Month 1	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V1-Month 3	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V2-Month 6	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V3-Month 9	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V4-Month 12	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V5-Month 15	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V6-Month 18	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V7-Month 21	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V8-Month 24	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V400- EOP-ind/con	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V201-Month 27*	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V202-Month 30*	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V203-Month 33*	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx
	V204-Month 36*	xx	x.xx	x.xx	x.xx	x.xx	x.xx	xx

- Unscheduled visits are taken into account. For each visit, the last available value is presented.
- Only visits corresponding to Induction/Consolidation phase are displayed.
- Perc.: Percentage.
* For Arm 2 only.

Programming note:

Repeat for ARM 1, ARM 2, Randomized Not Randomized

For: HDL (mmol/L), LDL (mmol/L), Glucose (mmol/L), Microalbumin (mg/L), HbA1c (%)

Table 14.3-9.2.1 Total cholesterol shift table based on specific levels during Induction Consolidation – Full Analysis Set

	Baseline		Worst post-baseline value		
			Normal cholesterolemia	Hypercholesterolemia	Missing
Treatment		n	n (%)	n (%)	n
Arm 1 (N=xxx)	Normal cholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Hypercholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx
Arm 2 (N=xxx)	Normal cholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Hypercholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx
Randomized (N=xxx)	Normal cholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Hypercholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx
Not Randomized (N=xxx)	Normal cholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Hypercholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx
Total (N=xxx)	Normal cholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Hypercholesterolemia	xx	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx

- Baseline is defined as the last available assessment before or at date of start of study treatment.
- Normal cholesterolemia defined as total cholesterol <=5.2 mmol/L; Hypercholesterolemia defined as total cholesterol >5.2 mmol/L.
- Percentage calculated by row, based on number of available patients at baseline and at least one non-missing post baseline value, (1-24 months for Arm 1, Not Randomized and Total, 1-36 months for Randomized and Arm 2).

<<Programming note: use NTCHOBAS, NTCHOPSTin A_LRS>>

Table 14.3-9.2.2 Total cholesterol shift table based on specific levels during TFR phase – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3-9.2.1, for Arm 1, Arm 2 and Total, using NTCHOBAS2, NTCHOPST2 in A_LRS and footnotes:

- Baseline is defined as the last available assessment before or at date of start of study treatment.
- Normal cholesterolemia defined as total cholesterol <=5.2 mmol/L; Hypercholesterolemia defined as total cholesterol >5.2 mmol/L.
- Percentage calculated by row, based on number of available patients at baseline and at least one non-missing post baseline value, (1-36 months for Arm 1, 1-24 months for Total and Arm 2).>>

Table 14.3-9.2.3 Total cholesterol shift table based on specific levels during Re-treatment phase – Subset of Full Analysis Set entering the Re-treatment phase

<< Programming note: Same shell as table 14.3-9.2.1, for Arm 1, Arm 2 and Total, using NTCHOBAS3, NTCHOPST3 in A_LRS and footnotes:

- Baseline is defined as the last available assessment before or at date of start of study re-treatment.
- Normal cholesterolemia defined as total cholesterol <=5.2 mmol/L; Hypercholesterolemia defined as total cholesterol >5.2 mmol/L.
- Percentage calculated by row, based on number of available patients at baseline and at least one non-missing post baseline value, (1-36 months for Arm 1, 1-24 months for Total and Arm 2).>>

Table 14.3-9.2.4 Total cholesterol shift table based on specific levels during TFR phase, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.3-9.2.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-9.2.5 Total cholesterol shift table based on specific levels during Re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the Re-treatment phase

<< Programming note: ***Same shell as Table 14.3-9.2.3, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-10.1.1 Fasting glucose shift table based on specific levels during Induction Consolidation – Full Analysis Set

		Baseline	Worst post-baseline value			
Treatment		n	Normal glycemia n (%)	Hyperglycemia n (%)	Diabetes n (%)	Missing n
Arm 1	Normal glycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Hyperglycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Diabetes	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Arm 2	Normal glycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Hyperglycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Diabetes	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Randomized	Normal glycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Hyperglycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Diabetes	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Not Randomized	Normal glycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Hyperglycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Diabetes	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
Total	Normal glycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
(N=xxx)	Hyperglycemia	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Diabetes	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Missing	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx
	Total	xx	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx

- Baseline is defined as the last available assessment before or at date of start of study treatment.
- Normal glycemia defined as fasting glucose <5.6 mmol/L; Hyperglycemia defined as fasting glucose >=5.6-6.9 mmol/L; Diabetes defined as fasting glucose >6.9 mmol/L.
- Percentage calculated by row, based on number of available patients at baseline and at least one non-missing post baseline value, (1-24 months for Arm 1, Not Randomized and Total, 1-36 months for Arm 2).

<<Programming note: use NGLUBAS and NGLUPST in A_LRS >>

Table 14.3-10.1.2 Fasting glucose shift table based on specific levels during TFR phase – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3-10.1.1, for Arm 1, Arm 2 and Total, using NGLUBAS2 and NGLUPST2 in A_LRS and footnotes:

- Baseline is defined as the last assessment in Ind/Cons phase
- Normal glycemia defined as fasting glucose <5.6 mmol/L; Hyperglycemia defined as fasting glucose >=5.6-6.9 mmol/L; Diabetes defined as fasting glucose >6.9 mmol/L.
- Percentage calculated by row, based on number of available patients at baseline and at least one. non-missing post baseline value, (1-24 months for Arm 1, 1-36 months for Total and Arm 2).>>

Table 14.3-10.1.3 Fasting glucose shift table based on specific levels during Re-treatment phase – Subset of Full Analysis Set entering the Re-treatment phase

<< Programming note: Same shell as table 14.3-10.1.1, for Arm 1, Arm 2 and Total, using NGLUBAS3 and NGLUPST3 in A_LRS and footnotes:

- Baseline is defined as the last available assessment before or at date of start of study re-treatment.- Normal glycemia defined as fasting glucose <5.6 mmol/L; Hyperglycemia defined as fasting glucose >=5.6-6.9 mmol/L; Diabetes defined as fasting glucose >6.9 mmol/L
- Percentage calculated by row, based on number of available patients at baseline and at least one non-missing post baseline value, (1-24 months for Arm 1, 1-36 months for Total and Arm 2).>>

Table 14.3-10.1.4 Fasting glucose shift table based on specific levels during TFR phase, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.3-10.1.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-10.1.5 Fasting glucose shift table based on specific levels during Re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the Re-treatment phase

<< Programming note: ***Same shell as Table 14.3-10.1.3, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-11.1 Vital Signs during Induction Consolidation – Full Analysis Set

Parameter	Visit		Arm 1 N=xxx	Arm 2 N=xxx	Randomized N=xxx	Not Randomized N=xxx	Total N=xxx
Body temperature (C)	Baseline	n	xx	xx	xx	xx	xx
		Missing	xx	xx	xx	xx	xx
		Mean	xx.x	xx.x	xx.x	xx.x	xx.x
		SD	x.xx	x.xx	x.xx	x.xx	x.xx
		25th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
		Median	xx.x	xx.x	xx.x	xx.x	xx.x
		75th Percentile	xx.x	xx.x	xx.x	xx.x	xx.x
		Min, Max	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	Month 3	n	xx	xx	xx	xx	xx
		...	...	...	...	...	...
	...						
	Month 24	n	xx	xx	xx	xx	xx
		...	...	...	...	...	...
	Month 27	n	Not applicable	xx	xx	Not applicable	xx
		...		...	...	...	...
	Month 30	n	Not applicable	xx	xx	Not applicable	xx
		...		...	...	...	...
	Month 33	n	Not applicable	xx	xx	Not applicable	xx
		...		...	...		...
	Month 36	n	Not applicable	xx	xx	Not applicable	xx
		...		...	...		...

	Change from Baseline to Month 3	n	xx	xx	xx	xx	xx
		...	...	...	...	...	...
	...						
	Change from Baseline to Month 36	n	Not applicable	xx	xx	Not applicable	xx
		...		...	...		...
Sitting pulse (bpm)	Baseline	n	xx	xx	xx	xx	xx
		...	...	...	...	...	...
	...						
Sitting blood pressure Systolic (mmHg)	Baseline	n	xx	xx	xx	xx	xx
		...	...	...	...	...	...
	...						
Sitting blood pressure Diastolic (mmHg)	Baseline	n	xx	xx	xx	xx	xx
		...	...	...	...	...	...
	…						

- Baseline is defined as the last available assessment before or at date of start of study treatment
- Change from baseline: post baseline – baseline.

<<Programming note: use

Body Temperature: BTP1N (for PHASE=1), BASETP1N, CHGTP1N,

Sitting pulse: SPUNT1C (for PHASE=1), BASEPS1N, CHGPS1N

Sitting Diast BP: STNDBP1N (for PHASE=1), BASEDB1N, CHGDB1N

Sitting Syst BP: STNSBP1N (for PHASE=1) , BASESB1N, CHGSB1N

from A_VSN

For Missing use only records done(MRKEVL1C = 1 = Crossed) >>

Table 14.3-11.2 Vital Signs during TFR phase – Subset of Full Analysis Set entering the TFR phase

<< Same shell as table 14.3-11.1, for Arm 1, Arm 2 and Total, using

Body Temperature: ***BTP1N (for PHASE=2), BASETP2N, CHGTP2N,***

Sitting pulse: ***SPUNT1C (for PHASE=2), BASEPS2N, CHGPS2N***

Sitting Syst BP: ***STNSBP1N (for PHASE=2), BASESB2N, CHGSB2N***

Sitting Diast BP: ***STNDBP1N (for PHASE=2), BASEDB2N, CHGDB2N***

from A_VSN

Change footnote to "Baseline is defined as the last treatment record in Ind/Cons phase">>

Table 14.3-11.3 Vital Signs during Re-treatment phase – Subset of Full Analysis Set entering the Re-treatment phase

<< Same shell as table 14.3-11.1, for Arm 1, Arm 2 and Total, using:

Body Temperature: ***BTP1N (for PHASE=3), BASETP3N, CHGTP3N,***

Sitting pulse: ***SPUNT1C (for PHASE=3), BASEPS3N, CHGPS3N***

Sitting Syst BP: ***STNSBP1N (for PHASE=3), BASESB3N, CHGSB3N***

Sitting Diast BP: ***STNDBP1N (for PHASE=3), BASEDB3N, CHGDB3N***

from A_VSN

Change footnote to "Baseline is defined as the first treatment record during Re-treatment">>

Table 14.3-11.4 Vital Signs during TFR phase, SDV sensitivity – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as Table 14.3-11.2, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-11.5 Vital Signs during Re-treatment phase, SDV sensitivity – Subset of Full Analysis Set entering the Re-treatment phase

<< Programming note: Same shell as Table 14.3-11.3, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-12.1 Survival follow-up – Full Analysis Set

Visit	Arm 1 N=xxx n (%)	Arm 2 N=xxx n (%)	Randomized N=xxx n (%)	Not Randomized N=xxx n (%)	Total N=xxx n (%)
FU-Month 3	N=xx	N=xx	N=xx	N=xx	N=xx
Alive					
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Lost to follow-up	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Did patient undergo stem cell transplant?					
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Is the disease progressing to AP/BP ?					
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Is the patient receiving any TKI treatment ?					
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
If Yes					
Nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Imatinib	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Other	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
FU-Month 6	N=xx	N=xx	N=xx	N=xx	N=xx
Patient alive					

	Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...	...	...
FU-Month 36						
Alive		N=xx	N=xx	N=xx	N=xx	N=xx
Yes		xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...	...	...

- Percentages calculated over available records for each FU visit.

Table 14.3-12.2 Survival follow-up, SDV sensitivity – Full Analysis Set

<< Programming note: Same shell as Table 14.3-12.1, for SDV sensitivity analysis>>
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Table 14.3-13.1 Safety follow-up – Full analysis Set

Safety follow up perfomred?	Arm 1 N=xxx n (%)	Arm 2 N=xxx n (%)	Randomized N=xxx n (%)	Not Randomized N=xxx n (%)	Total N=xxx n (%)
Yes, During Clinical visit	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Yes, During Telephone call	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
In case of Telephone call, Medical intervention necessary					
Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

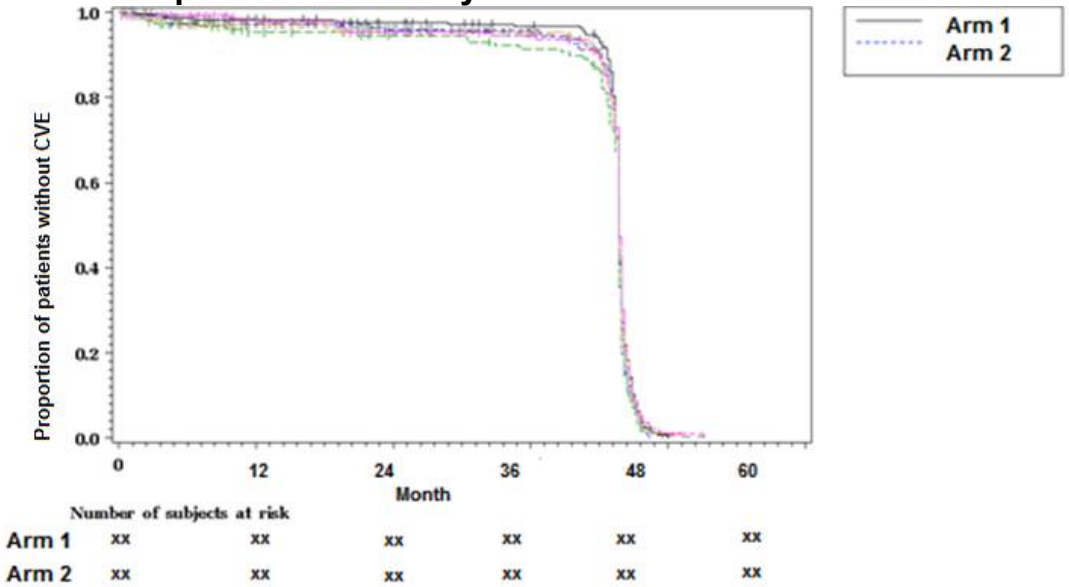
Table 14.3-13.2 Safety follow-up, SDV sensitivity – Full analysis Set

<< Programming note: ***Same shell as Table 14.3-13.1, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19.

Section 14.3.1 – Displays of adverse events

Figures (Section 14.3.1)

Figure 14.3.1-1.1 Kaplan-Meier analysis of time-to-first CVEs during the pre-randomization Induction/Consolidation phase – Full Analysis Set

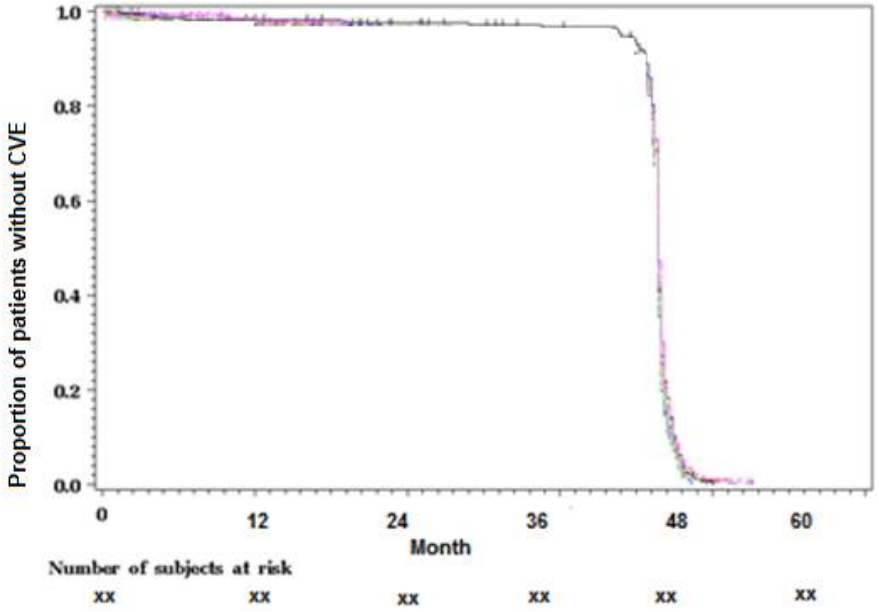


<< Programming note: x-axis in Months, from 0 to 24 months >>

<< Programming note: 3 curves on the same plot: one for arm 1 patient and one for arm 2 patients, one for Not Randomized patients>>

Add footnote:" - Presenting CVEs occurred within Pre-Randomization Ind/Cons phase only, excluding additional +30 days period used in TEAE outputs."

Figure 14.3.1-1.2 Kaplan-Meier analysis of time-to-first CVEs during the post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2



<< Programming note: x-axis in Months, from 24 to 36 months >>

Add footnote: "- Presenting CVEs occurred within Post-Randomization consolidation phase only, excluding additional +30 days period used in TEAE outputs."

Figure 14.3.1-1.3 Kaplan-Meier analysis of time-to-first CVEs during the the TFR phase – Subset of Full Analysis Set entering the TFR phase

<< Programming note:

The axis label should "Time since start of TFR phase (months)"

Months 0-36 for Arm 1, Months 0-24 for Arm 2

Split the curve into two: one for arm 1 patient and one for arm 2 patients >> Months 0-36 for Arm 1, Months 0-24 for Arm 2>>

Figure 14.3.1-1.4 Kaplan-Meier analysis of time-to-first CVEs during the re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: The axis label should "Time since start of Re-treatment phase (months)"

Months 0-36 for Arm 1, Months 0-24 for Arm 2

Split the curve into two: one for arm 1 patient and one for arm 2 patients >> Months 0-36 for Arm 1, Months 0-24 for Arm 2>>
Add footnote: "- Presenting CVEs occurred within Re-treatment phase only, excluding additional +30 days period used in TEAE outputs."

Figure 14.3.1-2.1 Number of sorted events by HIS CD34+/CD38+ cells

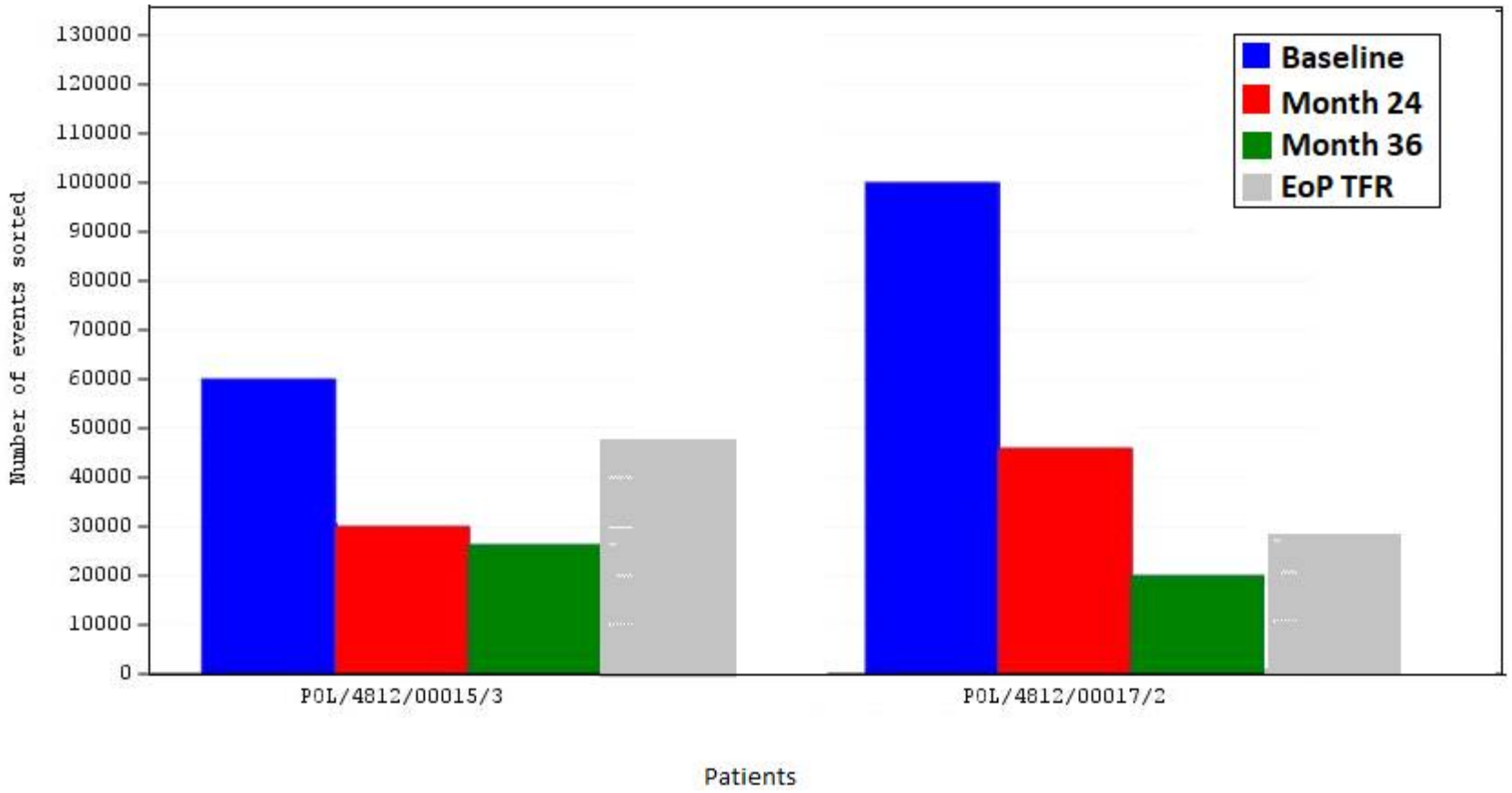


Figure 14.3.1-2.2 Number of sorted events by PCR CD34+/CD38+ cells

<< Programming note: Same shell as Figure 14.3.1-2.1 replacing "HIS" by "PCR" >>

Figure 14.3.1-3.1 Number of sorted events by HIS CD34+/CD38- cells

<< Programming note: Same shell as Figure 14.3.1-2.1 replacing "CD34+/CD38+" by "CD34+/CD38-" >>

Figure 14.3.1-3.2 Number of sorted events by PCR CD34+/CD38- cells

<< Programming note: Same shell as Figure 14.3.1-2.2 replacing "CD34+/CD38+" by "CD34+/CD38-" >>

Figure 14.3.1-4.1 Number of sorted events by HIS Immunophenotypically aberrant CD34+ cells

<< Programming note: Same shell as Figure 14.3.1-2.1 replacing "CD34+/CD38+" by "Immunophenotypically aberrant CD34+" >>

Figure 14.3.1-4.2 Number of sorted events by PCR Immunophenotypically aberrant CD34+ cells

<< Programming note: Same shell as Figure 14.3.1-2.2 replacing "CD34+/CD38+" by "Immunophenotypically aberrant CD34+>>

Figure 14.3.1-5.1 Number of sorted events by HIS Immunophenotypically aberrant CD34- cells

<< Programming note: Same shell as Figure 14.3.1-2.1 replacing "CD34+/CD38+" by "Immunophenotypically aberrant CD34-" >>

Figure 14.3.1-5.2 Number of sorted events by PCR Immunophenotypically aberrant CD34- cells

<< Programming note: Same shell as Figure 14.3.1-2.2 replacing "CD34+/CD38+" by "Immunophenotypically aberrant CD34->>

Figure 14.3.1-6.1 Number of HIS+ subjects CD34+/CD38+ cells – LSC substudy Full Analysis Set

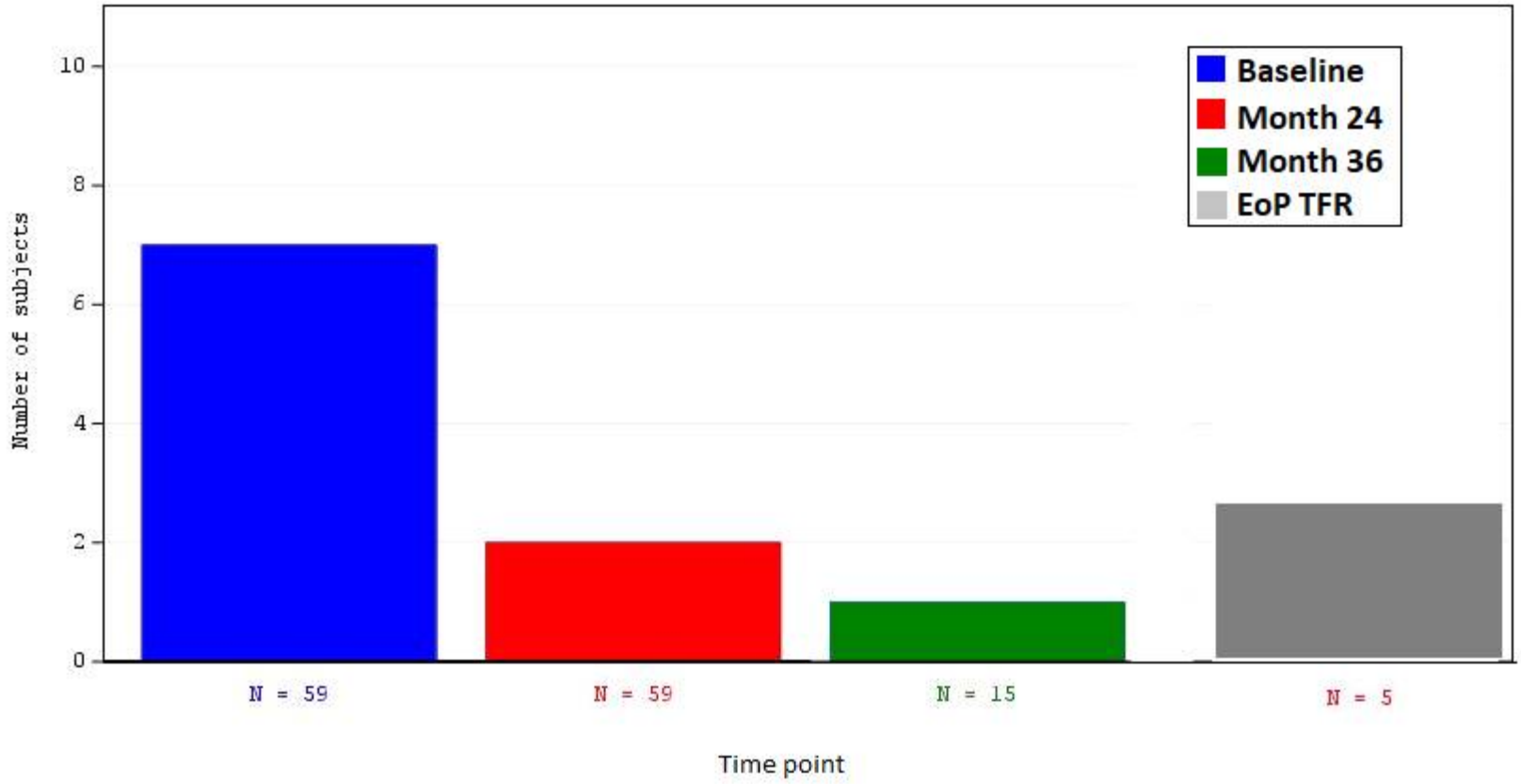


Figure 14.3.1-6.2 Number of PCR subjects CD34+/CD38+ cells – LSC substudy Full Analysis Set

<< Programming note: Same shell as Figure 14.3.1-6.1 replacing "HIS+" by "PCR" >>

Figure 14.3.1-7.1 Number of HIS+ subjects CD34+/CD38- cells – LSC substudy Full Analysis Set

<< Programming note: Same shell as Figure 14.3.1-6.1 replacing "CD34+/CD38+" by "CD34+/CD38-" >>

Figure 14.3.1-7.2 Number of PCR subjects CD34+/CD38- cells – LSC substudy Full Analysis Set

<< Programming note: Same shell as Figure 14.3.1-6.2 replacing "CD34+/CD38+" by "CD34+/CD38-" >>

Figure 14.3.1-8.1 Number of HIS+ subjects Immunophenotypically aberrant CD34+ cells – LSC substudy Full Analysis Set

<< Programming note: Same shell as Figure 14.3.1-6.1 replacing "CD34+/CD38+" by "Immunophenotypically aberrant CD34+" >>

Figure 14.3.1-8.2 Number of PCR subjects Immunophenotypically aberrant CD34+ cells – LSC substudy Full Analysis Set

<< Programming note: Same shell as Figure 14.3.1-6.2 replacing "CD34+/CD38+" by "Immunophenotypically aberrant CD34+" >>

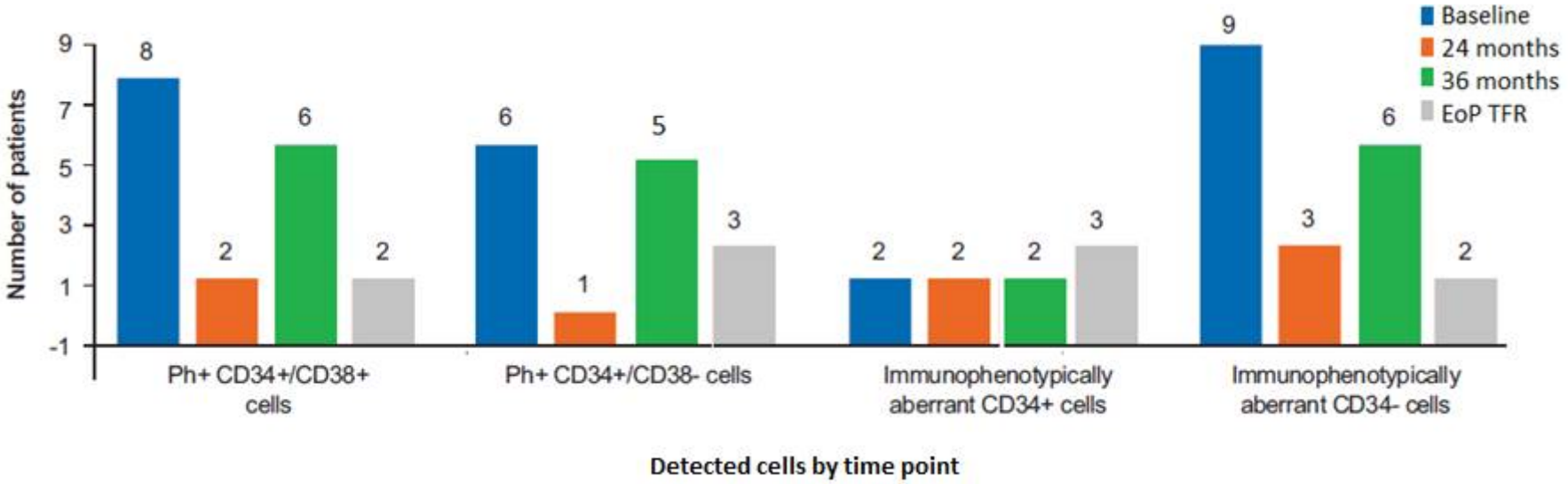
Figure 14.3.1-9.1 Number of HIS+ subjects Immunophenotypically aberrant CD34- cells – LSC substudy Full Analysis Set

<< Programming note: Same shell as Figure 14.3.1-6.1 replacing "CD34+/CD38+" by "Immunophenotypically aberrant CD34-" >>

Figure 14.3.1-9.2 Number of PCR subjects Immunophenotypically aberrant CD34- cells – LSC substudy FAS

<< Programming note: Same shell as Figure 14.3.1-6.2 replacing "CD34+/CD38+" by "Immunophenotypically aberrant CD34-" >>

Figure 14.3.1-10 Number of patients with detectable LSC – LSC substudy Full Analysis Set



Tables (Section 14.3.1)

Table 14.3.1-1.1 Overall summary of treatment-emergent adverse events occurring during pre-randomization Induction/consolidation phase – Full Analysis Set

Adverse event category	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Any adverse events	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any AE of special interest	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Grading of AEs					
NCI-CTCAE Grade 4	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 3	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs leading to study drug discontinuation	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs requiring dosage adjustment or temporarily interruption	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs leading to study drug discontinuation	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- For patient #[redacted], due to reconciliation discrepancies, safety database reported AE term “Endometriosis” as a SAE, while in clinical database this AE was not recorded as an SAE.

Only TEAEs from pre-rand Ind./Cons. phase have been included in this table. A pat. with mult. occur. of an AE is counted only once in the AE category. Percentage based on the number of patients included in the analysis population (N). AESI CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot. For patient # [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Table 14.3.1-1.2 Overall summary of treatment-emergent adverse events occurring during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

Adverse event category	N=xx
Any adverse events	xx (xx.x)
Any AE of special interest	xx (xx.x)
Grading of AEs	
NCI-CTCAE Grade 4	xx (xx.x)
NCI-CTCAE Grade 3	xx (xx.x)
NCI-CTCAE Grade 2	xx (xx.x)
NCI-CTCAE Grade 1	xx (xx.x)
NCI-CTCAE Missing	xx (xx.x)
Death	xx (xx.x)
AEs suspected to be related to nilotinib	xx (xx.x)
AEs leading to study drug discontinuation	xx (xx.x)
AEs requiring dosage adjustment or temporarily interruption	xx (xx.x)
Serious AEs	xx (xx.x)
Serious AEs suspected to be related to nilotinib	xx (xx.x)
Serious AEs leading to study drug discontinuation	xx (xx.x)

- For patient #[redacted], due to reconciliation discrepancies, safety database reported AE term “Endometriosis” as a SAE, while in clinical database this AE was not recorded as an SAE.

- Only treatment emergent adverse events from post-randomization consolidation phase are included in this table.
- A patient with multiple occurrences of an AE is counted only once in the AE category.
- Percentage based on the number of patients included in the analysis population (N).

- AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. Patients randomized to Arm 2 have 12 months of treatment post-randomization and a maximum of 24 months of re-treatment. For patient [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Table 14.3.1-1.3 Overall summary of treatment-emergent adverse events occurring during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

Adverse event category	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Any adverse events	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any AE of special interest	xx (xx.x)	xx (xx.x)	xx (xx.x)
Grading of AEs			
NCI-CTCAE Grade 4	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 2	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 1	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs leading to study drug discontinuation	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs requiring dosage adjustment or temporarily interruption	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs leading to study drug discontinuation	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Only treatment emergent adverse events from re-treatment phase are included in this table.
- A patient with multiple occurrences of an AE is counted only once in the AE category.
- Percentage based on the number of patients included in the analysis population (N).
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
- Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.
- AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.

Table 14.3.1-1.4 Overall summary of adverse events occurring during TFR phase – Subset of Full Analysis Set entering the TFR phase

Adverse event category	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Any adverse events	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any AE of special interest	xx (xx.x)	xx (xx.x)	xx (xx.x)
Grading of AEs			
NCI-CTCAE Grade 4	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 3	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 2	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Grade 1	xx (xx.x)	xx (xx.x)	xx (xx.x)
NCI-CTCAE Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)
Death	xx (xx.x)	xx (xx.x)	xx (xx.x)
AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)
AE occurring within 30 days after TFR start ~~end~~	xx (xx.x)	xx (xx.x)	xx (xx.x)
AE occurring after 30 days after TFR start ~~end~~	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs	xx (xx.x)	xx (xx.x)	xx (xx.x)
Serious AEs suspected to be related to nilotinib	xx (xx.x)	xx (xx.x)	xx (xx.x)
AE occurring within 30 days after TFR start	xx (xx.x)	xx (xx.x)	xx (xx.x)
AE occurring after 30 days after TFR start	xx (xx.x)	xx (xx.x)	xx (xx.x)

- Only adverse events from TFR phase are included in this table.
- A patient with multiple occurrences of an AE is counted only once in the AE category.
- Percentage based on the number of patients included in the analysis population (N).
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
- Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.
- AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.

Table 14.3.1-2.1 Overall summary of frequent [1] treatment-emergent adverse events occurring during pre-randomization Induction/consolidation phase – Full Analysis Set

<< Programming note: Same shell as table 14.3.1-1.1 adding the following footnote:

Only TEAEs from pre-rand Ind./Cons. phase have been included in this table. A pat. with mult. occur. of an AE is counted only once in the AE category. Perc. based on the number of pat. included in the analysis pop. (N).
AESI CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the CRS. Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. Patient #[redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot. For patient #[redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.
[1] Frequent AE defined as an AE present at 5% or more for at least one treatment Arm.

Add following footnote at the end of last page:

- For patient #[redacted] due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-2.2 Overall summary of frequent [1] treatment-emergent adverse events occurring during post-randomization consolidation phase (ARM 2) – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-1.2 adding the following footnote:

[1] Frequent AE defined as an AE present at 5% or more of the Arm2 patients.

Table 14.3.1-2.3 Overall summary of frequent [1] treatment-emergent adverse events occurring during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3.1-1.3 adding the following footnote:

[1] Frequent AE defined as an AE present at 5% or more for at least one treatment Arm.

Table 14.3.1-2.4 Overall summary of frequent [1] adverse events occurring during TFR phase – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3.1-1.4 adding the following footnote:

[1] Frequent AE defined as an AE present at 5% or more for at least one treatment Arm.

Table 14.3.1-3.1.1 Treatment Emergent adverse events incidence, regardless of study drug relationship, occurring during pre-randomization Induction/consolidation phase by system organ class and preferred term - overall and maximum grade 3/4 – Full Analysis Set

	Arm 1 N=xxx		Arm 2 N=xxx		Randomized N=xxx		Not Randomized N=xxx		Total N=xxx	
Primary system organ class Preferred term	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)
Any Primary system organ class	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cardiac disorders	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Angina pectoris	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Bradycardia NOS	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Oedema NOS	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Tachycardia NOS	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...										

- For patient #[redacted] due to reconciliation discrepancies, safety database reported AE term “Endometriosis” as a SAE, while in clinical database this AE was not recorded as an SAE.

- Only TEAEs from pre-rand. Ind./Cons. phase have been included. Primary SOC are pres. alphab.; PTs are sorted within primary SOC in desc. freq. of ‘All grades’ column. Percentage based on the pop. number (N). Treatment Arm 1/Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. A patient with mult. occur. of an AE is counted Only once in the AE cat.; A patient with mult. AEs within a primary SOC is counted only once in the total row. AEs occurring more than 30 days after last study trt exposure date are not summarized. Patient #[redacted] reported as disc. Ind/Cons phase due to AE “Blast Crisis”- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot. For patient #[redacted] AE “PHLEGMON FOOT - BIG TOE RIGHT” is reported as PT “Cellulitis” in the AE listing while it is reported as PT “Osteoarthritis” in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Table 14.3.1-3.1.2 Treatment Emergent adverse events occurence, regardless of study drug relationship, occurring during pre-randomization Induction/consolidation phase by system organ class and preferred term - overall and maximum grade 3/4 – Full Analysis Set

<< Programming note: Same shell as table 14.3.1-3.1.1 but without percentages and use footnotes:

- Only treatment emergent adverse events from pre-rand. ind./cons. phase have been included in this table.
- Primary SOC are presented alphabetically; preferred terms are sorted within primary SOC in desc. frequency of 'All grades' column. Treatment Arm 1/Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. AEs occurring more than 30 days after last study trt exposure date are not summarized.
- Patient #[redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.
- For patient #[redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Add following footnote at the end of last page:
- For patient #[redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-3.2.1 Treatment Emergent adverse events incidence, regardless of study drug relationship, occurring during post-randomization consolidation phase (ARM 2) by system organ class and preferred term - overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

Primary system organ class Preferred term	Arm 2 N=xxx All grades n (%)	 Grade 3/4 n (%)
Any Primary system organ class	xx (xx.x)	xx (xx.x)
Cardiac disorders	xx (xx.x)	xx (xx.x)
Angina pectoris	xx (xx.x)	xx (xx.x)
Bradycardia NOS	xx (xx.x)	xx (xx.x)
Oedema NOS	xx (xx.x)	xx (xx.x)
Tachycardia NOS	xx (xx.x)	xx (xx.x)
...		

- Only treatment emergent adverse events from post-rand. cons. phase (ARM 2) are included in this table.
- Primary system organ classes are presented alphabetically; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment post-randomization Arm 2: 12 months, Re-treatment max Arm 2: 24 months.
- A patient with multiple occurrences of an AE is counted only once in the AE category.
- A patient with multiple adverse events within a primary system organ class is counted only once in the total row.
- Adverse events occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-3.2.2 Treatment Emergent adverse events occurence, regardless of study drug relationship, occurring during post-randomization consolidation phase (ARM 2) by system organ class and preferred term - overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-3.2.1 but without percentages and use footnotes:

- Only treatment emergent adverse events from post-rand. cons. phase (ARM 2) are included in this table.
- Primary system organ classes are presented alphabetically; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column.
- Treatment post-randomization Arm 2: 12 months, Re-treatment max Arm 2: 24 months.
- Adverse events occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-3.3.1 Treatment-emergent adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

Primary system organ class Preferred term	Arm 1 N=xx		Arm 2 N=xx		Total N=xx	
	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)
Any primary system organ class	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Cardiac disorders						
Angina pectoris	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Bradycardia NOS	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Oedema NOS	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Tachycardia NOS	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
etc.						

- Only treatment emergent adverse events from re-treatment phase are included in this table.
- Primary system organ classes are alphabetically presented; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- A patient with multiple occurrences of an AE is counted only once in the AE category.
- A patient with multiple AE within a primary system organ class is counted only once in the total row.
- Adverse events occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-3.3.2 Treatment-emergent adverse events occurrence, regardless of study drug relationship, by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3.1-3.3.1 but without percentages and use footnotes:

- Only treatment emergent adverse events from re-treatment phase are included in this table.
- Primary system organ classes are alphabetically presented; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- Adverse events occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-3.4.1 Adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3.1-3.3.1 and use footnote:

- Only adverse events from TFR phase are included in this table.
- Primary system organ classes are alphabetically presented; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- A patient with multiple occurrences of an AE is counted only once in the AE category.
- A patient with multiple AE within a primary system organ class is counted only once in the total row.

Table 14.3.1-3.4.2 Adverse events occurrence, regardless of study drug relationship, by system organ class and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3.1-3.4.3 but without percentages and use footnotes:

- Only adverse events from TFR phase are included in this table.
- Primary system organ classes are presented alphabetically; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.

Table 14.3.1-3.5.1 Frequent [1] Treatment Emergent adverse events incidence, regardless of study drug relationship occurring during pre-randomization Induction/consolidation phase by system organ class and preferred term - overall and maximum grade 3/4 – Full Analysis Set

<< Programming note: Same shell as table 14.3.1-3.1.1 >>

Only TEAEs from pre-rand Ind./Cons. phase have been included in this table. A pat. with mult. occur. of an AE is counted only once in the AE category. Perc. based on the number of pat. included in the analysis pop. (N).
AESI CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the CRS. Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
Patient #[redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot. For patient [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.
[1] Frequent AE defined as an AE present at 5% or more for at least one treatment Arm.

Programming Note: Consider only AEs with >5% for Total group at the level of Preferred Term.
Re-calculate Primay SOC and Any Primary SOC frequencies accordingly, based on the selected AEs only.

Table 14.3.1-3.5.2 Frequent [1] Treatment Emergent adverse events incidence, regardless of study drug relationship occurring during post-randomization consolidation phase (ARM 2) by system organ class and preferred term- overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-3.2.1 adding the following footnote:
[1] Frequent AE defined as an AE present at 5% or more of the Arm2 patients.

Programming Note: Consider only AEs with >5% for Total group at the level of Preferred Term.
Re-calculate Primay SOC and Any Primary SOC frequencies accordingly, based on the selected AEs only.

Table 14.3.1-3.5.3 Frequent [1] Treatment Emergent adverse events incidence, regardless of study drug relationship occurring during re-treatment phase by system organ class and preferred term- overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as table 14.3.1-3.3.1 adding the following footnote:***

[1] Frequent AE defined as an AE present at 5% or more for at least one treatment Arm.

Programming Note: Consider only AEs with >5% for Total group at the level of Preferred Term.
Re-calculate Primay SOC and Any Primary SOC frequencies accordingly, based on the selected AEs only.

Table 14.3.1-3.5.4 Frequent [1] adverse events incidence, regardless of study drug relationship occurring during TFR phase by system organ class and preferred term - overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as table 14.3.1-3.4.1 adding the following footnote:***

[1] Frequent AE defined as an AE present at 5% or more for at least one treatment Arm.

Programming Note: Consider only AEs with >5% for Total group at the level of Preferred Term.
Re-calculate Primay SOC and Any Primary SOC frequencies accordingly, based on the selected AEs only.

Table 14.3.1-4.1.1 Serious treatment-emergent adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during pre-randomization Induction/consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-3.1.1>>

- Only TEAEs from pre-rand. Ind./Cons. phase have been included. Prim. SOC are pres. alphab.; PTs are sorted within prim. SOC in desc. freq. of 'All grades' column. Percentage based on pop. number (N). Treatment Arm 1 /Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. A patient with mult. occur. of an AE is counted only once in the AE cat.; A pat. with mult. AEs within a prim. SOC is counted only once in the total row. AEs occur. more than 30 days after last study trt exposure date are not summarized. Patient # [redacted] reported as disc. Ind/Cons phase due to AE "[redacted]"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progr. to Blast Crisis, as per Prot. For patient # [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "[redacted]" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Add following footnote at the end of last page:

- For patient # [redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-4.1.2 Serious treatment-emergent adverse events occurence, regardless of study drug relationship, by system organ class and preferred term during pre-randomization Induction/consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-3.1.2 >>

- Only TEAEs from pre-rand. ind./cons. phase have been included in this table. Prim. SOC are pres. alphabetically; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, treatment free remission max Arm 1/Arm 2: 36/24 months.
- Adverse events occurring more than 30 days after last study treatment exposure date are not summarized.

Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progr. to Blast Crisis, as per Prot. For patient # [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Add following footnote at the end of last page:

- For patient [redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-4.2.1 Serious treatment-emergent adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: `Same shell as table 14.3.1-3.2.1>>`

Table 14.3.1-4.2.2 Serious treatment-emergent adverse events occurrence, regardless of study drug relationship, by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: `Same shell as table 14.3.1-3.2.2 >>`

Table 14.3.1-4.3.1 Serious treatment-emergent adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: `Same shell as table 14.3.1-3.3.1 >>`

Table 14.3.1-4.3.2 Serious treatment-emergent adverse events occurrence, regardless of study drug relationship, by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: `Same shell as table 14.3.1-3.3.2 >>`

Table 14.3.1-4.4.1 Serious adverse events incidence, regardless of study drug relationship, by system organ class and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: `Same shell as table 14.3.1-3.4.1>>`

Table 14.3.1-4.4.2 Serious adverse events occurence, regardless of study drug relationship, by system organ class and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: `Same shell as table 14.3.1-3.4.2>>`

Table 14.3.1-4.5.1 Frequent [1] Serious Treatment Emergent adverse events incidence, regardless of study drug relationship occurring during pre-randomization Induction/consolidation phase by system organ class and preferred term - overall and maximum grade 3/4 – Full Analysis Set

<< Programming note: ***Same shell as table 14.3.1-3.5.1>>***
Programming Note: Consider only AEs with >5% for one or more treatment Arms at the level of Preferred Term.
Re-calculate Primay SOC and Any Primary SOC frequencies accordingly, based on the selected AEs only.

Table 14.3.1-4.5.2 Frequent [1] Serious Treatment Emergent adverse events incidence, regardless of study drug relationship occurring during post-randomization consolidation phase (ARM 2) by system organ class and preferred term - overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: ***Same shell as table 14.3.1-3.5.2>>***
Programming Note: Consider only AEs with >5% for or more treatment Arms at the level of Preferred Term.
Re-calculate Primay SOC and Any Primary SOC frequencies accordingly, based on the selected AEs only.

Table 14.3.1-4.5.3 Frequent [1] Serious Treatment Emergent adverse events incidence, regardless of study drug relationship occurring during re-treatment phase by system organ class and preferred term - overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as table 14.3.1-3.5.3 >>***
Programming Note: Consider only AEs with >5% for or more treatment Arms at the level of Preferred Term.
Re-calculate Primay SOC and Any Primary SOC frequencies accordingly, based on the selected AEs only.

Table 14.3.1-4.5.4 Frequent [1] Serious adverse events incidence, regardless of study drug relationship occurring during TFR phase by system organ class and preferred term - overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as table 14.3.1-3.5.4 >>***
Programming Note: Consider only AEs with >5% for or more treatment Arms at the level of Preferred Term.
Re-calculate Primay SOC and Any Primary SOC frequencies accordingly, based on the selected AEs only.

Table 14.3.1-4.6.1 Serious treatment-emergent adverse events incidence, suspected to be study drug related, by system organ class and preferred term during pre-randomization Induction/consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-3.1.1 >>

- Only TEAEs from pre-rand. Ind./Cons. phase have been included. Primary SOC are pres. alphab.; PTs are sorted within primary SOC in desc. freq. of 'All grades' column. Percentage based on the pop. number (N). Treatment Arm 1/Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. A patient with mult. occur. of an AE is counted Only once in the AE cat.; A patient with mult. AEs within a primary SOC is counted only once in the total row. AEs occurring more than 30 days after last study trt exposure date are not summarized. Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot. For patient # [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Add following footnote at the end of last page:

- For patient [redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-4.6.2 Serious treatment-emergent adverse events occurence, suspected to be study drug related, by system organ class and preferred term during pre-randomization Induction/consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-3.1.2 >>

- Only TEAEs from post-randomization consolidation phase are included in this table. A patient with multiple occurrences of an AE is counted only once in the AE category. Percentage based on the number of patients included in the analysis population (N). AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. Patients randomized to Arm 2 have 12 months of treatment post-randomization and a maximum of 24 months of re-treatment. Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot. For patient # [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Add following footnote at the end of last page:

- For patient [redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-4.7.1 Serious treatment-emergent adverse events incidence, suspected to be study drug related, by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-3.2.1 >>

Table 14.3.1-4.7.2 Serious treatment-emergent adverse events occurrence, suspected to be study drug related, by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-3.2.2 >>

Table 14.3.1-4.8.1 Serious treatment-emergent adverse events incidence, suspected to be study drug related, by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3.1-3.3.1 >>

Table 14.3.1-4.8.2 Serious treatment-emergent adverse events occurrence, suspected to be study drug related, by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3.1-3.3.2>>

Table 14.3.1-4.9.1 Serious adverse events incidence, suspected to be study drug related, by system organ class and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3.1-3.4.1 >>

Table 14.3.1-4.9.2 Serious adverse events occurrence, suspected to be study drug related, by system organ class and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as table 14.3.1-3.4.2>>***

Table 14.3.1-5.1.1 Treatment-emergent adverse events incidence leading to study drug discontinuation by system organ class and preferred term during pre-randomization Induction/Consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: ***Same shell as table 14.3.1-3.1.1>>***

- Only TEAEs from pre-rand. ind./cons. phase have been included in this table. Primary SOC are presented alphabetically; PTs are sorted within primary SOC in descending frequency of 'All grades' column.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- A patient with multiple occurrences of an AE is counted only once in the AE category.
- A patient with multiple AEs within a primary system organ class is counted only once in the total row
- Adverse events occurring more than 30 days after last study treatment exposure date are not summarized.
- Patient [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.

Add following footnote at the end of last page:

- For patient #[redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-5.1.2 Treatment-emergent adverse events occurence leading to study drug discontinuation by system organ class and preferred term during pre-randomization Induction/Consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-3.1.2>>

- Only treatment emergent adverse events from pre-rand. ind./cons. phase have been included in this table.
- Primary system organ classes are presented alphabetically; preferred terms are sorted within primary system organ class in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- Adverse events occurring more than 30 days after last study treatment exposure date are not summarized.
- Patient #[redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.

Add following footnote at the end of last page:

- For patient #[redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-5.2.1 Treatment-emergent adverse events incidence leading to study drug discontinuation by system organ class and preferred term during post-randomization phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-3.2.1 >>

Table 14.3.1-5.2.2 Treatment-emergent adverse events occurrence leading to study drug discontinuation by system organ class and preferred term during post-randomization phase (ARM 2)– overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-3.2.2 >>

Table 14.3.1-5.3.1 Treatment-emergent adverse events incidence leading to study drug discontinuation by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3.1-3.3.1 >>

Table 14.3.1-5.3.2 Treatment-emergent adverse events occurrence leading to study drug discontinuation by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3.1-3.3.2 >>

Table 14.3.1-6.1.1 Treatment-emergent adverse events incidence requiring dosage adjustment or temporarily interruption by system organ class and preferred term during pre-randomization Induction/ consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-3.1.1 >>

- Only TEAEs from pre-rand. Ind./Cons. phase have been included. Primary SOC are pres. alphab.; PTs are sorted within primary SOC in desc. freq. of 'All grades' column. Percentage based on the pop. number (N). Treatment Arm 1/Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. A patient with mult. occur. of an AE is counted Only once in the AE cat.; A patient with mult. AEs within a primary SOC is counted only once in the total row. AEs occurring more than 30 days after last study trt exposure date are not summarized. Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot. For patient # [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Add following footnote at the end of last page:

- For patient # [redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-6.1.2 Treatment-emergent adverse events occurrence requiring dosage adjustment or temporarily interruption by system organ class and preferred term during pre-randomization Induction/consolidation phase – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-3.1.2 >>

- Only treatment emergent adverse events from pre-rand. ind./cons. phase have been included in this table.
- Primary SOC are presented alphabetically; preferred terms are sorted within primary SOC in desc. frequency of 'All grades' column. Treatment Arm 1/Arm 2: 24/36 months, Re-trt max Arm 1/Arm 2: 36/24 months. AEs occurring more than 30 days after last study trt exposure date are not summarized.
- Patient #[redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.
- For patient #[redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Add following footnote at the end of last page:

- For patient #[redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Table 14.3.1-6.2.1 Treatment-emergent adverse events incidence requiring dosage adjustment or temporarily interruption by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-3.2.1 >>

Table 14.3.1-6.2.2 Treatment-emergent adverse events occurrence requiring dosage adjustment or temporarily interruption by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-3.2.2>>

Table 14.3.1-6.3.1 Treatment-emergent adverse events incidence requiring dosage adjustment or temporarily interruption by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: `Same shell as table 14.3.1-3.3.1 >>`

Table 14.3.1-6.3.2 Treatment-emergent adverse events occurrence requiring dosage adjustment or temporarily interruption by system organ class and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: `Same shell as table 14.3.1-3.3.2 >>`

Table 14.3.1-6.4.1 Treatment-emergent adverse events of interest incidence, regardless of study drug relationship, by specific group and preferred term during Pre-randomization Induction/consolidation phase –by treatment arm, overall and maximum grade 3/4 – Full Analysis Set

	Arm 1 N=xxx		Arm 2 N=xxx		Randomized N=xxx		Not Randomized N=xxx		Total N=xxx	
Specific group Preferred term	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)
All AESI	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Group 1										
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...										
Group 2										
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...										

- Only treatment emergent adverse events from pre-rand. ind./cons. phase have been included in this table.
- Specific groupings are presented alphabetically; preferred terms are sorted within each group in descending frequency of 'All grades' column. Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- A patient with multiple occurrences of an AE is counted only once in the AE category. A patient with multiple adverse events within a group is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

<<Programming note: The below groups of AEs of special interest will be displayed:
-CVEs (IHD: Ischemic heart disease)
-CVEs (PAOD: Peripheral arterial occlusive disease)
-CVEs (ICE: Ischemic cerebrovascular events)
-CVEs (Others)

Table 14.3.1-6.4.2 Treatment-emergent adverse events of interest occurrence, regardless of study drug relationship, by specific group and preferred term during Pre-randomization Induction/consolidation phase – by treatment arm, overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-6.4.1 but without percentages, use footnotes:

- Only treatment emergent adverse events from pre-rand. ind./cons. phase have been included in this table.
- Specific groupings are presented alphabetically; preferred terms are sorted within each group in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-6.5.1 Treatment-emergent adverse events of interest incidence by specific group and preferred term during post-randomization consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

Specific group Preferred term	Arm 2 N=xx	
	All grades n (%)	Grade 3/4 n (%)
All AESI	xx (xx.x)	xx (xx.x)
Group 1		
PT 1	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)
Group 2		
PT 1	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)
ect..		

- Only treatment emergent adverse events from post-rand. cons. phase are included in this table.
- Specific groups are alphabetically presented; preferred terms are sorted within each group in descending frequency of 'All grades' column. Percentage based on the number of patients included in the analysis population (N).
- Treatment post-randomization Arm 2: 12 months, Re-treatment max Arm 2: 24 months.
- A patient with multiple occurrences of an AE is counted only once in the AE category. A patient with multiple adverse events within a group is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-6.5.2 Treatment-emergent adverse events of interest occurrence, by specific group and preferred term during post-randomization consolidation phase (ARM 2) – overall and maximum grade 3/4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: ***Same shell as table 14.3.1-6.5.1 but without percentages, use footnotes:***

- Only treatment emergent adverse events from post-rand. cons. phase are included in this table.
- Specific groups are alphabetically presented; preferred terms are sorted within each group in descending frequency of 'All grades' column.
- Treatment post-randomization Arm 2: 12 months, Re-treatment max Arm 2: 24 months. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-6.6.1 Treatment-emergent adverse events of interest incidence by specific group and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

Specific group Preferred term	Arm 1 N=xx		Arm 2 N=xx		Total N=xx	
	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)
All AESI	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Group 1						
PT 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Group 2						
PT 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
ect..						

- Only treatment emergent adverse events from re-treatment phase are included in this table.
- Specific groups are alphabetically presented; preferred terms are sorted within each group in descending frequency of 'All grades' column. Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- A patient with multiple occurrences of an AE is counted only once in the AE category. A patient with multiple adverse events within a group is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-6.6.2 Treatment-emergent adverse events of interest occurrence by specific group and preferred term during re-treatment phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as table 14.3.1-6.6.1 but without percentages, use footnotes:***
- Only treatment emergent adverse events from re-treatment phase are included in this table.
- Specific groups are alphabetically presented; preferred terms are sorted within each group in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. AEs occurring more than 30 days after last study treatment exposure date are not summarized. ***>>***

Table 14.3.1-6.7.1 Adverse events of interest incidence by specific group and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as table 14.3.1-6.6.1 for TFR, use footnotes:***

- Only adverse events from TFR phase are included in this table.
- Specific groups are alphabetically presented; preferred terms are sorted within each group in descending frequency of 'All grades' column. Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- A patient with multiple occurrences of an AE is counted only once in the AE category. A patient with multiple AE within a primary system organ class is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. ***>>***

Table 14.3.1-6.7.2 Adverse events of interest occurrence by specific group and preferred term during TFR phase – overall and maximum grade 3/4 – Subset of Full Analysis Set entering the TFR phase

<< Programming note: ***Same shell as table 14.3.1-6.7.1 but without percentages use footnotes:***

- Only adverse events from TFR phase are included in this table.
- Specific groups are alphabetically presented; preferred terms are sorted within each group in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.

Table 14.3.1-7.1.1 Treatment Emergent adverse events of interest incidence, regardless of study drug relationship, by specific group and preferred term and by cardiovascular risk factors during Pre-randomization Induction/consolidation phase – by treatment arm, overall and maximum grade 3/4 – Full Analysis Set

Very high or high risk / Moderate or low risk

	Arm 1 N=xxx		Arm 2 N=xxx		Randomized N=xxx		Not Randomized N=xxx		Total N=xxx	
Specific group Preferred term	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)
All AESI	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Group 1										
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...										
Group 2										
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...										

- Only TEAEs from pre-rand. ind./cons. phase are included in this table. Specific groups are presented alphabetically;
- PTs are sorted within each group in descending frequency of 'All grades' column.
- Percentage based on the population number (N). Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.

A patient with multiple occurrences of an AE is counted only once in the AE category.

- A patient with multiple AEs within a group is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- CV risk factors are defined as described in EU Guidelines on cardiovascular disease prevention in clin. Practice (version 2012). European Heart Journal (2012) 33, 1635-1701. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-7.1.2 Treatment Emergent adverse events of interest occurrence, regardless of study drug relationship, by specific group and preferred term and by cardiovascular risk factors during Pre-randomization Induction/consolidation phase – by treatment arm, overall and maximum grade 3/4 – Full Analysis Set

<< Programming note: ***Same shell as table 14.3.1-7.1.1 but without percentages use footnotes:***

- Only TEAEs from pre-rand. ind./cons. phase are included in this table. Specific groups are presented alphabetically;
- PTs are sorted within each group in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2:
36/24 months. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- CV risk factors are defined as described in EU Guidelines on cardiovascular disease prevention in clinical practice (version 2012). European Heart Journal (2012) 33, 1635–1701. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-7.2.1 Treatment-emergent adverse events of interest incidence, regardless of study drug relationship, during post-randomization consolidation phase (ARM 2), by specific group and preferred term, and by cardiovascular risk factor– overall and maximum grade 3 or 4 – Subset of Full Analysis Set randomized to Arm 2

Subgroup: Cardiovascular risk factor at baseline: Very high/High risk
(***Note for programming: to be repeated on Moderate/Low risk)***

Specific group Preferred term	Arm 2 N=xx	
	All grades n (%)	Grade 3/4 n (%)
All AESI	xx (xx.x)	xx (xx.x)
Group 1		
PT 1	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)
Group 2		
PT 1	xx (xx.x)	xx (xx.x)
PT 2	xx (xx.x)	xx (xx.x)
ect..	xx (xx.x)	xx (xx.x)
ect..		

- Only TEAEs from post-rand. cons. phase are included in this table. Specific groups are presented alphabetically;
- PTs are sorted within each group in descending frequency of 'All grades' column. Percentage based on the population number (N). Treatment post-randomization Arm 2: 12 months, Re-treatment max Arm 2: 24 months. A patient with multiple occurrences of an AE is counted only once in the AE category. A patient with multiple AEs within a group is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. CV risk factors are defined as described in EU Guidelines on cardiovascular disease prevention in clin. practice (version 2012). European Heart Journal (2012) 33, 1635–1701. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

<< Note for programming:

The "N" in header should correspond to the number of patient in the analysis set and in the selected cardiovascular risk factor subgroup.

When there is no AE in the selected subgroup, please indicate 0 for the row below:

All AESI	xx (xx.x)	xx (xx.x)

When there is no patient in the analysis set and subgroup selected then do not display the subgroup.>>

Table 14.3.1-7.2.2 Treatment-emergent adverse events of interest occurrence, regardless of study drug relationship, during post-randomization consolidation phase (ARM 2), by specific group and preferred term, and by cardiovascular risk factor – overall and maximum grade 3 or 4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-7.2.1 but without percentages use footnotes:

- Only TEAEs from post-rand. cons. phase are included in this table. Specific groups are presented alphabetically; PTs are sorted within each group in descending frequency of 'All grades' column.
- Treatment post-randomization Arm 2: 12 months, Re-treatment max Arm 2: 24 months. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- CV risk factors are defined as described in EU Guidelines on cardiovascular disease prevention in clin. practice (version 2012). European Heart Journal (2012) 33, 1635–1701. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-7.3.1 Treatment-emergent adverse events of interest incidence, regardless of study drug relationship, during re-treatment phase, by specific group and preferred term, and by cardiovascular risk factor – Subset of Full Analysis Set entering the re-treatment phase

Very high or high risk / Moderate or low risk

	Arm 1 N=xxx		Arm 2 N=xxx		Total N=xxx	
Specific group Preferred term	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)
All AESI	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Group 1						
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...						
Group 2						
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...						

- Only TEAEs from re-treatment phase are included in this table. Specific groups are presented alphabetically;
- PTs are sorted within each group in descending frequency of 'All grades' column.
- Percentage based on the population number (N). Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. A patient with multiple occurrences of an AE is counted only once in the AE category. A patient with multiple AEs within a group is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- CV risk factors are defined as described in EU Guidelines on cardiovascular disease prevention in clin. practice (version 2012). European Heart Journal (2012) 33, 1635–1701. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-7.3.2 Treatment-emergent adverse events of interest occurrence, regardless of study drug relationship, during re-treatment phase, by specific group and preferred term, and by cardiovascular risk factor – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: ***Same shell as table 14.3.1-7.3.1 but without percentages use footnotes:***

- Only TEAEs from re-treatment phase are included in this table. Specific groups are presented alphabetically;
- PTs are sorted within each group in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- CV risk factors are defined as described in EU Guidelines on cardiovascular disease prevention in clin. practice (version 2012). European Heart Journal (2012) 33, 1635–1701. AEs occurring more than 30 days after last study treatment exposure date are not summarized.

Table 14.3.1-7.4.1 Adverse events of interest incidence, regardless of study drug relationship, during TFR phase, by specific group and preferred term, and by cardiovascular risk factor – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3.1-7.3.1 for TFR, use footnotes:

- Only AEs from TFR phase are included in this table. Specific groups are presented alphabetically;
- PTs are sorted within each group in descending frequency of 'All grades' column.
- Percentage based on the population number (N). Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. A patient with multiple occurrences of an AE is counted only once in the AE category. A patient with multiple AEs within a group is counted only once in the total row. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet.
- CV risk factors are defined as described in EU on cardiovascular disease prevention in clin. practice (version 2012). European Heart Journal (2012) 33, 1635–1701. >>

Table 14.3.1-7.4.2 Adverse events of interest occurrence, regardless of study drug relationship, during TFR phase, by specific group and preferred term, and by cardiovascular risk factor – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3.1-7.4.1 but without percentages, use footnotes:

- Only AEs from TFR phase are included in this table. Specific groups are presented alphabetically;
- PTs are sorted within each group in descending frequency of 'All grades' column.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. AE of special interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms as described in the Case Retrieval Sheet. CV risk factors are defined as described in EU Guidelines on cardiovascular disease prevention in clin. practice (version 2012). European Heart Journal (2012) 33, 1635–1701.>>

Table 14.3.1-7.5.1 Treatment-emergent adverse events of interest incidence, regardless of study drug relationship, during pre-randomization Induction/consolidation phase, by specific group and preferred term and by 4 cardiovascular risk factors – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-7.1.1 but using: Very high risk, High risk, Moderate risk, Low risk>>

Table 14.3.1-7.5.2 Treatment-emergent adverse events of interest occurence, regardless of study drug relationship, during pre-randomization Induction/consolidation phase, by specific group and preferred term and by 4 cardiovascular risk factors – overall and maximum grade 3/4 –Full Analysis Set

<< Programming note: Same shell as table 14.3.1-7.1.2 but using: Very high risk, High risk, Moderate risk, Low risk>>

Table 14.3.1-7.6.1 Treatment-emergent adverse events of interest incidence, regardless of study drug relationship, during post-randomization consolidation phase (ARM 2), by specific group and preferred term, and by 4 categories of cardiovascular risk factors– overall and maximum grade 3 or 4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-7.2.1 but using: Very high risk, High risk, Moderate risk, Low risk>>

Table 14.3.1-7.6.2 Treatment-emergent adverse events of interest occurrence, regardless of study drug relationship, during post-randomization consolidation phase (ARM 2), by specific group and preferred term, and by 4 categories of cardiovascular risk factors – overall and maximum grade 3 or 4 – Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-7.2.2 but using: Very high risk, High risk, Moderate risk, Low risk>>

Table 14.3.1-7.7.1 Treatment-emergent adverse events of interest incidence, regardless of study drug relationship, during re-treatment phase, by specific group and preferred term, and by 4 categories of cardiovascular risk factors – Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3.1-7.3.1 but using: Very high risk, High risk, Moderate risk, Low risk>>

Table 14.3.1-7.7.2 Treatment-emergent adverse events of interest occurrence, regardless of study drug relationship, during re-treatment phase, by specific group and preferred term, and by 4 categories of cardiovascular risk factors– Subset of Full Analysis Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3.1-7.3.2 but using: Very high risk, High risk, Moderate risk, Low risk>>

Table 14.3.1-7.8.1 Adverse events of interest incidence, regardless of study drug relationship, during TFR phase, by specific group and preferred term, and by 4 categories of cardiovascular risk factors – Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3.1-7.4.1 but using: Very high risk, High risk, Moderate risk, Low risk>>

Table 14.3.1-7.8.2 Adverse events of interest occurrence, regardless of study drug relationship, during TFR phase, by specific group and preferred term, and by 4 categories of cardiovascular risk factors– Subset of Full Analysis Set entering the TFR phase

<< Programming note: Same shell as table 14.3.1-7.4.2 but using: Very high risk, High risk, Moderate risk, Low risk>>

Table 14.3.1-9.1 On treatment deaths, by system organ class and preferred term during pre-randomization Induction/Consolidation phase - Safety Set

Primary system organ class Principal cause of death	Arm 1 N=xxx n (%)	Arm 2 N=xxx n (%)	Randomized N=xxx n (%)	Not Randomized N=xxx n (%)	Total N=xxx n (%)
Any Primary system organ class	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Primary system organ class 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Preferred term 2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...	...

- Primary system organ classes are alphabetically presented; preferred terms are sorted within primary system organ class in descending frequency.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- Deaths up to 30 days after last study treatment exposure date are all included
- For patient #[redacted], date of death was imputed to "[redacted]", from the original "[redacted]" for the purpose of this table only.

<<Programming note: Include all deaths recorded on the AE CRF page>>

Table 14.3.1-9.2 On treatment deaths, by system organ class and preferred term during post-randomization consolidation phase (ARM 2) – Subset of Safety Set randomized to Arm 2

Primary system organ class Principal cause of death	Arm 2 N=xxx n (%)
Any Primary system organ class	xx (xx.x)
Primary system organ class 1	xx (xx.x)
Preferred term 1	xx (xx.x)
Preferred term 2	xx (xx.x)
...	...

- Primary system organ classes are alphabetically presented; preferred terms are sorted within primary system organ class in descending frequency.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment post-randomization Arm 2: 12 months, Re-treatment max Arm 2: 24 months.
- Deaths up to 30 days after last study treatment exposure date are all included

<<Programming note: Include all deaths recorded on the AE CRF page>>

Table 14.3.1-9.3 On treatment deaths, by system organ class and preferred term during re-treatment phase – Subset of Safety Set entering the re-treatment phase

<< Programming note: Same shell as table 14.3.1-9.1 presenting only Arm 1, Arm 2 and Total, use footnotes:>

Primary system organ classes are alphabetically presented; preferred terms are sorted within primary system organ class in descending frequency.
- Only deaths occurring during the treatment period (between the first day of study drug intake and up to 30 days after last study drug intake) are presented.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.

Table 14.3.1-10.1.1 Cardiac and vascular adverse events of interest, incidence, by treatment arm during the pre-randomization induction/consolidation phase - Full Analysis Set

	Arm 1 N=xxx		Arm 1 N=xxx		Randomized N=xxx		Not Randomized N=xxx		Total N=xxx	
Cardiac and vascular adverse events	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)	All grades n (%)	Grade 3/4 n (%)
Any cardiac event	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any serious cardiac event	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any cardiac event related to study treatment	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any cardiac event leading to study drug discontinuation	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any vascular event	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any serious vascular event	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any vascular event related to study treatment	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Any vascular event leading to study drug discontinuation	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Number of cardiac events per patient										
0 time	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
1 time	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx

2 times	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
3 times	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
4 or more times	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Number of vascular events per patient										
0 time	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
1 time	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
2 times	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
3 times	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
4 or more times	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx

- Only pre-randomization events occurring during induction/consolidation or within 30 days after the last study treatment exposure (pre-randomization consolidation period 12-24 months) date are displayed. Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. A patient with multiple occurrences of an event is counted only once. Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with System Organ Class "Cardiac disorders" and vascular events correspond to events of interest with System Organ Class "Vascular disorders".

<<Programming note: Only adverse events of special interest are displayed, there are defined with case retrieval sheet where compound are: CVES(IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) (AEVSG not empty in A_AEV dataset and SOC= Cardiac disorders or Vascular disorders). If date of start of AE ≤ Day 365 then AE will be count in induction phase, else if date of start of AE > Day 365 then it will be considered in consolidation phase. >>

Table 14.3.1-10.1.2 Cardiac and vascular adverse events of interest, occurence, by treatment arm during the pre-randomization induction/consolidation phase - Full Analysis Set

<< Programming note: Same shell as table 14.3.1-10.1.1 but without percentages, use footnotes:

- Only pre-randomization events occurring during induction/consolidation or within 30 days after the last study treatment exposure (pre-randomization consolidation period 12-24 months) date are displayed.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with System Organ Class “Cardiac disorders” and vascular events correspond to events of interest with System Organ Class “Vascular disorders”.

Table 14.3.1-10.2.1 Cardiac and vascular adverse events of interest incidence, during the post-randomization consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to Arm 2

	Arm 2 N=xxx	
Cardiac and vascular adverse events	All grades n (%)	Grade 3/4 n (%)
Any cardiac event	xx (xx.x)	xx (xx.x)
Any serious cardiac event	xx (xx.x)	xx (xx.x)
Any cardiac event related to study treatment	xx (xx.x)	xx (xx.x)
Any cardiac event leading to study drug discontinuation	xx (xx.x)	xx (xx.x)
Any vascular event	xx (xx.x)	xx (xx.x)
Any serious vascular event	xx (xx.x)	xx (xx.x)
Any vascular event related to study treatment	xx (xx.x)	xx (xx.x)
Any vascular event leading to study drug discontinuation	xx (xx.x)	xx (xx.x)
Number of cardiac events per patient		
0 time	xx	xx
1 time	xx	xx
2 times	xx	xx
3 times	xx	xx
4 or more times	xx	xx
Number of vascular events per patient		
0 time	xx	xx

1 time	xx	xx
2 times	xx	xx
3 times	xx	xx
4 or more times	xx	xx

- Only events occurring during post-randomization or within 30 days after the last study treatment exposure (post-randomization consolidation period 12 months) date are displayed. Percentage based on the number of patients included in the analysis population (N).
- Treatment post-randomization Arm 2: 12 months. A patient with multiple occurrences of an event is counted only once. Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with System Organ Class "Cardiac disorders" and vascular events correspond to events of interest with System Organ Class "Vascular disorders".

Table 14.3.1-10.2.2 Cardiac and vascular adverse events of interest occurrence, during the post-randomization consolidation phase (ARM 2) - Subset of Full Analysis Set randomized to Arm 2

<< Programming note: Same shell as table 14.3.1-10.2.1 but without percentages, use footnotes:

- Only events occurring during post-randomization or within 30 days after the last study treatment exposure (post-randomization consolidation period 12 months) date are displayed.
- Treatment post-randomization Arm 2: 12 months. Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with System Organ Class "Cardiac disorders" and vascular events correspond to events of interest with System Organ Class "Vascular disorders".

Table 14.3.1-10.3.1 Cardiac and vascular adverse events of interest, incidence, by treatment arm during the re-treatment phase – Subset of Full Analysis Set entered re-treatment phase

<< Programming note: Same shell as table 14.3.1-10.1.1 but for re-treatment, use footnotes:

- Only events occurring during re-treatment phase or within 30 days after the last study treatment exposure (re-treatment period 24-36 months) date are displayed. Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. A patient with multiple occurrences of an event is counted only once. Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with System Organ Class "Cardiac disorders" and vascular events correspond to events of interest with System Organ Class "Vascular disorders".

Table 14.3.1-10.3.2 Cardiac and vascular adverse events of interest, occurence, by treatment arm during the re-treatment phase - Subset of Full Analysis Set entered re-treatment phase

<< Programming note: Same shell as table 14.3.1-10.3.1 but without percentages, using footnotes:

- Only events occurring during re-treatment phase or within 30 days after the last study treatment exposure (re-treatment period 24-36 months) date are displayed.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months. Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with System Organ Class “Cardiac disorders” and vascular events correspond to events of interest with System Organ Class “Vascular disorders”.

Table 14.3.1-10.4.1 Cardiac and vascular adverse events of interest, incidence, by treatment arm during the TFR phase – Subset of Full Analysis Set entered TFR phase

<< Programming note: Same shell as table 14.3.1-10.1.1 but for TFR use footnotes:

- Only events occurring during TFR phase (TFR period 24-36 months) date are displayed.
- Percentage based on the number of patients included in the analysis population (N).
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- A patient with multiple occurrences of an event is counted only once.
- Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with System Organ Class "Cardiac disorders" and vascular events correspond to events of interest with System Organ Class "Vascular disorders".>>

Table 14.3.1-10.4.2 Cardiac and vascular adverse events of interest, occurence, by treatment arm during the TFR phase - Subset of Full Analysis Set entered TFR phase

<< Programming note: Same shell as table 14.3.1-10.4.1 but without percentages use footnotes:

- Only events occurring during TFR phase (TFR period 24-36 months) date are displayed.
- Treatment Arm 1/Arm 2: 24/36 months, Re-treatment max Arm 1/Arm 2: 36/24 months.
- Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with System Organ Class "Cardiac disorders" and vascular events correspond to events of interest with System Organ Class "Vascular disorders".>>

Table 14.3.1-10.5 Relationship between cardiac and vascular adverse events of interest with total cholesterol values - Full Analysis Set

	Total Cholesterol Values			
Adverse events	<= 5.2 mmol/L	>5.2 and <=6.2 mmol/L	> 6.2 mmol/L	Missing
Cardiac events				
Yes	xx	xx	xx	xx
No	xx	xx	xx	xx
Vascular events				
Yes	xx	xx	xx	xx
No	xx	xx	xx	xx

- All events are considered, even if occurred on same patient. All AEs occurring during the study or within 30 days after the last study treatment exposure date are displayed. For patients with event, the last laboratory available assessment before or at date of start of the event is considered. When the date of the AE is missing, the first laboratory assessment after the start of the study med. is considered. Patients without event are counted only once, presented under the highest total cholesterol value. Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with SOC "Cardiac disorders" and vascular events correspond to events of interest with SOC "Vascular disorders".

<<Programming note: Only adverse events of special interest are displayed, there are defined with case retrieval sheet where compound are: CVES(IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) (AEVSG not empty in A_AEV dataset and SOC= Cardiac disorders or Vascular disorders).
Patient with no event of interest should be counted in category NO of highest value post-baseline or in category Missing **otherwise.>>**

Table 14.3.1-10.6 Relationship between cardiac and vascular adverse events of interest with glycemic values - Full Analysis Set

	Fasting Glucose Values		
Adverse events	≤6.9 mmol/L	> 6.9 mmol/L	Missing
Cardiac events			
Yes	xx	xx	xx
No	xx	xx	xx
Vascular events			
Yes	xx	xx	xx
No	xx	xx	xx

- All events are considered, even if occurred on same patient. All AEs during the study or within 30 days after the last study treatment exposure date are displayed. For patients with event, the last laboratory available assessment before or at date of start of the first event is considered. When the date of the AE is missing, the first laboratory assessment after the start of the study med. is considered. Patients without event are counted only once, presented under the highest fasting glucose value. Events of interest CVEs (IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) are based on grouped MedDRA terms from the Case Retrieval Sheet. Cardiac events correspond to events of interest with SOC "Cardiac disorders" and vascular events correspond to events of interest with SOC "Vascular disorders".

<<Programming note: Only adverse events of special interest are displayed, there are defined with case retrieval sheet where compound are: CVES(IHD), CVEs (PAOD), CVEs (ICD) and CVEs (others) (AEVSG not empty in A_AEV dataset and SOC= Cardiac disorders or Vascular disorders).>>

Table 14.3.1-11.1.1 Kaplan-Meier estimate of time-to-first CVEs during the pre-randomization induction/consolidation phase – Full analysis set

KM estimates	Arm 1 N=xx	Arm 2 N=xx	Randomized N=xx	Not Randomized N=xx	Total N=xx
Number of patients - n (%)					
with events	xxx (xx.x)	xxx (xx.x)	...	...	xxx (xx.x)
with censorings	xxx (xx.x)	xxx (xx.x)	...	...	xxx (xx.x)
Time to event (months)					
25th percentile (95% CI)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	...	...	xx.x (xx.x, xx.x)
Median (95% CI)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	...	...	xx.x (xx.x, xx.x)
75th percentile (95% CI)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	...	...	xx.x (xx.x, xx.x)
Percentage of patients without event – Estimate (95% CI)					
6 months	xx.x (xx.x) (xx.x, xx.x)	xx.x(xx.x) (xx.x, xx.x)	...	...	xx.x(xx.x) (xx.x, xx.x)
12 months	xx.x (xx.x) xx.x, xx.x)	xx.x(xx.x) (xx.x, xx.x)	...	...	xx.x(xx.x) (xx.x, xx.x)
18 months	xx.x (xx.x) (xx.x, xx.x)	xx.x(xx.x) (xx.x, xx.x)	...	...	xx.x(xx.x) (xx.x, xx.x)
24 months	xx.x (xx.x) (xx.x, xx.x)	xx.x(xx.x) (xx.x, xx.x)	...	...	xx.x(xx.x) (xx.x, xx.x)

- NE: Not Estimable.
- Event = first occurrence of CVE during the pre-randomization induction/consolidation phase.
- Censoring rule = patients who did not meet the event are censored to the minimum date between the last contact date, the end of induction/consolidation phase, the randomization date the date of death.
- n is the number of patients at risk at the timepoint (i.e. without event and still ongoing)
- The percentage of patients without event and the respective 95% C.I. are estimated from Kaplan Meier.
- Presenting CVEs occurred within Pre-Randomization Ind/Cons phase only, excluding additional +30 days period used in TEAE outputs.

<< Programming note: The procedure to be used is described below:

```
proc lifetest data=data outsurv=surv stderr method=km atrisk;
  time VART*evt(0) ;
  strata TRT;
    ods output
    Quartiles =Quartile
    ProductLimitEstimates=lifetable
    censoredsummary=Censum(keep=TRT stratum failed total censored);
 run;
*Frame for all time points (please use maximum time as required. As an example here I am using 1-50);
data frame;
  do TRT= 1 to 2;
   do VART= 1 to 50 by 1;
      output;
   end;
  end;
run;
proc sort data=frame ; by TRT VART; run;
proc sort data=surv ; by TRT VART; run;
data surv1;
  merge surv(in=a) frame(in=b);
  if a or b;
  by TRT VART;
run;
********Using LOCF to impute all records with valid results *******;
data surv2;
   set surv1;
   retain psurv up low ;
   by TRT;
   if first.TRT then psurv=.;
   if survival ne . then psurv=survival;
   if first.TRT then up=.;
   if sdf_ucl ne . then up=sdf_ucl;
   if first.TRT then low=.;
   if sdf_lcl ne . then low=sdf_lcl;
 run;
*Keep only 1 row per time point per treatment arm. Find specific timepoint;
```

```
proc sort data=surv2 out=surv3 nodupkey; by  TRT VART; run;
*Quartile and Censum contain the information for the first two parts of the table;
```

Table 14.3.1-11.1.2 Kaplan-Meier estimate of time-to-first CVEs during the post-randomization consolidation phase (ARM 2)– Subset of Full Analysis Set patients randomized on Arm 2

KM estimates	Arm2 N=xx
Number of patients - n (%)	
with events	xxx (xx.x)
with censorings	xxx (xx.x)
Time to event (months)	
25th percentile (95% CI)	xx.x (xx.x, xx.x)
Median (95% CI)	xx.x (xx.x, xx.x)
75th percentile (95% CI)	xx.x (xx.x, xx.x)
Percentage of patients without event – Estimate n(%) (95% CI)	
6 months	xx.x (xx.x) (xx.x, xx.x)
12 months	xx.x(xx.x) (xx.x, xx.x)

- NE: Not Estimable.
- Event = first occurrence of CVE during the post-randomization induction/consolidation phase.
- Censoring rule = patients who did not meet the event are censored to the minimum date between the last contact date, the end of induction/consolidation phase and the date of death.
- n is the number of patients at risk at the timepoint (i.e. without event and still ongoing)
- The percentage of patients without event and the respective 95% C.I. are estimated from Kaplan Meier.
- Patients randomized to Arm 2 have 12 months of treatment post-randomization and a maximum of 24 months of re-treatment.
- Presenting CVEs occurred within Post-Randomization consolidation phase only, excluding additional +30 days period used in TEAE outputs.

Table 14.3.1-11.2 Kaplan-Meier estimate of time-to-first CVEs during the re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

KM estimates	Arm 1 N=xx	Arm 2 N=xx	Total N=xx
Number of patients - n (%)			
with events	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
with censorings	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Time to event (months)			
25th percentile (95% CI)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)
Median (95% CI)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)
75th percentile (95% CI)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)	xx.x (xx.x, xx.x)
Percentage of patients without event – Estimate n(%) (95% CI)			
6 months	xx.x (xx.x) (xx.x, xx.x)	xx.x (xx.x) (xx.x, xx.x)	xx.x (xx.x) (xx.x, xx.x)
12 months	xx.x (xx.x) (xx.x, xx.x)	xx.x (xx.x) (xx.x, xx.x)	xx.x (xx.x) (xx.x, xx.x)
24 months	xx.x (xx.x) (xx.x, xx.x)	xx.x (xx.x) (xx.x, xx.x)	xx.x (xx.x) (xx.x, xx.x)
30 months	xx.x (xx.x) (xx.x, xx.x)		xx.x (xx.x) (xx.x, xx.x)
36 months	xx.x (xx.x) (xx.x, xx.x)		xx.x (xx.x) (xx.x, xx.x)

- NE: Not Estimable.
- Event = first occurrence of CVE during the re-treatment phase.
- Censoring rule = patients who did not meet the event are censored to the minimum date between the last contact date, the end of re-treatment phase and the date of death.

- n is the number of patients at risk at the timepoint (i.e. without event and still ongoing)
- The percentage of patients without event and the respective 95% C.I. are estimated from Kaplan Meier.
- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
  - Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.
- Presenting CVEs occurred within Re-treatment phase only, excluding additional +30 days period used in TEAE outputs.

<< Programming note: Time to start date is the first day of re-treatment phase.>>

Table 14.3.1-12.1 Medical history by system organ class and preferred term- Full Analysis Set

System organ class Preferred term	Arm 1 N=xxx n(%)	Arm 2 N=xxx n(%)	Randomized N=xxx n(%)	Not Randomized N=xxx n(%)	Total N=xxx n(%)
SOC1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT1	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
PT2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
...	...	...	...	...	...
SOC2	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	...	...	...	...	...
...					

- Primary system organ classes are presented alphabetically; preferred terms are sorted within Primary system organ class by descending frequency.

Table 14.3.1-13.1 Prior exposure to imatinib before screening, MMR, age, and Sokal by LSC detection category - LSC sub-study Full Analysis Set

Baseline#

		LSC detected n(%)		LSC not detected n(%)	
		Not Randomized N=XX	Randomized (Arm 1 and Arm 2) N=XX	Not Randomized N=XX	Randomized (Arm 1 and Arm 2) N=XX
Prior Imatinib exposure	<5 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	>= 5 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
MMR	Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Age	<65 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	>= 65 years	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Sokal score	Low risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Intermediate risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	High risk	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- LSC detected defined as Ph+ CD34/38+, or CD34/CD38-, or Immunophenotypically aberrant CD34+, or Immunophenotypically aberrant CD34-, for HIS, or PCR, or both.

Baseline value, latest available valid evaluation between Screening and Rescreening.

Programming Note: *Separate denominator for each column. Percentages sum up to 100% for each column/variable.*

Table 14.3.1-13.2.1 Percentage from total CD34+ cells, CD34+/CD38+ cells - Subgroup of LSC sub-study Full Analysis Set, LSC detected

	LSC cells	Arm 1 (N=xx)	Arm 2 (N=xx)	Randomized (Arm 1 and Arm 2) (N=xx)	Not Randomized (N=xx)	Total (Randomized and Not Randomized) (N=xx)
Baseline#	n	xxx	xxx	xxx	xxx	xxx
	Mean	xx.x	xx.x	xx.x	xx.x	xx.x
	SD	x.xx	x.xx	x.xx	x.xx	x.xx
	25th percentile	xx.x	xx.x	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x	xx.x	xx.x
	75th percentile	xx.x	xx.x	xx.x	xx.x	xx.x
	Min, Max	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Month 24	n	xxx	xxx	xxx	xxx	xxx
	...	...	...	...	...	...
	Min, Max	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Change from Baseline to Month 24	n	xxx	xxx	xxx	xxx	xxx
	...	...	...	...	...	...
	Min, Max	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Month 36*	n	xxx	xxx	xxx	xxx	xxx
	...	...	...	...	...	...
	Min, Max	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Change from Baseline to Month 36*	n		xxx			xxx
	...		...			...
	Min, Max		xx.x, xx.x			xx.x, xx.x

EoP TFR	n	xxx	xxx	xxx	xxx
	...	...	...	...	...
	Min, Max	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
Change from Baseline to EoP TFR	n	xxx	xxx	xxx	xxx
	...	...	...	...	...
	Min, Max	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x

- LSC detected defined as Ph+ CD34/38+, or CD34/CD38-, or Immunophenotypically aberrant CD34+, or Immunophenotypically aberrant CD34-, for HIS, or PCR, or both.
Baseline value, latest available valid evaluation between Screening and Rescreening.
* For subjects randomized to Arm 2.

Table 14.3.1-13.2.2 Percentage from total CD34+ cells, CD34+/CD38- cells - Subgroup of LSC sub-study Full Analysis Set, LSC detected

<< Programming note: Same shell as Table 14.3.1-13.2.1 >>

Table 14.3.1-13.2.3 Percentage from total CD34+ cells, Immunophenotypically aberrant CD34+ cells - Subgroup of LSC sub-study Full Analysis Set, LSC detected

<< Programming note: Same shell as Table 14.3.1-13.2.1 >>

Table 14.3.1-13.2.4 Percentage from total CD34+ cells, Immunophenotypically aberrant CD34 negative cells - Subgroup of LSC sub-study Full Analysis Set, LSC detected

<< Programming note: ***Same shell as Table 14.3.1-13.2.1>>***

Table 14.3.1-13.3.1 Percentage of Ph+ cells, CD34+/CD38- cells - Subgroup of LSC sub-study Full Analysis Set, LSC detected

<< Programming note: ***Same shell as Table 14.3.1-13.2.1>>***

Table 14.3.1-13.3.2 Percentage of Ph+ cells, CD34+/CD38- cells - Subgroup of LSC sub-study Full Analysis Set, LSC detected

<< Programming note: ***Same shell as Table 14.3.1-13.2.1>>***

Table 14.3.1-13.3.3 Percentage of Ph+ cells, Immunophenotypically aberrant CD34+ cells - Subgroup of LSC sub-study Full Analysis Set, LSC detected

<< Programming note: ***Same shell as Table 14.3.1-13.2.1>>***

Table 14.3.1-13.3.4 Percentage of Ph+ cells, Immunophenotypically aberrant CD34 negative cells - Subgroup of LSC sub-study Full Analysis Set, LSC detected

<< Programming note: ***Same shell as Table 14.3.1-13.2.1>>***

Table 14.3.1-13.4 Total Percentage of CD34+ cells- Subgroup of LSC sub-study Full Analysis Set, LSC detected

<< Programming note: ***Same shell as Table 14.3.1-13.2.1>>***

Table 14.3.1-13.5 LSC detection - LSC sub-study Full Analysis Set

	LSC detected	Arm 1 (N=xx) n(%)	Arm 2 (N=xx) n(%)	Randomized (Arm 1 and Arm 2) (N=xx) n(%)	Not Randomized (N=xx) n(%)	Total (Randomized and Not Randomized) (N=xx) n(%)
Baseline#	Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Month 24	Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
Month 36*	Yes		xx (xx.x)		xx (xx.x)	xx (xx.x)
	No		xx (xx.x)		xx (xx.x)	xx (xx.x)
	Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
EoP TFR	Yes	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	No	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Missing	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

- LSC detected defined as Ph+ CD34/38+, or CD34/CD38−, or Immunophenotypically aberrant CD34+, or Immunophenotypically aberrant CD34-, for HIS, or PCR, or both.

Baseline value, latest available valid evaluation between Screening and Rescreening.

*For subjects randomized to Arm 2.

Section 14.3.2 – Listings of deaths, other serious and significant adverse events

Listing 14.3.2-1.1 Listing of deaths – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Date of last dose	Study day of last dose	Date of death (phase)	Study day of death	Number days since last dose	Principal cause of death reported/ Preferred term
XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY	xx	DDMMMYYYY (IND/CONS1/CONS2/TFR/ RE-TRT)	xx	xx	XXXXXXXXXX/XXXXXXX
XXX/0XXX/0XXXX/X@	XX/X/XX	DDMMMYYYY	xx	DDMMMYYYY (IND/CONS1/CONS2/TFR/ RE-TRT)	xx #	xx *	XXXXXXXXXX/XXXXXXX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized. - Phase: IND = ind. phase (0-12 m), CONS1 = pre-rand. Cons. Phase (12-24 m), CONS2 = post-rand. Cons phase (ARM 2)(24-36 m), TFR=Treat. free remission phase and RE-TRT=re-treat. phase. The phase displayed indicates in which end of phase page the death has been recorded as the primary reason to discontinue the study. If missing then death has been recorded in survival follow-up CRF pages.
- Study day relative to the first day of treatment (day 1).
* Event occurred more than 30 days after last study treatment exposure date.
# Death occurring outside the treatment emergent period.
@ For patient #[redacted] death occurred during Survival follow-up.
- Number of days since last dose = day of death – day of last dose + 1.

Listing 14.3.2-1.2 Listing of deaths SDV sensitivity – Full Analysis Set

<< Programming note: ***Same shell as Listing 14.3.2-1.1, for SDV sensitivity analysis>>***
Add footnote:
- SDV sensitivity: Excluding patient visits involved in SDV issues during final data review due to COVID-19

Listing 14.3.2-2.1 Listing of adverse events of special interest – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Adverse Event Verbatim/ Abbreviated System organ class/ Preferred term	Start date /day	End date /day	Dur (days)	Phase	Grade/Relation/ Action taken
[redacted]/1	[redacted]	Verbatim/Ab SOCxxxxxx / PTxxxxxxxxxx	16JUL2005/-2^	27JUL2005/13	12	IC	G1/NS/A0
		Verbatim/Ab SOCxxxxxx / PTxxxxxxxxxx	18JUL2005/4	27JUL2005/13	10	TFR	G1/S/A3,5
[redacted]/2	[redacted]	Verbatim/Ab SOCxxxxxx / PTxxxxxxxxxx	16JUL2005/-1*	27JUL2005/13	12	RE-TRT	G1/NS/A0

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Phase: IC=Induction/Consolidation phase, TFR=TFR phase and RE-TRT=Re-treatment phase
- Relationship to study drug: NS=Not suspected, S=Suspected.
- Action taken: A0=No action taken, A1=Study drug dosage adjusted/temporarily interrupted, A2=Study drug permanently discontinued due to this AE, A3=Concomitant medication taken, A4=Non-drug therapy given, A5=Hospitalization/Prolonged hospitalization.
- Day is relative to the first day of treatment (day 1).
* Event occurred more than 30 days after the last study treatment exposure date. ^ Event occurred between patient's informed consent date and the day before first dose of study medication.

Listing 14.3.2-2.2 Listing of adverse events leading to study drug discontinuation – Full Analysis Set

<< Programming note: Same shell as listing 14.3.2-2.1 on adverse events leading to study drug discontinuation >>

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized. Phase: IC=Induction/Consolidation phase, TFR=TFR phase and RE-TRT=Re-treatment phase. Relationship to study drug: NS=Not suspected, S=Suspected.
- Action taken: A0=No action taken, A1=Study drug dosage adjusted/temporarily interrupted, A2=Study drug permanently discontinued due to this AE, A3=Concomitant medication taken, A4=Non-drug therapy given, A5=Hospitalization/Prolonged hospitalization. Day is relative to the first day of treatment (day 1).
* Event occurred more than 30 days after the last study treatment exposure date. ^ Event occurred between patient's informed consent date and the day before first dose of study medication.
- Patient #[redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.

Add following footnote at the end of last page:

- For patient #[redacted] due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Listing 14.3.2-2.3 Listing of adverse events leading to study drug discontinuation during re-treatment phase – Subset of Full Analysis Set entering the re-treatment period

<< Programming note: ***Same shell as listing 14.3.2-2.1 on adverse events leading to study drug discontinuation during re-treatment phase>>***

Section 14.3.3 – Narratives of deaths, other serious and significant adverse events (non statistics and programming deliverables)

This section does not require statistics and programming deliverables.

Section 14.3.4 – Abnormal laboratory value listings

Listing 14.3.4-1.1 Listing of abnormal hematology laboratory value – Full Analysis Set

Country/ Center/ Patient/ ARM	Age/ Sex/ Race	Phase/ Sample date/ Day	Test	Value (SI unit)	Normal range	Grade
XXX/0XXX/0XXXX/X	XX/X/XX	ICONS1/CONS2/TFR/RE-TRT/ DDMMMYYYY/ XX	XXXX	XX (LB/%)	L/N/H	Gx
		ICONS1/CONS2/TFR/RE-TRT/ DDMMMYYYY/ XX	XXXX	XX (LB/%)	L/N/H	Gx
XXX/0XXX/0XXXX/X	XX/X/XX	ICONS1/CONS2/TFR/RE-TRT/ DDMMMYYYY/ XX	XXXX	XX (LB/%)	L/N/H	Gx
		ICONS1/CONS2/TFR/RE-TRT/ DDMMMYYYY/ XX	XXXX	XX (LB/%)	L/N/H	Gx

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Phase: IND = induction phase (0-12 months), CONS1 = pre-randomization consolidation phase (12-24 months), CONS2 = post-randomization consolidation phase (ARM 2)(24-36 months), TFR=treatment free remission phase and RE-TRT=re-treatment phase.
- L/H denotes a value below/above normal range, N denotes normal.
- Gx denotes an abnormal high value meeting toxicity CTCAE grading criteria and G-x an abnormal low value according to toxicity CTCAE grading. Day is relative to the first day of treatment (day 1).

Listing 14.3.4-2.1 Listing of abnormal biochemistry laboratory value – Full Analysis Set

<< Programming note: ***Same shell as listing 14.3.4-1.1 >>***

Section 16 – Appendices

Section 16.1 – Study information

Section 16.1.6 – Listing of patients receiving test drug(s)/investigational product(s) from specific batches where more than one batch was used

Not applicable

Listings (Section 16.1.6)

Section 16.1.7 – Randomization scheme and codes (subject identification and treatment assigned)

Listing 16.1.7-1.1 Randomization schemes - Randomized patients

Subject ID	Country/ Center/ Patient	Age/ Sex/ Race	Randomization date/ Study day	Randomized Treatment	Received Treatment
[redacted]			DDMMMYYYY/ xx	Arm 1	Arm 1

- Randomized patients are all patients meeting eligibility criteria for randomization (i.e. achieved a sustained MR4.0 for at least 12 months in the induction/consolidation phase of the study).
- Arm 1: Pre-randomization treatment 24 months, TFR up to 36 months, Re-treatment up to 36 months
- Arm 2: Pre-randomization treatment 24 months, Post-randomization treatment 12 months, TFR up to 24 months, Re-treatment up to 24 months.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.

Listings (Section 16.1.7)

Section 16.1.9 – Documentation of statistical methods

This section should include figures, tables and listings for the following data (where applicable):

- inferential analysis outputs for primary & key secondary variables (e.g. additional SAS output)
- any additional information needed about non-inferential analysis outputs

Refer to Guidelines for content of Statistical Appendices of the Clinical Study Report (G029_01)

Guidelines for content of Statistical Appendices of the Clinical Study Report, is available in Cabinets/CREDI TABULU/B&SR/CIS Process Documentation/Guidances (outside of ESOPS)

Attach here shells (a pictorial representation of what the table will look like) or specification (a structured description of a table in words) for each Section 16.1.9 table. Where the layout of a table is exactly the same as a previous table, perhaps with only the population indicator changing, there is no need to repeat the shell each time, simply refer to the previous layout.

Shells may be formatted text or SAS output. Repetition of Section 14 tables is not appropriate.

Listing 16.1.9.1 Raw Statistical output from Demographic and characteristics at baseline– Full Analysis Set

Insert the contents of the SAS Output Window here.

<<Programming note:
Based on Table 14.1-3.1 Demographic and characteristics at baseline– Full Analysis Set >>

Listing 16.1.9.1.1 Raw Statistical output from Demographic and characteristics at baseline– LSC sub-study Full Analysis Set

<<Programming note:
Based on Table 14.1-3.1.1 Demographic and characteristics at baseline– LSC sub-study FAS >>

Listing 16.1.9.2 Raw Statistical output from History of prior Imatinib therapy – Full Analysis Set

<<Programming note:
Based on Table 14.1-5.1 Demographic and characteristics at baseline– Full Analysis Set >>

Listing 16.1.9.2.1 Raw Statistical output from History of prior Imatinib therapy – LSC sub-study Full Analysis Set

<<Programming note:
Based on Table 14.1-5.1.1 Demographic and characteristics at baseline–LSC sub-study FAS >>

Listing 16.1.9.3 Raw Statistical output from Cardiovascular risk factors at baseline – Full Analysis Set

<<Programming note:
Based on Table 14.1-6.1 Demographic and characteristics at baseline– Full Analysis Set >>

Listing 16.1.9.4.1 Raw Statistical output from Molecular response MR4.0 at 12 months of TFR–Subset of Full Analysis Set entering the TFR phase

<<Programming note:
Based on Table 14.2-2.1.1

Listing 16.1.9.4.2 Raw Statistical output from Molecular response MR4.0 at 12 months of TFR–Subset of Per Protocol Analysis Set entering the TFR phase

<<Programming note:
Based on Table 14.2-2.1.2 Molecular response MR4.0 at 12 months of TFR–Subset of Per Protocol Set entering the TFR phase >>

Listing 16.1.9.5.1 Raw Statistical output from Kaplan-Meier analysis of treatment-free survival during the TFR phase – Subset of Full Analysis Set entering the TFR phase

<<Programming note:
Based on Table 14.2-2.2.1 Kaplan-Meier analysis of treatment-free survival during the TFR phase – Subset of Full Analysis Set entering the TFR phase >>

Listing 16.1.9.5.2 Raw Statistical output from Kaplan-Meier analysis of treatment-free survival during the TFR phase – Subset of Per Protocol Analysis Set entering the TFR phase

<<Programming note:
Based on Table 14.2-2.2.2 Kaplan-Meier analysis of treatment-free survival during the TFR phase – Subset of Per Protocol Analysis Set entering the TFR phase >>

Listing 16.1.9.5.3 Raw Statistical output from Kaplan-Meier analysis of overall survival from Randomization–Randomized Set

<<Programming note:
Based on Table 14.2-2.3 Kaplan-Meier analysis of overall survival from Randomization–Randomized Set >>

Listing 16.1.9.5.4 Raw Statistical output from Kaplan-Meier analysis of progression-free survival during the TFR phase – Subset of Full Analysis Set entering the TFR phase

<<Programming note:
Based on Table 14.2-2.4 Kaplan-Meier analysis of progression-free survival during the TFR phase – Subset of Full Analysis Set entering the TFR phase >>

Listing 16.1.9.6.1 Raw Statistical output from Kaplan-Meier estimate of time-to-first CVEs during the pre-randomization induction/consolidation phase – Full analysis set

<<Programming note:
Based on Table 14.3.1-11.1.1 Kaplan-Meier analysis of time-to-first CVEs during the pre-randomization induction/consolidation phase – Full analysis set >>

Listing 16.1.9.6.2 Raw Statistical output from Kaplan-Meier estimate of time-to-first CVEs during the post-randomization consolidation phase (ARM 2)– Subset of Full Analysis Set patients randomized on Arm 2

<<Programming note:
Based on Table 14.3.1-11.1.2 Kaplan-Meier estimate of time-to-first CVEs during the post-randomization consolidation phase (ARM 2)– Subset of Full Analysis Set patients randomized on Arm 2>>

Listing 16.1.9.6.3 Raw Statistical output from Kaplan-Meier estimate of time-to-first CVEs during the re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<<Programming note:
Based on Table 14.3.1-11.2 Kaplan-Meier estimate of time-to-first CVEs during the re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase >>

Tables (Section 16.1.9)

Section 16.2 – Patient data listings

Listing 16.2-1.1 Enrolled patients

Country/ Center/ Patient / ARM	Age/ Sex/ Race	Date of enrollment	Date of first dose of Nilotinib	Date of last dose of Nilotinib (phase)	Patient entered the re-treatment phase	Date of last contact	Study completion	Study phase discontinuation	Principal cause of phase discontinuation
XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY	DDMMMYYYY	DDMMMYYYY/IND	Yes/No	DDMMMYYYY	Yes/No	Yes/No	XXXXX
XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY	DDMMMYYYY	DDMMMYYYY/IND	Yes/No	DDMMMYYYY	Yes/No	Yes/No	XXXXX
XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY	DDMMMYYYY	DDMMMYYYY/RE-TRT	Yes/No	DDMMMYYYY	Yes/No	Yes/No	XXXXX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Phase: IND = induction phase (0-12 months), CONS1 = pre-randomization consolidation phase (12-24 months), CONS2 = post-randomization consolidation phase (ARM 2)(24-36 months), TFR=treatment free remission phase and RE-TRT=re-treatment phase.
- Study completion is when EOS visit indicates that study period of 5 years is completed by patient.

<< Programming note: For different causes of phase discontinuation use "-" as separator.

Section 16.2.1 – Discontinued subjects

Listing 16.2.1-1.1 Treatment and study completion - Safety Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Last known date on study treatment	Day of last dose	End of study Primary reason #	Followed for survival*	Death Date/Day
[redacted]	X [redacted]	07NOV2005	116	1	Yes	27NOV2005/136
	X	15SEP2005	14	2	Yes	
	X	02MAY2006	134	7	No	
	X	16MAR2006	17	7	No	
	X	23OCT2006	119	1	No	
	X	01DEC2006	15	10	No	

- Arm: - Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized. The last known date on study treatment will be taken from DAR page. Day of last dose and Day of death are relative to the first day of treatment (day 1).
Reason: 1=Adverse event(s), 2=Abnormal laboratory value(s), 3=Abnormal test procedure result(s), 7=Subject withdrew consent, 8=Lost to follow-up, 9=Administrative problems, 10=Death, 16=New cancer (CML) therapy, 17=Disease progression (CML), 25=Protocol deviation, 88=Other, 89=Unstable MR4.0, 90=Pregnancy.
* Does the subject continue to be followed for survival, stem cell transplantation and disease prog. to AP/BC?
- Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.

Listing 16.2.1-1.2 Study discontinuation – Full Analysis Set

Phase	Country/ Center/ Patient / ARM	Age/ Sex/ Race	Date of last dose	Date of end of phase	Reason for discontinuation	Followed for survival
CONS1						
	XXX/0XXX/0XXXX/2	XX/X/XX	DDMMMYYYY	DDMMMYYYY	XXXXX	Yes/No
	XXX/0XXX/0XXXX/2	XX/X/XX	DDMMMYYYY	DDMMMYYYY	XXXXX	Yes/No
CONS2						
	XXX/0XXX/0XXXX/2	XX/X/XX	DDMMMYYYY	DDMMMYYYY	XXXXX	Yes/No
	XXX/0XXX/0XXXX/2	XX/X/XX	DDMMMYYYY	DDMMMYYYY	XXXXX	Yes/No
TFR						
	XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY	DDMMMYYYY	XXXXX	Yes/No
	XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY	DDMMMYYYY	XXXXX	Yes/No
RE-TRT						
	XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY	DDMMMYYYY	XXXXX	Yes/No
	XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY	DDMMMYYYY	XXXXX	Yes/No

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Phase: IND = induction phase (0-12 months), CONS1 = pre-randomization consolidation phase (12-24 months), CONS2 = post-randomization consolidation phase (ARM 2)(24-36 months), TFR=treatment free remission phase and RE-TRT=re-treatment phase.

@ For patient # [redacted] death occurred during Survival follow-up.

- Patient [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.

Listing 16.2.1-1.3 Screen failures (All subjects enrolled)

[redacted]	Country/ Center/ Patient	Age/ Sex/ Race	Date of Screening	Criteria not met		
				Number	Protocol Version	Specific text
	0XXXX	[redacted]	DDMMMYYYY	IC1	V1	Male or female patients, aged ≥ 18 years
	0XXXX		DDMMMYYYY	IC3	V0	Documented confirmed diagnosis of chronic phase Ph+ and/or BCR-ABL+ CML-CP.
	0XXXX		DDMMMYYYY	IC1 / IC7	V2	Male or female patients, aged ≥ 18 years / Patients must have the following electrolyte values within normal limits at screening analysis, or corrected to within normal limits with supplements prior to the first dose of study medication
	XXXX		DDMMMYYYY	IC5 / EC3	V4	Patient in CCyR (A patient with MMR is considered to be in CCyR / Severe and/or uncontrolled concurrent medical disease
	..					

- M: Male; F: Female;
- W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.

Section 16.2.2 – Protocol deviations

Listing 16.2.2-1.1 Protocol deviations – Enrolled patients

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Deviation Category	Description of Deviation
XXX/0XXX/0XXXX/X	XX/X/XX	Eligibility/Inclusion	XXXXX
XXX/0XXX/0XXXX/X	XX/X/XX	Eligibility/Inclusion	XXXXX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Only major protocol deviation were reported in this listing.

Section 16.2.3 – Patients excluded from the efficacy analysis

Listing 16.2.3-1.1 Analysis set – All patients

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Enrolled patients	Full Analysis Set	Randomized Set	Per Protocol Set	Safety Set
XXX/0XXX/0XXXX/X	XX/X/XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
XXX/0XXX/0XXXX/X	XX/X/XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Full Analysis Set (FAS) comprises all subjects who are enrolled, excluding patients with PD severity codes: 0, 8.
- Per Protocol Analysis Set (PPS) comprises all subjects who are enrolled without major protocol deviation (PD severity codes: 0, 1, 5, 8).
- Safety Set consists of all patients who received at least one dose of study drug, excluding patients with PD severity codes: 0, 5, 8.

Section 16.2.4 – Demographics and data at screening

Listing 16.2.4-1.1 Demographic data – Full Analysis Set

Country/ Center/ Patient/ Arm	Age (years)	Sex	If female, child bearing potential*	Race (if other, specify)**	ECOG	BMI	Smoking status	If ex-smoker, duration (months)	If smoker or ex-smoker, use of tobacco p roduct in the past month***
XXX/0XXX/0XXXX/X	XX	F/M	XXXXX	XXXXX	0-5	XX	No/Yes/Ex	XX	XXXXX
XXX/0XXX/0XXXX/X	XX	F/M	XXXXX	XXXXX	0-5	XX	No/Yes/Ex	XX	XXXXX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
* Able to bear children/ Premenarche/ Post menopausal/ Sterile - of child bearing age.
** Caucasian/ Black/ Asian/ Native american/ North african descent/ Unknown/ Other.
*** Cigarettes (including roll-ups/ Cigars/ Tobacco (e.g. pipe)/ Others (e.g. nicotine patches, chewing tobacco).

Listing 16.2.4-2.1 Family history – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Diabetes	Hypertension	Dyslipidemia	Cardiac events	Cerebrovascular events	Peripheral arterial disease
XXX/0XXX/0XXXX/X	XX/X/XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
XXX/0XXX/0XXXX/X	XX/X/XX	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.

Listing 16.2.4-2.2 Disease history– Full Analysis Set

Time from initial diagnosis to screening (months)	Peripheral blood blast at diagnosis (%)	PB basophils at diagnosis (%)	Platelets at diagnosis (10^9L)	Spleen size (cm)	Extrame-dullary invol-vement	Sokal/ Euro (Hasfo rd)/ EUTOS Score (risk)	Molecular response at screening (BCR-ABL(IS))	Previous progression to AP-BP / Attempt to stop treatment with Imatinib / Have known atypical transcript
Country: xxx, Center: xxx, Patient: xxx, arm: 1/2 Age: xxx, Sex: xxx, Race: xxx xx								
	XX	XX	XX	XX	XX	High/ Low/Lo w	>0.01% - <=0.1%	Yes/No/Yes
Country: xxx, Center: xxx, Patient: xxx, arm: 1/2 Age: xxx, Sex: xxx, Race: xxx xx								
	XX	XX	XX	XX	XX	Low/In termme diate/ High	Undetetable	Yes/No/No

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Time since initial diagnosis = (date of the baseline visit - date of initial diagnosis)/30.4375.
- Extramedullary involvement other than hepato and/or splenomegaly.
- Sokal score: low risk (<0.8), intermediate risk (>=0.8-<=1.2) and high risk (>1.2).
- Euro (Hasford) score: low risk (<=780), intermediate risk (>780-<=1480) and high risk (>1480).
- EUTOS score: low risk (<=87) and high risk (>87).
- Molecular response: BCR-ABL (IS): Undetectable; <=0.01%; >0.01% - <=0.1%; >0.1% - <=1%; >1%.

Listing 16.2.4-3.1 Disease history I– Full Analysis Set

			Diagnosis				
Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Time since initial diagnosis (months)	Peripheral blood blasts %	PB eosinophilis/ Basophilis %	Platelets at diagnosis (10E9/L)	Spleen size (cm)	Extramedullary involvement other than hepato and/or splenomegaly
XXX/0XXX/0 XXXX/X	XX/X/XX	xx.x	xx.x	xx.x	xx.x	xx.x	No
XXX/0XXX/0 XXXX/X	XX/X/XX	xx.x	xx.x	xx.x	xx.x	xx.x	Yes

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.

Listing 16.2.4-3.2 Disease history II– Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Time since initial diagnosis (months)	Sokal/ Euro (Hasford) / EUTOS score	Sokal score category	Previous progression to AP/BC	Attempt to stop treatment with Imatinib	Molecular response at Baseline (BCR-ABL(IS))
XXX/0XXX/0XXXX/X	XX/X/XX	xx.x	xx.x / xx.x / xx.x	low risk	Yes	Yes	>1%
XXX/0XXX/0XXXX/X	XX/X/XX	xx.x	xx.x / xx.x / xx.x	intermediate risk	No	No	Undetectable

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Sokal score: low risk (<0.8), intermediate risk (>=0.8-<=1.2) and high risk (>1.2).
- Baseline is defined as the last available assessment before or at date of start of study treatment.
- Molecular response: BCR-ABL (IS): Undetectable; <=0.01%; >0.01% - <=0.1%; >0.1% - <=1%; >1%.

Listing 16.2.4-3.3 Medical history/current medical condition – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	MedDRA SOC/ Preferred term/ Verbatim	Date of diagnosis/Surgery	Ongoing
XXX/0XXX/0XXXX/X	XX/X/XX	SOCXXXXX/PTXXXXX/XXXXX	DDMMMYYYY	Yes/No
XXX/0XXX/0XXXX/X	XX/X/XX	SOCXXXXX/PTXXXXX/XXXXX	DDMMMYYYY	Yes/No

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.

Listing 16.2.4.4 Cardiovascular risk factors at baseline for patients with not evaluable CV risk factor, Full Analysis Set

CVEs history	Diabetes mellitus history	Hypertension history	Severe hypertension history	Dyslipidemia history	Familial dyslipidemia history	Systolic blood pressure (mmHg)	Total cholesterol (mmol/L)	Micro-albuminuria (mg/L)	Creatinine (umol/L)	GFR	Heart score
Country: xxx, Center: xxx, Patient: xxx, Age: xxx, Sex: xxx, Race: xxx Smoking status: xxx, Weight (kg): xxx, BMI (kg/m2): xx.x Date of first study medication: DDMMMYYYY											
Yes (IHD/ PAOD/ ICE/ OTHER) /No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	xx	xx	xx	xx	xx	xx

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- IHD: Ischemic heart disease, PAOD: Peripheral arterial occlusive disease, ICE: Ischemic cerebrovascular events.
- GFR measured by Cockcroft-Gault Creatinine Clearance rate as defined below:
GFR = [(140-age)*weight (kg)*0.85 (for women)] / [Cr (umol/l)*0.814].
- HeartScore defined by the European Guidelines on cardiovascular disease prevention in clinical practice (version 2012) and based on age, gender, smoking status, systolic blood pressure, total cholesterol and country.

<<Programming note:
Date of first study medication: STTEXP10 [derived.a_ dar]
CVEs history: CVEMH [derived.a_ ident]
Diabetes mellitus history: CVDBTMH [derived.a_ ident]
Hypertension history: CVHYPMH [derived.a_ ident]
Severe hypertension history: CVSEHYMH [derived.a_ ident]
Dyslipidemia history: CVDYSMH [derived.a_ ident]
Familial dyslipidemia history: CVFADYMH [derived.a_ ident]
Systolic Blood pressure: STNSBPB [derived.a_ ident]
Total cholesterol: TCHOLB [derived.a_ ident]
Micro-albuminuria : UMALBB [derived.a_ ident]
Creatinine: CREATB [derived.a_ ident]
GFR: CVGFR [derived.a_ident]
Heart Score: HSCORE [derived.a_ident] >>

Section 16.2.5 – Compliance and/or drug concentration data if available (including Bioanalytical Data Report)

Listing 16.2.5-1.1 Dosage administration records – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Drug administration Start/End dates	Phase	Total Dose (mg/day)/ Frequency	Discontinuation*	Reason for Discontinuation
XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY/ DDMMMYYYY	IND/CONS	XX/XX		
XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY/ DDMMMYYYY	TFR	XX/XX		
XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY/ DDMMMYYYY	RE-TRT	XX/XX	XXXXX	XXXXX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
* Discontinuation: None/Changed/Interrupted/Permanently.
- Phase: IND/CONS = induction/consolidation phase, TFR=treatment free remission phase and RE-TRT=re-treatment phase.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.

Section 16.2.6 – Individual efficacy response data

Listing 16.2.6-1.1 BCR-ABL(IS) ratio and molecular responses during Induction/Consolidation and post-randomization consolidation phase (ARM 2) – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Visit	Time-window/Day	BCR-ABL(IS) ratio (%)	Total number of ABL copies	Molecular response
XXX/0XXX/0XXXX/X	XX/X/XX					
		Baseline		XX	XX	MMR/MR4.0/MR4.5
		3M		XX	XX	MMR/MR4.0/MR4.5
		Repeat at each time-point every 3 month till 24/36 months				
XXX/0XXX/0XXXX/X	XX/X/XX					
		Baseline		XX	XX	MMR/MR4.0/MR4.5
		3M		XX	XX	MMR/MR4.0/MR4.5
		Repeat at each time-point every 3 month till 24/36 months				

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.

- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
- Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment.

Listing 16.2.6-1.2 BCR-ABL(IS) ratio and molecular responses during TFR phase – Subset of Full Analysis Set entering the TFR phase

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Visit	Time-window/Day	BCR-ABL(IS) ratio (%)	Total number of ABL copies	Molecular response
XXX/0XXX/0XXXX/X	XX/X/XX					
		Baseline		XX	XX	MMR/MR4.0/MR4.5
		3M		XX	XX	MMR/MR4.0/MR4.5
	Repeat at each time-point every 3 month till 24/36 months					
XXX/0XXX/0XXXX/X	XX/X/XX					
		Baseline		XX	XX	MMR/MR4.0/MR4.5
		3M		XX	XX	MMR/MR4.0/MR4.5
	Repeat at each time-point every 3 month till 24/36 months					

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Patients randomized to Arm 1 have a miximun of 36 months of TFR phase;
- Patients randomized to Arm 2 have a maximun of 24 months of TFR phase;

Listing 16.2.6-1.3 BCR-ABL(IS) ratio and molecular responses during re-treatment phase – Subset of Full Analysis Set entering the re-treatment phase

<< Same shell as listing 16.2.6-1.2 with the following second footnote:

- Patients randomized to Arm 1 have 24 months of treatment and a maximum of 36 months of re-treatment.
- Patients randomized to Arm 2 have 36 months of treatment and a maximum of 24 months of re-treatment. ***>>***

Listing 16.2.6-2.1 Criteria of successful TFR – Subset of Full Analysis Set entering the TFR phase

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Visit	Time-window/ Day	Loss of MMR	Loss of MR4.0	Confirmed loss of MR4.0	Re-start of Nilotinib	Successful TFR at Month 12
XXX/0XXX/0XXXX/X	XX/X/XX	V101-A1-Month 1	M1/35	Yes/No	Yes/No	Yes/No	Yes/No	
		V106-A1-Month 6	M6/190	Yes/No	Yes/No	Yes/No	Yes/No	
			Repeat at all TFR visits					
		V109-A1-Month 12	M12/408	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		V401-EOP-TFR	M12/420	Yes/No	Yes/No	Yes/No	Yes/No	
XXX/0XXX/0XXXX/X	XX/X/XX		M3/90	Yes/No	Yes/No	Yes/No	Yes/No	
			M6/190	Yes/No	Yes/No	Yes/No	Yes/No	
			Repeat at all TFR visits					

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
* in case of unsuccessful TFR, put 'No' on the row with confirmed loss of MR4.0=Yes or re-start of nilotinib=Yes.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Confirmed loss of MR4.0 defined as three consecutive tests less than MR4.0 assessed at three consecutive visits.
- Successful TFR is defined as MR4.0, no confirmed loss of MR4.0, no loss of MMR and no re-starting of nilotinib therapy at the end of 12 months in the TFR phase of the study.
- Patients randomized to Arm 1 have a maximun of 36 months of TFR phase; Patients randomized to Arm 2 have a maximum of 24 months of TFR phase;

Listing 16.2.6-3.1 Assessment of progression-free survival during the TFR phase –Subset of Full Analysis Set entering the TFR phase

Country/ Center/ Patient/Arm	Age/ Sex/ Race	Progression	Date of progression	Time to progression/censoring (months)	Type of progression
XXX/0XXX/0XXXX\X	XX/X/XX	Yes/No	DDMMMYYYY	XX	XXXXX
XXX/0XXX/0XXXX\X	XX/X/XX	Yes/No	DDMMMYYYY	XX	XXXXX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Event = first occurrence of progression to AP/BC or death for any cause.

Censoring rule = patients who did not meet the event are censored at the first date occurring between: the last contact date, the end of TFR phase, the DBL date and the date of death.

- Time to event = (date of event – start date of TFR phase + 1)/30.4375.
- Patients randomized to Arm 1 have a miximun of 36 months of TFR phase; Patients randomized to Arm 2 have a maximum of 24 months of TFR phase.

Listing 16.2.6-3.2 Assessment of treatment-free survival during the TFR phase –Subset of Full Analysis Set entering the TFR phase

Country/ Center/ Patient/Arm	Age/ Sex/ Race	Treatment free	Date of event	Time from Day 1 of TFR to event/censoring (months)	Type of event
XXX/0XXX/0XXXX\X	XX/X/XX	Yes/No	DDMMMYYYY	XX	XXXXX
XXX/0XXX/0XXXX\X	XX/X/XX	Yes/No	DDMMMYYYY	XX	XXXXX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Event = first occurrence of relapse, re-treatment with nilotinib, progression to AP/BC or death for any cause. Censoring rule = patients who did not meet the event are censored at the first date occurring between: the last contact date, the end of TFR phase, the DBL date and the date of death.
- Time to event = (date of event – start date of TFR phase + 1)/30.4375.
- Patients randomized to Arm 1 have a miximun of 36 months of TFR phase; Patients randomized to Arm 2 have a maximum of 24 months of TFR phase.

Listing 16.2.6-3.3 Assessment of overall survival From Randomization – Randomized set

Country/ Center/ Patient/Arm	Age/ Sex/ Race	Alive	Date of event(death)	Time from Randomization to death /censoring (months)
XXX/0XXX/0XXXX\X	XX/X/XX	Yes/No	DDMMMYYYY	XX
XXX/0XXX/0XXXX\X	XX/X/XX	Yes/No	DDMMMYYYY	XX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Event = death for any cause.

Censoring rule = patients who did not meet the event are censored at the first date occurring between: the last contact date, and the date of death.

- Time to event = (date of event – Randomization date + 1)/30.4375.

Listing 16.2.6-3.4 Assessment of relapse and treatment status during the TFR phase –Subset of Full Analysis Set entering the TFR phase and relapsed

					Start of re-treatment after Relapse	
Country/ Center/ Patient/Arm	Age/ Sex/ Race	Date of Relapse	Time from Day 1 of TFR to relapse (months)	Re-treatment	Date	Days after relapse.
XXX/0XXX/0XXXX\X	XX/X/XX	DDMMMYYYY	XX	Yes	DDMMMYYYY	XX
XXX/0XXX/0XXXX\X	XX/X/XX	DDMMMYYYY	XX	No		

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Time to event = (date of relapse – start date of TFR phase + 1)/30.4375.
- Patients randomized to Arm 1 have a maximum of 36 months of TFR phase; Patients randomized to Arm 2 have a maximum of 24 months of TFR phase;

Listing 16.2.6-4.1 WBC and molecular response in patients with WBC increase (CTCAE grade>G1) – Full Analysis Set

Country/ Center/ Patient/Arm	Age/ Sex/ Race/	Time-point	Visit	Lab sample date/day	WBC 10E9/L	RQ-PCR sample date/day	Molecular Response eCRF	Molecular Response Derived
[redacted]	/X [redacted]	M3	V1-M3	xxxxxxxx/98	xxx Gx	xxxxxxxxx/98	MMR	MMR
		M6	V2-M6			xxxxxxxxx/183	MR4.0	MR4.0
		M6	UNSCH	xxxxxxxx/186	xxx Gx			
	/X	xx	xxxxx	xxxxxxxx/xxx	xxx Gx	xxxxxxxx/xxx	xxxx	xxxx
		xx	xxxxx	xxxxxxxx/xxx	xxx Gx	xxxxxxxx/xxx	xxxx	xxxx
		xx	xxxxx	xxxxxxxx/xxx	xxx Gx	xxxxxxxx/xxx	xxxx	xxxx
		xx	xxxxx	xxxxxxxx/xxx	xxx Gx	xxxxxxxx/xxx	xxxx	xxxx

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Gx denotes a value meeting toxicity grading criteria (NCI-CTCAE version 4.03).
- Note: EOP = End Of Phase; UNSCH = Unscheduled visit.

<<Programming note: For each patient merge PCR data with haematological data by time-point and visit. If there are several unscheduled visit in a time-window then merge them by incremental order defined by chronology >>;

Listing 16.2.6-5.1 Individual Efficacy data, Molecular response – Full Analysis Set

Country/ Center/ Patient/Arm	Age/ Sex/ Race	Time-point	Visit	Evaluation was not done	RQ-PCR sample date/day	Evaluation **not** evaluable	Total ABL copies	BCR-ABL (IS) (%)	Molecular Response	
									eCRF	Derived
[redacted] /x	[redacted]	M3	V1-M3		xxxxxxxxx/98		xxxxxx	xx.x	3	3
		M6	V2-M6	N.D.						
		…	…	…	…	…	…	…	…	…
		…	…	…	…	N.E.				
/x		MX	VX-MX		xxxxxxxxx/XX		xxxxxx	xx.x	3	3
		MX	VX-MX		xxxxxxxxx/XX		xxxxxx	xx.x	4.0	4.0
		…	…	…	…	…	…	…	…	…
		…	…	…	…	…	…	…	…	…
/x		MX	VX-MX		xxxxxxxxx/XX		xxxxxx	xx.x	4.0	3.0
		MX	VX-MX		xxxxxxxxx/XX		xxxxxx	xx.x	5.0	4.5
		…	…		…			…	…	…
…	…	…	…	…	…	…	…	…	…	…

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Note: EOP = End Of Phase; UNSCH = Unscheduled visit, N.D.: Not Done, N.E.: Not evaluable.

Listing 16.2.6-5.2 Individual Efficacy data, Bone-marrow I – Full Analysis Set

Country/ Center/ Patient/Arm	Age/ Sex/ Race	Time-point	Visit	Evaluation was not done	Bone-arrow sample date/day	Bone marrow sample collected	Cellularity	Percent of Blasts	Pro Myelo-cytes	Baso-philis	Eosino-philis
[redacted]		M3	V1-M3		xxxxxxxxx/98	Aspirate	Hypocellular	xx.x	xx.x	xx.x	xx.x
		M6	V2-M6	N.D.							
		…	…	…	…			…	…	…	…
		…	…	…	…			…	…	…	…
		MX	VX-MX		xxxxxxxxx/XX	Aspirate	Normocellular	xx.x	xx.x	xx.x	xx.x
		MX	VX-MX		xxxxxxxxx/XX	Aspirate	Hypocellular	xx.x	xx.x	xx.x	xx.x
		…	…	…	…			…	…	…	…
		…	…	…	…			…	…	…	…
		MX	VX-MX		xxxxxxxxx/XX	Biopsy	Normocellular	xx.x	xx.x	xx.x	xx.x
		MX	VX-MX		xxxxxxxxx/XX	Aspirate	Hypocellular	xx.x	xx.x	xx.x	xx.x
		…	…		…				…	…	…
		…	…	…	…			…	…	…	…

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Note: EOP = End Of Phase; UNSCH = Unscheduled visit, N.D.: Not Done.

Listing 16.2.6-5.3 Individual Efficacy data, Bone -marrow II – Full Analysis Set

Country/ Center/ Patient/Arm	Age/ Sex/ Race	Time-point	Visit	Evaluation was not done	Bone-arrow sample date/day	Bone marrow sample collected	Number of metaphases			Additional aberrations	
							Analyzed	Ph +	Ph -	Ph +	Ph -
[redacted] /x	[redacted]	M3	V1-M3		xxxxxxxxx/98	Aspirate	xxx	xxx	xxx	Yes	No
		M6	V2-M6		xxxxxxxxx/186	Biopsy	xxx	xxx	xxx	No	No
		…	…	…	…		…	…	…	…	…
…	…	…	…	…	…		…	…	…	…	…
[redacted] \x	[redacted]	MX	VX-MX		xxxxxxxxx/XX	Aspirate	xxx	xxx	xxx	No	Yes
		MX	VX-MX	N.D.							
		…	…	…	…		…	…	…	…	…
…	…	…	…	…	…		…	…	…	…	…
[redacted] /x	[redacted]	MX	VX-MX		xxxxxxxxx/XX	Biopsy	xxx	xxx	xxx	No	No
		MX	VX-MX		xxxxxxxxx/XX	Aspirate	xxx	xxx	xxx	Yes	Yes
		…	…		…			…	…	…	…
…	…	…	…	…	…		…	…	…	…	…

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Note: EOP = End Of Phase; UNSCH = Unscheduled visit, N.D.: Not Done.

Listing 16.2.6-6.1.1 Total percentage of CD34+ cells – LSC sub-study Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Time point	Total CD34+
XXX/0XXX/0XXXX/X	XX/X/XX	Screening#	XXX.X
XXX/0XXX/0XXXX/X	XX/X/XX	Month 24	XXX.X
XXX/0XXX/0XXXX/X	XX/X/XX	Month 36	XXX.X
XXX/0XXX/0XXXX/X	XX/X/XX	EOP TFR	XXX.X

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
Baseline value, latest available valid evaluation between Screening and Rescreening.

Listing 16.2.6-6.2.1 Percentage of cells from total CD34 positive– LSC sub-study Full Analysis Set

			Percentage from total CD34+			
Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Time point	CD34+/CD38+	CD34+/CD38-	Immunopheno-typically Aberrant CD34+ cells	Immunopheno-typically Aberrant CD34 Negative cells
XXX/0XXX/0XXXX/X	XX/X/XX	Screening#	XXX.X	XXX.X	XXX.X	XXX.X
		Month 24	XXX.X	XXX.X	XXX.X	XXX.X
		Month 36	XXX.X	XXX.X	XXX.X	XXX.X
		EOP TFR	XXX.X	XXX.X	XXX.X	XXX.X
XXX/0XXX/0XXXX/X	XX/X/XX	Screening	XXX.X	XXX.X	XXX.X	XXX.X
		Re-screening#	XXX.X	XXX.X	XXX.X	XXX.X
		Month 24	XXX.X	XXX.X	XXX.X	XXX.X
		Month 36	XXX.X	XXX.X	XXX.X	XXX.X
		EOP TFR	XXX.X	XXX.X	XXX.X	XXX.X

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
Baseline value, latest available valid evaluation between Screening and Rescreening.

Listing 16.2.6-6.3.1 Number of events sorted– LSC sub-study Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Time point	CD34+/CD38+	CD34+/CD38-	Immunopheno-typically Aberrant CD34+ cells	Immunopheno-typically Aberrant CD34 negative cells
XXX/0XXX/0XXXX/X	XX/X/XX	Screening#	XXX.X	XXX.X	XXX.X	XXX.X
		Month 24	XXX.X	XXX.X	XXX.X	XXX.X
		Month 36	XXX.X	XXX.X	XXX.X	XXX.X
		EOP TFR	XXX.X	XXX.X	XXX.X	XXX.X
XXX/0XXX/0XXXX/X	XX/X/XX	Screening	XXX.X	XXX.X	XXX.X	XXX.X
		Re-screening#	XXX.X	XXX.X	XXX.X	XXX.X
		Month 24	XXX.X	XXX.X	XXX.X	XXX.X
		Month 36	XXX.X	XXX.X	XXX.X	XXX.X
		EOP TFR	XXX.X	XXX.X	XXX.X	XXX.X

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
Baseline value, latest available valid evaluation between Screening and Rescreening.

Listing 16.2.6-6.4.1 Ph+ by HIS– LSC sub-study Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Time point	CD34+/CD38+ (Percentage of Ph+)	CD34+/CD38- (Percentage of Ph+)	Immunopheno-typically Aberrant CD34+ cells (Percentage of Ph+)	Immunopheno-typically aberrant CD34 negative cells (Percentage of Ph+)
XXX/0XXX/0XXXX/X	XX/X/XX	Screening#	Positive (xx.x%)	Negative	Missing	Missing
		Month 24	Positive (xx.x%)	Negative	Positive (xx.x%)	Positive (xx.x%)
		Month 36	Positive (xx.x%)	Negative	Negative	Negative
		EOP TFR	XXX.X	XXX.X	XXX.X	XXX.X
XXX/0XXX/0XXXX/X	XX/X/XX	Screening	Negative	Not Evaluable	Positive (xx.x%)	Positive (xx.x%)
		Re-screening#	Negative	Not Evaluable	Positive (xx.x%)	Positive (xx.x%)
		Month 24	Positive (xx.x%)	Negative	Negative	Negative
		Month 36	Positive (xx.x%)	Positive (xx.x%)	Negative	Negative
		EOP TFR	XXX.X	XXX.X	XXX.X	XXX.X

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
Baseline value, latest available valid evaluation between Screening and Rescreening.

Listing 16.2.6-6.5.1 BCR-ABL by RT-PCR– LSC sub-study Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Time point	CD34+/CD38+	CD34+/CD38-	Immunopheno-typically Aberrant CD34+ cells	Immunopheno-typically aberrant CD34 negative cells
XXX/0XXX/0XXXX/X	XX/X/XX	Screening#	Positive	Negative	Missing	Missing
		Month 24	Positive	Negative	Positive	Positive
		Month 36	Positive	Negative	Negative	Negative
		EOP TFR	XXX.X	XXX.X	XXX.X	XXX.X
XXX/0XXX/0XXXX/X	XX/X/XX	Screening	Negative	Not Evaluable	Positive	Positive
		Re-screening#	Negative	Not Evaluable	Positive	Positive
		Month 24	Positive	Negative	Negative	Negative
		Month 36	Positive	Positive	Negative	Negative
		EOP TFR	XXX.X	XXX.X	XXX.X	XXX.X

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native;
 N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
Baseline value, latest available valid evaluation between Screening and Rescreening.

Section 16.2.7 – Adverse event listings

Listing 16.2.7-1.1 All adverse events – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Adverse Event Verbatim/ Abbreviated System organ class/ Preferred term	Start date/day	End date/day	Dur. (days)	Phase	Grade/SAE/ Relation/ Action taken
XXX/0XXX/0XXXX/X	XX/X/XX	XXXXX/SOCXXXXX/PTXXXXX	DDMMMYYYY/X^	DDMMMYYYY/X	XX	IND/CONS	G0-5/No/NS-S/A0-5
XXX/0XXX/0XXXX/X	XX/X/XX	XXXXX/SOCXXXXX/PTXXXXX	DDMMMYYYY/X^	DDMMMYYYY/X	XX	TFR	G0-5/Yes/NS-S/A0-5
XXX/0XXX/0XXXX/X	XX/X/XX	XXXXX/SOCXXXXX/PTXXXXX	DDMMMYYYY/X*	DDMMMYYYY/X	XX	RE-TRT	G0-5/No/NS-S/A0-5

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Nat. Hawaiian or other Pac. Isl.; UK: Unknown; O: Other.
Day is relative to the first day of Treat. (day 1). Relationship to study drug: NS=Not suspected, S=Suspected.
Action taken: A0=No action taken; A1=Study drug dosage adj./temp. inter.; A2=Study drug perm. Discount. due to this AE; A3=Concomitant med. taken; A4=Non-drug therapy given; A5=Hosp./Prolonged hosp.
Phase: IND/CONS = ind./Cons. phase, TFR=treat. free remission phase and RE-TRT=re-treat. phase.
* Event occurred more than 30 days after last study treatment exposure date.
^ Event occurred between patient's informed consent date and the day before first dose of study medication.
@ For patient # [redacted] death occurred during Survival follow-up.

<<Programming note: Abbreviated system organ class to be used for the listings i.e. removing the term disorder and conditions:
"NEOPLASMS"; "RESPIRATORY"; "BLOOD"; "GI"; "GENERAL"; "INFECTIONS"; "INJURIES"; "MUSCULOSKELETAL"; "NERVOUS"; "RENAL"; "REPRODUCTIVE SYSTEM"; "SKIN"; "SURGICAL AND MEDICAL"; "METABOLISM"; "IMMUNE".>>

Add the following text in the main body of the Listing's last page:
- Patient [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.
- For patient # [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

Add following footnote at the end of last page:
- For patient # [redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Listing 16.2.7-2.1 Serious adverse events Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Adverse Event Verbatim/ Abbreviated System organ class/ Preferred term	Start date/ day	End date/ day	Duration (days)	Gradfe/ Relation/ Action taken
[redacted]/X	[redacted]	Verbatim/Ab SOCxxxxxx / PTxxxxxxxxxx	16JUL2005/2	27JUL2005/13	12	G1/NS/A0
		Verbatim/Ab SOCxxxxxx / PTxxxxxxxxxx	18JUL2005/4*	27JUL2005/13	10	G1/S/A3,5
[redacted]/X	[redacted]	Verbatim/Ab SOCxxxxxx / PTxxxxxxxxxx	16JUL2005/-1^	27JUL2005/13	12	G1/NS/A0

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized. Relationship to study drug: NS=Not suspected, S=Suspected.
- Action taken: A0=No action taken, A1=Study drug dosage adjusted/temp. inter., A2=Study drug perm. discont. due to this AE, A3=Concomitant medication taken, A4=Non-drug therapy given, A5=Hospitalization /Prolonged hospitalization. Day is relative to the first day of treatment (day 1). * Event occurred during the follow-up, i.e. more than 30 days after last study treatment exposure date. ^ Event occurred between patient's informed consent date and the day before first dose of study medication. @ For patient # [redacted] death occurred during Survival FU. For patient # [redacted] AE "PHLEGMON FOOT - BIG TOE RIGHT" is reported as PT "Cellulitis" in the AE listing while it is reported as PT "Osteoarthritis" in the SAE listing. PT for the same AE has been wrongly decoded and reconciliation was not requiring a perfect match of the PT.

<<Programming note: Abbreviated system organ class to be used for the listings i.e. removing the term disorder and conditions:
"NEOPLASMS"; "RESPIRATORY"; "BLOOD"; "GI"; "GENERAL"; "INFECTIONS"; "INJURIES"; "MUSCULOSKELETAL"; "NERVOUS"; "RENAL"; "REPRODUCTIVE SYSTEM"; "SKIN"; "SURGICAL AND MEDICAL"; "METABOLISM"; "IMMUNE".>>

Add following footn[redacted]d of last page:
- For patient # [redacted], due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Listing 16.2.7-2.2 Adverse events leading to study drug discontinuation – Full Analysis Set

<<Programming note: Same shell as serious adverse events listing (listing 16.2.7-2.1) but subset on AEs marked as leading to study drug discontinuation.>>

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized. Relationship to study drug: NS=Not suspected, S=Suspected
- Action taken: A0=No action taken, A1=Study drug dosage adjusted/temporarily interrupted, A2=Study drug permanently discontinued due to this AE, A3=Concomitant medication taken, A4=Non-drug therapy given, A5=Hospitalization/Prolonged hospitalization. Day is relative to the first day of treatment (day 1).
 * event occurred during the follow-up, i.e. more than 30 days after last study treatment exposure date.
 ^ Event occurred between patient's informed consent date and the day before first dose of study medication.
- Patient # [redacted] reported as disc. Ind/Cons phase due to AE "Blast Crisis"- G2, should have been reported as disc. Ind/Cons phase due to Disease Progression, progression to Blast Crisis, as per Prot.

<<Programming note: Abbreviated system organ class to be used for the listings i.e. removing the term disorder and conditions:
"NEOPLASMS"; "RESPIRATORY"; "BLOOD"; "GI"; "GENERAL"; "INFECTIONS"; "INJURIES"; "MUSCULOSKELETAL"; "NERVOUS"; "RENAL"; "REPRODUCTIVE SYSTEM"; "SKIN"; "SURGICAL AND MEDICAL"; "METABOLISM"; "IMMUNE".>>

Add following footnote at the end of last page:
- For patient # [redacted] due to reconciliation discrepancies, safety database reported AE term "Endometriosis" as a SAE, while in clinical database this AE was not recorded as an SAE.

Listing 16.2.7-2.3 Adverse events of interest – Full Analysis Set

<<Programming note: Same shell as serious adverse events listing (listing 16.2.7-2.1) but subset on AEs marked as Adverse Events of Interest.>>

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Relationship to study drug: NS=Not suspected, S=Suspected.
- Action taken: A0=No action taken, A1=Study drug dosage adjusted/temporarily interrupted, A2=Study drug permanently discontinued due to this AE, A3=Concomitant medication taken, A4=Non-drug therapy given, A5=Hospitalization/Prolonged hospitalization.
- Day is relative to the first day of treatment (day 1)

* Event occurred during the follow-up, i.e. more than 30 days after last study treatment exposure date.

^ Event occurred between patient's informed consent date and the day before first dose of study medication.

<<Programming note: Abbreviated system organ class to be used for the listings i.e. removing the term disorder and conditions:
"NEOPLASMS"; "RESPIRATORY"; "BLOOD"; "GI"; "GENERAL"; "INFECTIONS"; "INJURIES"; "MUSCULOSKELETAL"; "NERVOUS"; "RENAL"; "REPRODUCTIVE SYSTEM"; "SKIN"; "SURGICAL AND MEDICAL"; "METABOLISM"; "IMMUNE".>>

Listing 16.2.7-3.1 CV risk factors, Nilotinib exposure, glucose and total cholesterol rates for patients with cardiac and vascular adverse events of interest, Full Analysis Set

Phase	Adverse Event Verbatim/ Abbreviated System organ class/ Preferred term	Start date/ End date of AE (dur.)	Grade/ Relation/ Action taken	Fasting glucose (unit)/ Time between assessment and AE start date*	Total cholesterol (unit)/ Time between assessment and AE start date*
Country: xxx, Center: xxx, Patient: xxx, Arm: xx, Age: xxx, Sex: xxx, Race: xxx CV risk factor at baseline: Very high/High/Moderate/Low Values at baseline (units): fasting glucose: XX (xx), total cholesterol: XX (xx) Treatment Administration: First Date: DDMMMYYYY, Last Date: DDMMMYYYY					
IND/CONS	Verbatim/ Ab SOCxxxxxx/ PTxxxxxxxxxxx	DDMMYYYY/ DDMMYYYY (XX)	G1/NS/A0	xx	xx
TFR	Verbatim/Ab SOCxxxxxx / PTxxxxxxxxxxx	DDMMYYYY/ DDMMYYYY (XX)	G2/S/A2	xx	xx
RE-TRT	Verbatim/Ab SOCxxxxxx / PTxxxxxxxxxxx	DDMMYYYY/ DDMMYYYY (XX)	G2/S/A2	xx	xx

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Phase: IND/CONS = induction/consolidation phase, TFR=treatment free remission phase and RE-TRT=re-treatment phase.
- Relationship to study drug: NS=Not suspected, S=Suspected
- Action taken: A0=No action taken, A1=Study drug dosage adjusted/temporarily interrupted, A2=Study drug permanently discontinued due to this AE, A3=Concomitant medication taken, A4=Non-drug therapy given, A5=Hospitalization/Prolonged hospitalization.
- Day is relative to the first day of treatment (day 1).
* The last available assessment before or at date of start of the event is considered.

<<Programming note: Selected AE with Abbreviated system organ class equal to 'Cardiac disorders' or 'Vascular disorders'* and CVEs not empty. *Relative line of treatment and laboratory assessments should be flag with REC1N [derived.a_ aev].
Adverse Event Verbatim/…: AEVNAM1AX/ ABBR_SOC/ PT_TXTX [derived.a_ aev]
Start date of AE/ day: AEVSTT1D/ AEDAY_1N [derived.a_ aev]
End date of AE/ day: AEVEND1D/ AEEND_1N [derived.a_ aev]
AE dur: AEDUR_1N [derived.a_ aev]
Grade/...: AEVGRD2C/ AEVSMR2C/ ACNTAKC [derived.a_ aev]
Fasting glucose (unit)/ Time between assessment and AE start date
Total cholesterol (unit)/ Time between assessment and AE start date >>

Listing 16.2.7-3.2 Cardiac and vascular adverse events of interest, Full Analysis Set

Phase	Adverse Event Abbreviated System organ class	Adverse Event Verbatim	Adverse Event Preferred term	CVEs	Start date of AE (day)	End date of AE (day)	AE Dur.	Grade/ Relation/ Action taken
Country: xxx, Center: xxx, Patient: xxx, Arm: xx Age: xxx, Sex: xxx, Race: xxx Treatment Administration: First Date: DDMMMYYYY, Last Date: DDMMMYYYY								
IND/CONS	Ab SOCxxxxx x	Verbatim	PTxxxxxxxxxx	IHD/PAOD/ICE/Others	DDMMMYYYY (XX)	DDMMMYYYY (XX)	XX	G1/NS/A0
	Ab SOCxxxxx x	Verbatim	PTxxxxxxxxxx	IHD/PAOD/ICE/Others	DDMMMYYYY (XX)	DDMMMYYYY (XX)	XX	G2/S/A2

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Phase: IND/CONS = induction/consolidation phase, TFR=treatment free remission phase and RE-TRT=re-treatment phase.
- IHD: Ischemic heart disease, PAOD: Peripheral arterial occlusive disease, ICE: Ischemic cerebrovascular events
- Relationship to study drug: NS=Not suspected, S=Suspected
- Action taken: A0=No action taken, A1=Study drug dosage adjusted/temporarily interrupted, A2=Study drug permanently discontinued due to this AE, A3=Concomitant medication taken, A4=Non-drug therapy given, A5=Hospitalization/Prolonged hospitalization
- Day is relative to the first day of treatment (day 1).

<<Programming note: Selected AE with Abbreviated system organ class equal to 'Cardiac disorders' or 'Vascular disorders'and CVEs not empty
Total study period.
Treatment Administration: First Date: datepart(STTEXP1O), Last Date: datepart(ENDEXP1O) [derived.a_ dar]
Adverse Event Abbreviated System organ class: ABBR_SOC [derived.a_ aev]
Adverse Event Verbatim: AEVNAM1AX [derived.a_ aev]
Adverse Event Preferred term: PT_TXTX [derived.a_ aev]
CVEs: AEVSG1/ AEVSG2/ AEVSG3/AEVSG4

Start date of AE/ day: AEVSTT1D/ AEDAY_1N [derived.a_ aev]
End date of AE/ day: AEVEND1D/ AEEND_1N [derived.a_ aev]
AE dur: AEDUR_1N [derived.a_ aev], Grade/...: AEVGRD2C/ AEVSMR2C/ ACNTAKC [derived.a_ aev]>>

Listing 16.2.7-3.3 Outcomes and subsequent concomitant medications for patients with cardiac adverse events of interest, Full Analysis Set

						Concomitant medications*		
Phase	Date of first (cardiac event/ day	First cardiac event Verbatim/ Abbreviated System organ class/ Preferred term	Number of cardiac events	Date of study discontinuation/ day	Reason for study discontinuation	Preferred term/ Verbatim /	Indication	Start date (day)
Country: xxx, Center: xxx, Patient: xxx, Arm:xx Age: xxx, Sex: xxx, Race: xxx Treatment Administration: First Date: DDMMMYYYY, Last Date: DDMMMYYYY Date of last contact (day): DDMMMYYYY (XX)								
IND/CONS	DDMMMYYYY/ XX	SOCxxxxxx/ Verbatim/ PTxxxxxxxx	XX	DDMMMYYYY/ XX	xxxxxx	PTXXXXX/ XXXXX	XXXX	DDMMMYYYY (XX)

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Phase: IND/CONS = induction/consolidation phase, TFR=treatment free remission phase and RE-TRT=re-treatment phase.
- Day is relative to the first day of treatment (day 1).
- * Concomitant medications after the date of start of the first event where the indication is related to cardiovascular diseases. If the date of start of the first event is missing or incomplete then all concomitant medications after day 1 are displayed.

<<Programming note: Selected AE with Abbreviated system organ class equal to 'Cardiac disorders' and CVEs not empty
Treatment Administration: First Date: datepart(STTEXP1O), Last Date: datepart(ENDEXP1O) [derived.a_ dar]
Date of last contact: max(datepart(VIS_1O))/ DYVIS_1N [derived.a_vis]
Start date of AE/ day: AEVSTT1D/ AEVEND1D [derived.a_ aev]
Number of cardiac events: count (CARDEVT)
Date of Study discontinuation/ day: VIS1D / DYVIS_1N [derived.a_cmp]
Reason for study discontinuation: DCNRSN1C [derived.a_cmp]
Concomitant medications: where INDCVFL = 1 [derived.a_cmdatc]
Preferred term/ Verbatim : PT_TXT/ ATC_TXT
Indication: CMDRSN1A
Start date (day): CMDSTT1D/ CMDAY_1N
>>

Listing 16.2.7-3.4 Outcomes and subsequent concomitant medications for patients with vascular adverse events of interest, Full Analysis Set

						Concomitant medications*		
Phase	Date of first vascular event / day	First vascular event Abbreviated System organ class/ Verbatim/ Preferred term	Number of vascular events	Date of study discontinuation/ day	Reason for study discontinuation	Preferred term/ Verbatim /	Indication	Start date (day)
Country: xxx, Center: xxx, Patient: xxx, Arm: xx Age: xxx, Sex: xxx, Race: xxx Treatment Administration: First Date: DDMMMYYYY, Last Date: DDMMMYYYY Date of last contact (day): DDMMMYYYY (XX)								
Phase	DDMMMYYYY / XX	SOCxxxxxx/ Verbatim/ PTxxxxxxxx	XX	DDMMMYYYY/ XX	xxxxxx	PTXXXXX/ XXXXX	XXXX	DDMMMYYYY (XX)

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- Phase of the event: IND/CONS = induction/consolidation phase, TFR=Treatment free remission phase and RE-TRT=Re-treatment phase.
- Day is relative to the first day of each phase (day 1)
- * Concomitant medications after the date of start of the first event where the indication is related to cardiovascular diseases. If the date of start of the first event is missing or incomplete then all concomitant medications after day 1 are displayed.

<<Programming note: Selected AE with Abbreviated system organ class equal to 'Vascular disorders' and CVEs not empty
Treatment Administration: First Date: datepart(STTEXP1O), Last Date: datepart(ENDEXP1O) [derived.a_ dar]
Date of last contact: max(datepart(VIS_1O))/ DYVIS_1N [derived.a_vis]
Start date of AE/ day: AEVSTT1D/ AEVEND1D [derived.a_ aev]
Number of vascular events: count (VASCEVT)
Date of Study discontinuation/ day: VIS1D / DYVIS_1N [derived.a_cmp]
Reason for study discontinuation: DCNRSN1C [derived.a_cmp]
Concomitant medications: where INDCVFL = 1 [derived.a_cmdatc]
Preferred term/ Verbatim : PT_TXT/ ATC_TXT
Indication: CMDRSN1A
Start date (day): CMDSTT1D/ CMDAY_1N
>>

Section 16.2.8 – Laboratory measurements

Listing 16.2.8-1.1 Hematology laboratory values and normal ranges – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Phase/ Sample date/ Day	Test	Value (SI Unit)	Normal Range	Grade
XXX/0XXX/0XXXX/X	XX/X/XX	IND/CONS1/CONS2/ TFR/RE-TRT DDMMMYYYY/XX	Hemoglobin	XX (LB/%)	L/N/H	Gx
			Platelets	XX (LB/%)	L/N/H	Gx
			WBC	XX (LB/%)	L/N/H	Gx
			Absolute Neutrophils/ Neutrophils	XX (LB/%)	L/N/H	Gx
			Absolute Lymphocytes/ Lymphocytes	XX (LB/%)	L/N/H	Gx
			Absolute Eosinophils/ Eosinophils	XX (LB/%)	L/N/H	
			Absolute Basophils/ Basophils	XX (LB/%)	L/N/H	
			Absolute Monocytes/ Monocytes	XX (LB/%)	L/N/H	
			Absolute Promyelocytes/ Promyelocytes	XX (LB/%)	L/N/H	
			Absolute Myelocytes/ Myelocytes	XX (LB/%)	L/N/H	
			Absolute Metamyelocytes/ Metamyelocytes	XX (LB/%)	L/N/H	
			Absolute Blasts/ Blasts	XX (LB/%)	L/N/H	
			Absolute Other/ Other			
			XXX	XX (LB/%)	L/N/H	Gx

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Phase: IND=ind. phase (0-12 months), CONS1 = pre-rand. cons. phase (12-24 months), CONS2 = post-rand. cons. phase (ARM 2)(24-36 months), TFR=treatment free remission phase and RE-TRT=re-treatment phase.
- L/H denotes a value below/above normal range, N denotes normal.
- Gx denotes an abnormal high value meeting toxicity CTCAE grading criteria and G-x an abnormal low value according to toxicity CTCAE grading. Day is relative to the first day of treatment (day 1).

"Note for programming: When absolute and percentage value are provided, given both Grade are to display only for laboratory tests where CTCAE grades are defined"

Listing 16.2.8-2.1 Biochemistry laboratory values and normal ranges – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Phase/ Sample date/ Day	Test	Value (SI Unit)	Normal Range	Grade
XXX/0XXX/0XXXX/ X	XX/X/XX	IND/CONS1/ CONS2/TFR/RE-TRT DDMMMYYYY/XX	Creatine	XX (LB/%)	L/N/H	Gx
			Hypoglycemia	XX (LB/%)	L/N/H	Gx
			Hyperglycemia	XX (LB/%)	L/N/H	Gx
			Total Cholesterol	XX (LB/%)	L/N/H	Gx
			HDL	XX (LB)	L/N/H	
			LDL	XX (LB)	L/N/H	
			Triglycerides	XX (LB/%)	L/N/H	Gx
			Total bilirubin	XX (LB/%)	L/N/H	Gx
			Direct bilirubin	XX (LB/%)	L/N/H	Gx
			Indirect bilirubin	XX (LB/%)	L/N/H	Gx
			AST/SGOT	XX (LB/%)	L/N/H	Gx
			ALT/SGPT	XX (LB/%)	L/N/H	Gx
			LDH	XX (LB)	L/N/H	
			Hyponatremia	XX (LB/%)	L/N/H	Gx
			Hypernatremia	XX (LB/%)	L/N/H	Gx
			Hypocalcemia	XX (LB/%)	L/N/H	Gx
			Hypercalcemia	XX (LB/%)	L/N/H	Gx
			Hypokalemia	XX (LB/%)	L/N/H	Gx
			Hyperkalemia	XX (LB/%)	L/N/H	Gx
			Hypomagnesemia	XX (LB/%)	L/N/H	Gx
			Hypermagnesemia	XX (LB/%)	L/N/H	Gx
			Phosphorus	XX (LB/%)	L/N/H	Gx
			Lipase	XX (LB/%)	L/N/H	Gx

Amylase	XX (LB/%)	L/N/H	Gx
HbA1C	XX (LB)	L/N/H	
Alkaline Phosphatase Increase	XX (LB/%)	L/N/H	Gx
Hypoalbuminemia	XX (LB/%)	L/N/H	Gx

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Phase: IND = ind. phase (0-12 months), CONS1 = pre-rand. cons., CONS2 = post-rand.n cons. phase (ARM 2)(24-36 months) , TFR=treatment free remission phase, RE-TRT=re-treatment phase.
- L/H denotes a value below/above normal range, N denotes normal range.
- Gx denotes an abnormal high value meeting toxicity CTCAE grading criteria and G-x an abnormal low value according to toxicity CTCAE grading. Day is relative to the first day of treatment (day 1).

"Note for programming: Grade will be display only for laboratory tests where CTCAE grades are defined"

Listing 16.2.8-3.1 Hematological data and molecular response in patients with absolute blasts higher than normal ranges, Full Analysis Set

Phase/ Time-Windows/ Visit/ Date of visit	% Blasts (range)	% Blasts in bone marrow	% Promye locytes (range)	% Basophils (range)	% Myelocytes (range)	% Meta-myelocytes (range)	Platelets 10E9/L	WBC 10E9/L	% BCR-ABL /ABL (IS)	Derived MR	Derived loss of MMR or MR 4.0
ARM: x, Country: xxx, Center: xxx, Patient: xxx, Age: xxx, Sex: xxx, Race: xxx Treatment Administration: First Date: DDMMMYYYY, Last Date: DDMMMYYYY											
IND /M3/V1-M3 /DDMMMYYYY	XX (L/N/H)	XX	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX	XX	XX	<3	
IND/M6/UNSCH /DDMMMYYYY	XX (L/N/H)	XX	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX	XX	XX	4.5	
…											
TFR/M6/UNSCH /DDMMMYYYY	XX (L/N/H)	XX	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX	XX	XX	<3	Loss of MMR

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- L/N/H denotes categories defined by normal ranges.
- BASE=Baseline; SCR=Screening; RANDO = Randomization; EOP = End Of Phase; UNSCH = Unscheduled visit; IND = induction phase (0-12 months), CONS1 = pre-randomization consolidation phase, CONS2 = post-randomization consolidation phase (ARM 2)(24-36 months), TFR=Treatment free remission phase and RE-TRT=Re-treatment phase.- PCR assessments, laboratory assessments and bone marrow assessments are merged together by visit number, visit date and visit name.
- When patients are in molecular response 4.5 then Molecular Response (MR) is equal to 4.5, if patients are in molecular response 4.0 then MR is equal to 4, if patients are in major molecular response then MR is equal to 3, if none of those responses are defined but BCR-ABL (IS) ratio > 0.1 then MR is equal to <3.

<<Programming note: For each patient merge PCR data with haematological data by time-point and visit. If there are several unscheduled visits in a same time-window then merge them by incremental order defined by chronology >>

Listing 16.2.8-3.2 Hematological data and molecular response in patients with absolute metamyelocytes higher than normal ranges, Full Analysis Set

Phase/ Time-Windows / Visit	% Blasts (range)	% Blasts in bone marrow	% Promye Locytes (range)	% Basophils (range)	% Myelocytes (range)	% Metamyelocytes (range)	Platelets 10E9/L	WBC 10E9/L	% BCR-ABL/ABL (IS)	Molecular Response Derived
ARM:x, Country: xxx, Center: xxx, Patient: xxx, Age: xxx, Sex: xxx, Race: xxx										
Treatment Administration: First Date: DDMMMYYYY, Last Date: DDMMMYYYY										
M3/ V1-M3	XX (L/N/H)	XX	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX	XX	XX	<3
M6/ UNSCH	XX (L/N/H)	XX	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX (L/N/H)	XX	XX	XX	4.5

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- L/N/H denotes categories defined by normal ranges
- BASE=Baseline; SCR=Screening; RANDO = Randomization; EOP = End Of Phase; UNSCH = Unscheduled visit; IND = induction phase (0-12 months), CONS1 = pre-randomization consolidation phase (0-24 months), CONS2 = post-randomization consolidation phase (ARM 2)(24-36 months), TFR=Treatment free remission phase and RE-TRT=Re-treatment phase.
- PCR assessments, laboratory assessments and bone marrow assessments are merged together by visit number, visit date and visit name
- When patients are in molecular response 4.5 then Molecular Response is equal to 4.5, if patients are in molecular response 4.0 then Molecular Response is equal to 4, if patients are in major molecular response then Molecular Response is equal to 3, if none of those responses are defined but BCR-ABL (IS) ratio > 0.1 then Molecular Response is equal to <3.

<<Programming note: For each patient merge PCR data with haematological data by time-point and visit. If there are several unscheduled visit in a time-window then merge them by incremental order defined by chronology >>

Section 16.2.9 – Vital signs, physical findings and other observations related to safety listings

Listing 16.2.9-1.1 Vital signs – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/Sex/Race	Cardiovascular Event (type)	Visit	Weight (kg)	Body temperature (C)	Sitting Pulse (bpm)	Sitting Blood pressure Systolic/Diastolic (mmHg)
XXX/0XXX/0XXXX/1	XX/X/XX	Yes (IHD, ICE)	Screening	XX.X	XX.X	XX	XX.X / XX.X
			Month 3	XX.X	XX.X	XX	XX.X / XX.X
			Month 6	XX.X	XX.X	XX	XX.X / XX.X
			Month 9	XX.X	XX.X	XX	XX.X / XX.X
			...	...	...	...	...
			Month 24	XX.X	XX.X	XX	XX.X / XX.X
XXX/0XXX/0XXXX/2	XX/X/XX	No	Screening	XX.X	XX.X	XX	XX.X / XX.X
			...	...	...	...	...
			Month 24	XX.X	XX.X	XX	XX.X / XX.X
			...	...	...	...	...
			Month 36	XX.X	XX.X	XX	XX.X / XX.X

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
-CVE categories: IHD: Ischemic heart disease, PAOD: Peripheral arterial occlusive disease, ICE: Ischemic cerebrovascular events), Others.

Listing 16.2.9-2.1 Electrocardiograms – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/Sex/Race	Phase	Date of ECG	QTcF interval (msec)	Clinically significant abnormalities present?	If clinically significant, specify
XXX/0XXX/0XXXX/X	XX/X/XX	IC	DDMMMYYYY	XX	Yes/No	XXXXXXXXX
		IC	DDMMMYYYY	XX	Yes/No	XXXXXXXXX
	Repeat for each assessment					
XXX/0XXX/0XXXX/X	XX/X/XX	IC	DDMMMYYYY	XX	Yes/No	XXXXXXXXX
		IC	DDMMMYYYY	XX	Yes/No	XXXXXXXXX
	Repeat for each assessment					

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Phase: IND = induction phase (0-12 months), CONS1 = pre-randomization consolidation phase(0-24 months), CONS2 = post-randomization consolidation phase (ARM 2)(24-36 months), TFR=treatment free remission phase and RE-TRT=re-treatment phase.

Listing 16.2.9-2.2 Echocardiography – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/Sex/Race	Phase	Date of Echocardiography	LVEF (%)	Interpretation	If clinically significant, specify
XXX/0XXX/0XXXX/X	XX/X/XX	IC	DDMMMYYYY	XX	N/CI/CS	XXXXXXXXX
		IC	DDMMMYYYY	XX	N/CI/CS	XXXXXXXXX
	Repeat for each assessment					
XXX/0XXX/0XXXX/X	XX/X/XX	IC	DDMMMYYYY	XX	N/CI/CS	XXXXXXXXX
		IC	DDMMMYYYY	XX	N/CI/CS	XXXXXXXXX
	Repeat for each assessment					

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
ND: Not Done.
- Phase: IND = induction phase (0-12 months), CONS1 = pre-randomization consolidation phase (0-24 months), CONS2 = post-randomization consolidation phase (ARM 2)(24-36 months), TFR=treatment free remission phase and RE-TRT=re-treatment phase.
- Interpretation: N=Normal, CI=Clinically insignificant abnormality, CS=Clinically significant abnormality.

Listing 16.2.9-3.1 Concomitant medications – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Preferred term/ Verbatim	ATC level 2	Indication	Start/End dates	Phase	Route of administration	Dose (units)/ Frequency
XXX/0XXX/0XXXX /X	XX/X/XX	PTXXXXX/XXXXX	XXXXX	XXXXX	DDMMMYYYY / DDMMMYYYY	IND	XXXXX	XX (X)/ XX
XXX/0XXX/0XXXX /X	XX/X/XX	PTXXXXX/XXXXX	XXXXX	XXXXX	DDMMMYYYY / DDMMMYYYY	RE-TRT	XXXXX	XX (X)/ XX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Phase: IND = induction phase, CONS1 = pre-randomization consolidation phase (0-24 months, CONS2 = post-randomization consolidation phase (ARM 2)(24-36 months), TFR=treatment free remission phase and RE-TRT=re-treatment phase.

Listing 16.2.9- 3.2 Prohibited concomitant medications – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Preferred term/ Verbatim	ATC level 2	Indication	Start/End dates	Phase	Route of administration	Dose (units)/ Frequency
XXX/0XXX/0XXXX /X	XX/X/XX	PTXXXXX/XXXXX	XXXXX	XXXXX	DDMMMYYYY / DDMMMYYYY	CONS1	XXXXX	XX (X)/ XX
XXX/0XXX/0XXXX /X	XX/X/XX	PTXXXXX/XXXXX	XXXXX	XXXXX	DDMMMYYYY / DDMMMYYYY	CONS2	XXXXX	XX (X)/ XX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
- Phase: CONS1 = pre-randomization consolidation phase (0-24 months, CONS2 = post-randomization consolidation phase (ARM 2)(24-36 months).

Listing 16.2.9-4.1 Prior Imatinib therapy– Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Start/End dates	Route of administration	Dose (units)/ Frequency	Therapy type	Reason for discontinuation
XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY/ DDMMMYYYY	XXXXX	XX (X)/ XX	Chemotherapy	xxxxxxxxxxx
XXX/0XXX/0XXXX/X	XX/X/XX	DDMMMYYYY/ DDMMMYYYY	XXXXX	XX (X)/ XX	Targeted therapy	xxxxxxxxxxxx

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.

Listing 16.2.9-4.2 Prior antineoplastic therapy, other than Imatinib – Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Preferred term/ Verbatim	ATC level 2	Start/End dates	Route of administration	Dose (units)/ Frequency	Therapy type	Reason for discontinuation
XXX/0XXX/0XXXX/X	XX/X/XX	PTXXXXX/XXXXX	XXXXX	DDMMMYYYY/ DDMMMYYYY	XXXXX	XX (X)/ XX	Chemotherapy	xxxxxxxxxxx
XXX/0XXX/0XXXX/X	XX/X/XX	PTXXXXX/XXXXX	XXXXX	DDMMMYYYY/ DDMMMYYYY	XXXXX	XX (X)/ XX	Targeted therapy	xxxxxxxxxxxx

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.

Listing 16.2.9-5.1 Survival follow-up– Full Analysis set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Visit	Is the Subject alive	If no			If yes or Lost to follow-up	Did patient undergo stem-cell transplant / Is the disease progressing to AP/BP ?	Is the patient receiving any TKI treatment ?	If receiving any TKI treatmen,	
				Date of death	Principal cause of Death	If other specify	Last date of contact ?			Treatment	If other specify
XXX/0XXX/ 0XXXX/X	XX/X/ XX	FU-Month 3	Yes					Yes/No	Yes	Nilotinib	
XXX/0XXX/ 0XXXX/X	XX/X/ XX	FU-Month 6	Yes				DDMMMYY YY	Yes/No	No		
...											
XXX/0XXX/ 0XXXX/X@	XX/X/ XX	FU-Month 36	Yes				DDMMMYY YY	Yes/No	Yes	Other	xxxxxxx
XXX/0XXX/ 0XXXX/X	XX/X/ XX	FU-Month 3	No	DDMMMYYYY	Study indication (CML)						
...											
XXX/0XXX/ 0XXXX/X	XX/X/ XX	FU-Month 3	No	DDMMMYYYY	Other	XXXXX XXX					
...											

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
@ For patient # [redacted] death occurred during Survival follow-up.

Listing 16.2.9-5.2 Safety follow-up– Full Analysis set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Safety follow up performed	Date of clinical visit/ telephone call	In case of telephone call Medical intervention necessary?	Date of Medical intervention	Reason for safety follow up Not Performed
XXX/0XXX/0XXXX/X	XX/X/XX	During Clinical visit	DDMMMYYYY			
XXX/0XXX/0XXXX/X@	XX/X/XX	During Telephone call	DDMMMYYYY	Yes	DDMMMYYYY	
XXX/0XXX/0XXXX/X	XX/X/XX	No				XXXXXXXXXXXXX

- Arm: 1: Arm 1; 2: Arm 2; 3: Not Randomized.
- M: Male; F: Female; W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
@ For patient # [redacted] death occurred during Survival follow-up.

Listing 16.2.9-6 Prior imatinib exposure – LSC sub-study Full Analysis Set

Country/ Center/ Patient/ Arm	Age/ Sex/ Race	Prior Imatinib intake	Duration of prior exposure (months)	Duration of prior exposure category (years)	Sokal Score at diagnosis	Sokal Score category at diagnosis
XXX/0XXX/0XXXX/X	XX/X/XX	YES	xx.x	<2	xx.x	Low risk
XXX/0XXX/0XXXX/X	XX/X/XX	NO	xx.x		xx.x	Low risk
XXX/0XXX/0XXXX/X	XX/X/XX	YES	xx.x	>=2 - <5	xx.x	High risk
XXX/0XXX/0XXXX/X	XX/X/XX	YES	xx.x	>=5	xx.x	Intermediate risk

1: ARM 1; 2: ARM 2; 3: Not Randomized. M: Male; F: Female;
W: White; B: Black or African American; A: Asian; AI: American Indian or Alaska Native; N: Native Hawaiian or other Pacific Islander; UK: Unknown; O: Other.
Sokal score category: low risk (<0.8), intermediate risk (>=0.8-<=1.2) and high risk (>1.2).